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"The whole world opened up, there's no better word for it than euphoria": Experience Of Embodiment In Trans*feminine Individuals

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Abstract

The "experience of embodiment" is a construct that captures how an individual experiences the body in their socio-cultural context and has important implications for mental health and well-being. The construct was originally developed to explain the experiences of cisgender girls and women and has not been investigated in trans*feminine individuals. Grounded in social constructivism and integrating the gender minority stress model and principles of intersectionality, the present study investigated trans*feminine experiences of embodiment. To expand our understanding of this construct, trans*feminine participants engaged in focus groups (n=28), a photo-elicitation task (n=25), and one-on-one semi-structured interviews (n=25). Using a combined inductive and deductive approach to reflexive thematic analysis, 5 themes were constructed: (1) Challenging Cisnormativity; (2) Desire: Incoming and Outgoing; (3) Radical Self-Care; (4) Journeys to Alignment; and (5) Gatekeepers and Facilitators of Euphoria. Utilizing a gender minority stress framework to contextualize the findings, the present study provides a rich understanding of embodiment in trans*feminine individuals.

Keywords

Summary for Lay Audience

Experiences of inhabiting the body have been studied in cisgender girls and women but have yet to be comprehensively in trans*feminine individuals. Existing research pertaining to the body image of trans*feminine individuals has focused almost exclusively on experiences of negative mental health (e.g., dysphoria, disordered eating). There is a lack of research on positive inhabitance of the body, despite calls for this type of investigation. There is some evidence to suggest that trans*feminine individuals may have unique resilience factors that can contribute to positive embodiment. Embodiment is associated with positive mental and physical health outcomes in cisgender women and men.

This study sought to investigate this construct in trans*feminine individuals through focus groups, photo elicitation (a creative photography activity), and individual semi-structured interviews. Analyzing the data resulted in 5 themes, (1) Challenging Cisnormativity; (2) Desire: Incoming and Outgoing; (3) Radical Self-Care; (4) Journeys to Alignment; and (5) Gatekeepers and Facilitators of Euphoria. The theme 'Challenging Cisnormativity' highlighted the importance of gender identity and expression on embodiment. The 'Desire' theme described how sexuality impacted embodiment. 'Radical Self-Care' described how embodiment and self-care were related. The 'Journeys' theme highlighted how transition was embodying. Finally, the 'Gatekeepers' theme included explanations of individual, interpersonal, and structural barriers to embodiment. Results had considerable conceptual overlap to current understandings of embodiment, with some themes being unique to trans*feminine individuals. The results from this exploratory work provide recommendations to expand current body image theories to be more inclusive. Additionally, findings of this study provide individual and societal level recommendations to help promote positive embodiment for trans*feminine individuals.

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1.1   Trans* identities

1.1.1   Conceptualizations of Gender

In feminist psychological and philosophical literature, 'gender' is viewed as an individual performance of societal norms (Butler, 1990). Some feminist scholars argue that sex is biological and gender is a cultural representation of these biological differences; however, this has been criticized as an essentialist belief (Morgenroth & Ryan, 2018). Contemporary understandings of sex and gender in qualitative work are expansive, meaning these constructs are continually explored in a reflexive, socially constructivist manner (Doucet, 2018). For the purposes of this thesis, gender will be conceptualized as an ever-changing, highly contextual, norm-based understanding of the self as it is related to societal categorizations of sex. Specifically, gender will be comprised of gender expression, physiological sex, self-defined identity, and legal categorization (Lindqvist et al., 2021).

Cisgender refers to individuals whose intrinsic gender identity aligns with the physiological sex they were assigned at birth (i.e. assigned male at birth and identify as a man or assigned female at birth and identify as a woman). Transgender broadly refers to individuals whose gender identity is not cisgender, whereby their gender identity can fall within, outside, or beyond the gender binary of 'man' and 'woman' (Hashemi et al., 2018; Lindqvist et al., 2021). Notably, physiological sex also has variation beyond male and female; and those with non-prototypical sexes can be cisgender or transgender (Ashton, 2024). Within the 2SLGBTQIA+ community, contemporary conceptualizations of transgender identities include, but are not limited to: binary transgender woman/man, trans*feminine/masculine, non-binary, agender, femme/masc, genderqueer, genderfluid, two-spirit, female-to-male (FTM)/male-to-female (MTF), and third gender (PFLAG,

2024*)*. Previous terms used for trans*[1] people include transsexual, transvestite, and cross-dresser, and some older trans* folks may still choose to identify in these ways (American Psychological Association, 2024; Polly & Nicole, 2011; Serano, 2024). The first scholarly/medical use of the terms 'transsexual' and 'transvestite' were in 1910 by a Jewish-German Sexologist, Magnus Hirschfeld. His book 'Die Transvestiten', later translated to English in 1991, described individuals who engaged in cross-dressing as transvestites and individuals who desired to medically change sex as transsexuals. This early work was incredibly important to medical and psychological understandings of gender expression beyond solely pathologization (Hirschfeld, 1991). While it is important to recognize the historical usage of various trans* terminology, the term 'trans*feminine' will primarily be used to encompass the relevant gender identities of participants in the study (unless otherwise specified by direct participant quotes). The purpose of using this umbrella term is to include individuals who have lived experience as women, being perceived as women, and/or identifying with femininity.

1.1.2   Transition

Social transition is typically the first 'stage' of a trans* person's body journey and can occur at any stage of life. Social transition is hallmarked by internal acceptance of identity, pronoun change, name change, and change in gender expression (e.g. clothing, makeup, hair experimentation; Reynolds & Goldstein, 2014). These changes are non-permanent and exploratory in nature, and typically precede legal and medical transition. Legal transition refers to a process of changing a variety of government and official documents to a trans* person's correct name, pronouns, and gender marker (Broadus & Minter, 2014; Collazo et al., 2013). This can include birth certificate, driver's license, marriage license, health card, social insurance, and passport, among others (Collazo et al., 2013). Finally, trans*feminine medical intervention (also known as medical transition) may include hormone-replacement therapy (HRT), genital surgery (also known as sex

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[1] The use of trans* with an asterisk denotes the broader umbrella of non-cisgender identities that may be above or beyond transgender identities including but not limited to transsexual, non-binary, and genderqueer (PFLAG, 2024)

reassignment, bottom-surgery, vaginoplasty, vulvoplasty), facial feminization surgery (FFS), and breast augmentation; among others (Deutsch, 2014). Transition 'stages' are not discrete, definitive nor prescriptive. Some trans*feminine individuals never undergo any of these transition stages (Reynolds & Goldstein, 2015). Research suggests that social support throughout any and all stages of transition is important for experiencing positive mental and physical health outcomes post-coming out (Becker et al., 2016; Jones et al., 2016; McGuire et al., 2016).

1.1.3   Mental Health in Trans*feminine Individuals

Transgender individuals, and particularly trans*feminine individuals are at a heightened risk of experiencing negative mental health symptoms. The lifetime prevalence of clinical depression symptoms in transgender women ranges from 28-68% compared to approximately 3.8-7.5% in cisgender individuals globally (Bockting et al., 2013; Borgogna et al., 2019; Tebbe & Budge, 2022; Veale et al., 2017). Additionally, 17-68% transgender women report experiencing moderate to severe anxiety (Bockting et al., 2013; Borgogna et al., 2019; Tebbe & Budge, 2022). Depression and anxiety are also comorbid with suicidality and self-harm, both of which are also more prevalent in trans*feminine individuals compared to cisgender individuals. A recent systematic review found that approximately 32% of transgender women report attempting suicide at least once in their lives in the U.S.A. (Drabish & Theeke, 2022), compared to the American average of 0.5% (U.S. Center for Disease Control and Prevention, 2024) and Canadian average of approximately 3% (Statistics Canada, 2018). Non-suicidal self-injury (NSSI/self-harm) has a reported prevalence of 40% in transgender women (Veale et al., 2017). Self-harming behaviours are a risk factor for suicidality, and are comorbid with depression, anxiety, and post-traumatic stress disorder (PTSD). Finally, lifetime PTSD rates range from 17-45% in transgender individuals (Tebbe & Budge, 2022). Symptoms of depression, PTSD, anxiety, NSSI and suicidality reduce quality of life for trans*feminine individuals and contribute significantly to the high mortality rates and lower life expectancy in this population (Jackson et al., 2023).

There are several theoretical models proposed in social psychological research to explain the prevalence of mental health concerns in transgender people and

trans*feminine individuals specifically. The psychological mediation theory was developed to explain the high levels of psychopathology in sexual minorities (Hatzenbuehler, 2009), and has been extended for use in transgender populations (Scandurra et al., 2018). This theory posits that experiencing psychopathologies such as depression are a result of experiencing distal stressors (e.g. prejudice against identity), and that this relationship is mediated by coping (e.g. rumination), interpersonal (e.g. isolation), and cognitive (e.g. hopelessness) factors (Hatzenbuehler, 2009). Research on mental health in trans*feminine individuals also integrate intersectionality theory and objectification theory to investigate mediators between minority stress and specific psychological outcomes guided by the psychological mediation theory. The most recent theoretical advancement is the proposed 'integrated framework', from a socioecological perspective (Tebbe & Budge, 2022). These models share similarities in that they all address the relationship between experienced and/or internalized stressors and their effect on mental health outcomes. However, the most widely endorsed and investigated model is the gender minority stress model (Hendricks & Testa, 2012; Meyer, 2003, 2015).

1.2   Minority stress model

The minority stress model was developed based on meta-analytic evidence to explain the prevalence of negative physical and mental health outcomes exhibited by sexual minorities (e.g. gay men, lesbian women) as a result of lifelong exposure to prejudice, discrimination, and stigma (Meyer, 2003, 2015). In the model, distal stressors, proximal stressors, minority status, resilience, and social support interact to predict mental health outcomes in sexual minorities. This model has since been expanded to trans* individuals, who face specific gender minority stressors (Diamond & Alley, 2022; Hendricks & Testa, 2012; Tan et al., 2020).

1.2.1   Distal stressors

In the model, distal stressors are objective stressful events and conditions that are chronic and/or acute in nature, and are not dependent on subjective appraisals (Meyer, 2003). These minority stressors include discrimination and violence at either an interpersonal or structural level (Meyer, 2003). In the gender minority stress model, distal

stressors (interpersonal or structural transphobia) include victimization, rejection, discrimination, and non-affirmation (Hendricks & Testa, 2012; Tan et al., 2020; Testa et al., 2015). Compared to cisgender adults, trans* adults in Canada reported higher rates of interpersonal physical violence (48.3% vs 29.7%) and sexual violence (23.5% vs 19.4% (Statistics Canada, 2018). Additionally, 64% of transgender women report experiencing verbal harassment in their lifetime (Bockting et al., 2013). Qualitative research suggests that interpersonal rejection contributes to social isolation (Goldblum et al., 2012; Hendricks & Testa, 2012; Singh et al., 2014), which is a risk factor for negative psychological outcomes (Meyer, 2015). Structural distal stressors such as housing insecurity and hiring discrimination and have many downstream psychological and physical health effects (Drabish & Theeke, 2022; Singh et al., 2014). For example, 27% of transgender people (compared to 13% of cisgender people) have experienced homelessness or housing insecurity in Canada at some point in their lives (Statistics Canada 2018). In a U.S sample, 30% of transgender women reported trouble finding a job or job loss due to their gender identity (Bockting et al., 2013). Finally, trans* people also experience misgendering; a unique form of non-affirmation based on their gender identity, which is associated with reported symptoms of depression and suicidality (McLemore, 2018). Using the minority stress framework, the experience and internalization of these distal stressors is associated with increased risk of substance use, suicidality, negative body image, and mood disorders in trans* individuals (Goldblum et al., 2012; Drabish & Theeke, 2022).

1.2.2   Proximal stressors

Proximal gender minority stressors are conceptualized as subjective appraisals of distal stressors (Meyer, 2003). Proximal stressors include negative expectations of future events, nondisclosure/concealment of identity, and internalized transphobia (Hendricks & Testa, 2012). Negative expectations of future events are described as anxiety related to anticipating distal stressors (Hendricks & Testa, 2012; Meyer, 2003). This anticipation of future distress can manifest as hyper-vigilance, which is a chronic stressor affecting physical and psychological health (Hendricks & Testa, 2012; Tan et al., 2020). In one study, negative expectations positively predicted mental health difficulties (Helsen et al.,

2022). Next, identity concealment (staying in 'the closet') has been conceptualized as a behavioural outcome of experiencing distal stressors (Drabish & Theeke, 2022; Tan et al., 2020); in turn leading to internalized transphobia (Hendricks & Testa, 2012). There are mixed findings on the outcomes of concealment of identity, and research is particularly lacking in trans*feminine individuals (Camacho et al., 2020). One study found that concealment of identity did not positively predict mental health difficulties (Helsen et al., 2022). The final proximal stressor is internalized transphobia - or the acceptance and application of transphobic biases to the self - which can result in feelings of shame, alienation from the transgender community, and having a high investment in 'passing' as cisgender (Bockting et al., 2020). Internalized transphobia is associated with lower quality of life, avoidance of healthcare, increases in suicidality, perceived stress, and depressive symptoms (Drabish & Theeke, 2022; Helsen et al., 2022; Scandurra et al., 2018).

1.2.3   Resilience Factors

In Meyer's model, social support is a resilience factor that buffers both distal and proximal stress. Resilience is a response to chronic stress, and is an integral part of the minority stress model (Meyer, 2003). Resilience is defined as the ability to thrive when faced with adversity and can be an individual level trait or a community-based experience (Meyer, 2015). In trans* individuals, resilience has been both quantitatively and qualitatively explored and found to buffer the effects of minority stress in combination with social support (Bockting et al., 2013; Puckett et al., 2019; Singh et al., 2014). Some notable facilitators of resilience in trans* individuals include internal agency to explore gender, comprehensive education (proactive agency), connection to community, ability to reframe mental health challenges, and accepting family (Singh et al., 2014). Identification with minority identity has also been proposed as a protective component of individual resilience (Meyer, 2015). Community resilience may be a beneficial avenue to promote well-being for minority populations, as it redirects individual responsibility of coping with stressors to include structural change (Singh et al., 2014; Meyer, 2015).

Community resilience facilitates social support and provides opportunities for individuals to receive help (Meyer, 2015). Social support is not always derived from

community resilience however, and can be beneficial in the absence of community (Puckett et al., 2019). Social support can be comprised of family, friends, allies, peers, employers, coworkers, health professionals, and partners (Taylor, 2011). Studies focusing on trans* youth have found that mental health outcomes are moderated by the degree of social support they have, particularly from parents and peers (McConnell et al., 2016; Puckett et al., 2019; Singh et al., 2014). There is little research on the buffering effect of community resilience on mental and physical health outcomes in trans* adults, particularly above and beyond the support of parents.

1.2.4   Intersectionality

The majority of current research on trans* people using the minority stress framework is embedded in a traditional psychology perspective of investigating suffering and determining how to alleviate it on an individual level (Hendricks & Testa, 2012; Tan et al., 2020; Testa et al., 2015). As an alternative to this, positive psychology investigates why some individuals flourish, and how to promote this in others using pragmatic strategies (Fredrickson & Losada, 2005). Taking a more interdisciplinary and multi-level approach, feminist psychosocial research (among other disciplines) considers individual and structural determinants of distress and flourishing to contextualize the lives of people with minoritized identities (Tebbe & Budge, 2022). Trans*feminine individuals embody at least two marginalized identities; making them a target of both transphobic and misogynistic violence (Crenshaw, 1991). These two identities (being trans* and experiencing womanhood) do not exist in a vacuum and are influenced by other identities including but not limited to race, socioeconomic status, weight, ethnicity, age, and (dis)ability status (Crenshaw, 1991). Contemporary research utilizing a minority stress framework also integrates principles of intersectionality (Tebbe & Budge, 2022).

1.3   Body image

1.3.1   Body image

Body image is a multi-dimensional psychological construct comprised of how one thinks, feels, and behaves towards their bodies in their social context (Tylka & Piran, 2019). Historically, body image research has been related to eating pathology in

cisgender young adult women (Cash & Deagle, 1997). As the research field expanded, scholars began investigating constructs beyond body dissatisfaction and 'body image disturbance' (Tylka & Piran, 2019). Positive body image research emerged as a field of study in response to a decades-long focus on negative body image, more specifically a narrow scope of appearance-related concerns and distress (Thompson et al., 1999). There are currently two prominent theories of positively inhabiting the body, those being 'positive body image' (Tylka, & Wood-Barcalow, 2015) and 'embodiment' (Piran, 2016). Positive body image has both stable and malleable qualities and is comprised of body appreciation, body acceptance and love, broad conceptualization of beauty, adaptive appearance investment, inner positivity, and filtering information in a body protective manner (Tylka & Wood-Barcalow, 2015). Higher levels of positive body image are associated with self-care behaviours such as exercise engagement (Calogero et al., 2019; p. 80), self-compassion practices (Tylka, & Wood-Barcalow, 2015), sleep and meditation (Tylka, & Wood-Barcalow, 2015), and adaptive eating habits (Resch & Tylka, 2019; p. 68) in cisgender women. In addition to health promoting behaviours, positive body image is associated with lower levels of psychological distress such as depression symptoms and eating disorders in cisgender women and men (Daniels et al., 2018).

The other prominent theory in body image research is embodiment, a holistic, multidimensional construct intending to capture both positive and negative experiences of the body within an individual (Piran, 2016). A strength of embodiment research is that it considers the development of both positive and negative body image over the lifespan and provides a basis for both preventative and reparative interventions. For the scope of this work, the theory of embodiment will be drawn upon to understand the experience of inhabiting the body above and beyond appearance (Piran, 2017).

1.3.2   Developmental Theory of Embodiment

Embodiment has been conceptualized as the perceptual experience of engagement of the body in the world (Merleau-Ponty & Smith, 1962), and has more recently been adopted in a psychological context due to its influence on individual well-being (Piran 2019; Cook-Cottone 2019). In its original conceptualizations, embodiment represented a contradiction to Cartesian dualism, which posited that the mind and body were separate

entities (Merleau-Ponty & Smith, 1962). Merleau-Ponty's philosophical orientation proposed that the mind and the body were inseparable, and that the healthy person identified with a subjective stance on this connection (Merleau-Ponty & Smith, 1962). Although embodiment has been widely investigated across a variety of disciplines in an intangible form, some psychologists have applied this construct in a tangible form (Calogero et al., 2019; Cook-Cottone, 2019). This tangible version of embodiment addresses both the subjective experience of inhabiting the body and the ways in which embodiment is acted upon behaviourally. Somewhat distinct from Merleau-Ponty's characterization, Piran conceptualized embodiment as a state and trait-like experience that develops over time and can be impacted by sociocultural context and individual factors (Piran, 2016). The developmental theory of embodiment aims to address the journey of the body that cisgender girls and women experience through their lifespan (Piran, 2016). This theory holds a critical lens to the social context and processes that influence girls and women's experience of inhabiting the body (Bordo, 1989). Traditionally in the patriarchal structure of the global west, cisgender women's body experiences are marked by managing and disciplining the body to become a 'docile body' (Bordo, 1989; p. 166). The devaluing of femininity and womanhood at a cultural level normalizes the restriction of cisgender women's bodies, which can result in disembodiment at the individual level (Butler, 1990; Piran, 2017). This structure affects cisgender girls and women at an individual level through their development; from freedom in childhood, to restriction in adolescence and young adulthood, to freedom once again in older adulthood (Piran, 2016). This theory arose from a large-scale, qualitative, longitudinal study on cisgender girls and women, whereby rich narrative histories were discussed with 170 participants over the course of 20 years (Piran, 2016).

1.3.3   Experience of Embodiment

As Piran conceptualizes it, the "experience of embodiment" (EE) is a theoretical construct that is composed of five negatively and positively valenced dimensions of body-related experiences that arose from the study on the developmental theory of embodiment (Piran, 2016). Importantly, these dimensions imply the existence of both an embodied and a disembodied state of being, where being connected or disconnected from

the self are part of the natural variation of human experience. Piran describes this embodiment as malleable, where positive embodiment can be fostered over time to result in a number of well-being outcomes (Piran, 2016). This "experience of embodiment" construct is intended to capture the subjective experiences of inhabiting the body within a particular socio-cultural context, as well as capture the quality of these experiences as they change over time (Piran, 2017; p.4). The dimensions are (1) Body Connection and Comfort vs. Disrupted Body Connection and Discomfort; (2) Agency and Functionality vs. Restricted Agency and Restraint; (3) Experience and Expression of Desire vs. Disrupted Connection to Desire; (4) Attuned Self-Care vs. Disrupted Attunement, Self-Harm and Neglect; and (5) Inhabiting the Body as a Subjective Site vs. Inhabiting the Body as an Objectified Site (Piran, 2016). The experience of embodiment scale (a measure intended to capture the degree of embodiment or disembodiment in an individual) has been studied in cisgender girls and women (Piran, 2016, 2019, 2020), cisgender men (Gattario et al., 2020) and in transgender women (Faliszewski, 2023).

The first dimension, 'positive body connection and comfort', refers to experiences of positive feelings inhabiting the body in relation to the world. This can manifest as positive self-talk; which may reduce the risk of internalizing sociocultural norms and pressures of the thin ideal, prejudices related to minority status, and gender norms (Piran, 2017; p. 5; Roberts et al., 2018). 'Body connection and comfort' is hallmarked by acceptance of the body at its baseline state and feeling 'at home' in the body (Piran, 2017; p.6). The negative side of this dimension is 'disrupted body connection and discomfort', which is characterized by negative feelings of shame, fear, and guilt (Piran, 2017; p. 6). These feelings may lead individuals to express that their body is 'problematic' if it does not conform to societal norms. Behavioural and psychological manifestations of disconnection can be body monitoring, desire to control the body, and dissociation from the body (Piran, 2017; p. 6).

The second dimension is 'agency and functionality', which refers to the experience of both social power and physical agency to interact with the world. Cisgender girls and women can experience agency in the physical sphere by engaging in physical activities and moving about the world with freedom (Piran, 2017; p. 7). The

social power component-also known as 'voice'-describes the ability to express oneself through leadership. This voice can be literal or figurative in nature, including the ability to passionately speak and sing, but also feeling agential to express opinions and beliefs in social situations (Piran, 2017; p. 7). The negative side of this dimension is 'blocked/restricted agency and restraint', which is characterized by experiencing a lack or loss of functionality or opportunity (Piran, 2017; p. 7). The physical sphere is either never developed (i.e. physical literacy or participation) or is restricted during puberty onset due to societal pressures. Physical activities on this side of the dimension are primarily for modifying the body, such as for weight loss or sculpting to align with body ideals (Piran, 2017; p. 7). For voice, those who fall on the negative side may experience silencing or devaluing of their voice; which is an experience corroborated by extant feminist literature (Bordo, 1989; Serano, 2024). If an individual has negative experiences leading to feelings of restricted agency, they may engage in maladaptive exercise patterns or disordered eating behaviours (Piran 2016, Resch & Tylka, 2019).

The third dimension of the experience of embodiment is the 'experience and expression of desire'. Positive connection to desire includes uninhibited experiences of, and attuned responsiveness to desires (i.e. appetite and sexual) Piran, 2017; p. 8). In this dimension, cisgender girls and women are believed to experience and respond to desires in attuned self-caring ways. Broadly, this can mean feeling present and aware during sexual encounters, and engaging in intimate activities that are mutually enjoyable. 'Disrupted connection to desire' or 'disowning' desire is the negative end of this dimension; characterized by aversion to desires and restricting agency (Piran, 2017; p. 9). Adverse sexual experiences in adolescence or childhood may disrupt connection to desire later in life. Influences such as religion, culture, and social identities may also impact relationship to desire. Disconnection with desire may result in dissociation during sexual encounters, decoupling pleasure from desire, or associating negative emotions with desire (Piran, 2017; p. 9). Importantly, this dimension assumes sexual and romantic attraction to be indicative of a 'normal', healthy embodied experience, and does not address asexual and aromantic identities.

The next dimension of this construct is 'attuned self-care'. This dimension is comprised of bodily, emotional, and relational needs, as well as engaging in 'meaningful pursuits' (Piran, 2017; p. 9). This dimension is one of the 'quality assessments' of the experience of embodiment, describing the quality of one's experience inhabiting the body. Having high attuned self-care means one is able to recognize internal cues of emotional (self-soothing), relational (need for social support), and bodily needs (hunger, satiety, thirst). Meaningful pursuits include behavioural components such as pursuing activities that promote passion and spirituality. In addition to recognizing these fundamental needs, attuned self-care encompasses the desire and ability to attend to these needs and practice self-care behaviours (Piran, 2017, 2019). Attending to bodily needs can be conceptualized as intuitive eating and movement, which are characterized by honoring internal bodily cues of hunger and satiety (Cook-Cottone, 2019), as well as 'listening to the body' and responding compassionately during movement (Resch & Tylka, 2019). On the negative end of this spectrum-called 'disrupted attunement, self-harm, and neglect'-are maladaptive and potentially pathological relationships to these fundamental needs. This may manifest as experiences of disordered eating (i.e. caloric restriction, purging), self-harm (i.e. cutting, substance use) and neglect (i.e. not showering, isolating; Jones et al., 2016; Romito et al., 2021).

The final dimension is 'inhabiting the body as a subjective site', which is comprised of resisting self-objectification and defying normative body pressures (Piran, 2016; Roberts et al., 2018). This is theorized to be an active process, as it requires conscious unlearning of normative gazes and pressures. Cisgender women who inhabit their bodies subjectively experience fewer symptoms of self-objectification (i.e. body monitoring, self-surveillance, body comparisons, reduced flow; Fredrickson & Roberts, 1997; Roberts et al., 2018). Conversely, 'inhabiting the body as an objectified site' is characterized by adopting and internalizing the male gaze and engaging in a third-person perspective of self (Piran, 2017; p.11). Outcomes of self-objectification include preoccupation with external expectations and diminished ability to care for the self (Roberts et al., 2018). Sexual objectification of women at the cultural level has been associated with the internalization of objectification and adverse mental health outcomes (e.g. negative affect, depression) in cisgender women (Fredrickson & Roberts, 1997;

Roberts et al., 2018). Taken together, inhabiting the body subjectively may contribute to higher positive embodiment and positive downstream health outcomes, however it is important to consider the labor of rejecting societal level influences.

1.3.4   Trans*feminine Body Experiences

Existing literature pertaining to the body experiences of trans*feminine individuals has focused primarily on negative experiences such as body image disturbance, dysphoria, disrupted embodiment, and disordered eating behaviours (Brewster et al., 2019; Jones et al., 2016; Strübel et al., 2020; Romito et al., 2021). This is partly due to trans*feminine individual's heightened risk of negative mental health outcomes due to experiencing sexual objectification, fetishization, and transmisogyny (Brewster et al., 2019; Roberts et al., 2018; Serano, 2024). Gender minority stress theory posits that social identities such as (dis)ability status, race, ethnicity, weight, and sexual orientation may also contribute to the development of psychopathology due to experiences of stigma and systemic oppression (Crenshaw 1991; Brewster et al., 2019; Meyer 2015; Nadal et al., 2021).

One of the more common subjects of investigation is gender dysphoria (or simply 'dysphoria'); which is defined as an incongruence between experienced gender and sex assigned at birth that results in psychological distress (DSM-5). Dysphoria can develop at any stage of life, and is commonly associated with trans* people, however not all trans* individuals experience it. Common symptoms or complaints associated with dysphoria include a desire to be treated as a gender different than their sex assigned at birth, a desire for different primary or secondary sex characteristics, and/or a feeling of incongruence of biological sex characteristics and gender identity (DSM-5). Gender dysphoria is a diagnosable mental health concern that is typically treated with a combination of psychotherapy and social, legal, and medical transition.

Beyond investigating dysphoria, several other body-related constructs have been investigated in trans*feminine individuals. Eating disorder and minority stress literature suggests that trans* individuals are at a heightened risk of disordered eating and exercise behaviours due to both distal (e.g. unique body pressures, objectification, misgendering)

and proximal (e.g. dysphoria, perfectionism) stressors (Heiden-Rootes et al., 2023; Muratore et al., 2022). Reviews of disordered eating symptomatology in trans* people found that trans*feminine individuals report caloric restriction, weight and shape concerns, avoidance of exercise and purging behaviours at a higher rate than their cisgender counterparts (Heiden-Rootes et al., 2023; Jones et al., 2016; McGregor et al., 2023). Common reasons for engaging in these behaviours include suppression of primary sex characteristics, accentuation of desired gender characteristics (the sociocultural thin ideal), and practicing agency (Ålgars et al., 2012; Muratore et al., 2022).

Experiences of distal stressors (e.g. dehumanization) are associated with body surveillance, body shame, and body dissatisfaction (Brewster et al., 2019; Heiden-Rootes et al., 2023; Jones et al., 2016; Meneguzzo et al., 2024; Mitchell et al., 2021; Peterson et al., 2017; Witcomb et al., 2015). Experiences of proximal stressors (e.g. internalized transphobia) are associated with self-objectification, body shame, body surveillance, psychological distress, non-suicidal self-injury, disordered eating, and suicidal ideation (Hong et al., 2023; Strübel et al., 2020). Current interventions for alleviating dysphoria and other body related distress include self-compassion (Bluth et al., 2023), medical transition (Becker et al., 2016; Jones et al., 2016; McGuire et al., 2016), expressive writing (Ciao et al., 2021), and cognitive behavioural therapy (Austin et al., 2018).

With regards to positive psychological constructs, few studies have investigated positive body-related experiences in trans*feminine individuals. Gender euphoria is a term that has developed within the trans* community to counter the notion that dysphoria (and other negative experiences of the body) is inevitable and necessary to the trans* experience (Austin et al., 2022; Beischel et al., 2022). Gender euphoria has been conceptualized as joyful feelings of 'rightness' or 'correctness' in one's gender, an internal and external process facilitated by social experiences, and a dynamic positive response to gender affirmation (Beischel et al., 2022). This construct is above and beyond being the conceptual opposite to dysphoria, however there are individual differences in conceptualization within the community (Austin et al., 2022). Similar constructs include 'transgender congruence', which is defined as "the degree to which transgender individuals feel genuine, authentic, and comfortable within their external

appearance/presence and accept their genuine identity rather than the socially prescribed identity" (Kozee et al., 2012; p. 181). One study has investigated the validity of the experience of embodiment scale (Piran et al., 2020) in trans* women (Faliszewski, 2023), however there have been no qualitative explorations of embodiment in trans*feminine individuals using Piran's model. Existing psychosocial literature suggests that the experience of embodiment may be a strong theoretical framework through which researchers can garner a deeper understanding of body image and inhabitance of the body in trans*feminine individuals (Daniels et al., 2018; McGuire et al., 2016; Meyer 2015).

1.4   Research purpose

The majority of research on minority stress is dominated by a traditional focus on disadvantages and suffering from holding multiple marginalized identities, meaning there is a lack of attention to how embodying social identities and belonging to socially marginalized groups can be a source of resilience (Crenshaw, 1991; Diamond & Alley., 2022; Meyer, 2015). Additionally, the current definition of embodiment is constrained to cisgender experiences based on available literature (Gattario et al., 2020; Piran, 2016, 2019, 2020). Based on extant literature, trans*feminine individuals seem to be at particular risk of psychological distress and negative body experiences (Brewster et al., 2019; Roberts et al., 2018); therefore, it is important to investigate whether embodiment is relevant considering the noted positive well-being outcomes of promoting embodiment in other populations (Tylka & Piran, 2019). Findings of the present study may be useful for informing future interventions to promote embodiment in this population. Together, the present study aimed to address positive inhabitance of the body in trans*feminine individuals through a gender minority stress framework, which presents a significant gap in the current research landscape. The purpose of the present study was to explore adult trans*feminine individuals' construction of their body image and subjective experiences of embodiment. Given the exploratory and novel nature of this work, no a priori hypotheses were identified, however the experience of embodiment construct was the guiding theory for the development of study materials.

Chapter 2

2   Methods

2.1   Philosophical Orientation and Positionality

This thesis was approached through a social constructivist epistemology, with a relativist ontology. This means that I (the author) believe 'knowledge' to be socially constructed through shared and individual experiences, where knowledge is personally subjective, and also collectively subjective. Knowledge and understanding are contextual, social, and dynamic. As such, the social position of myself and the participants plays an integral role in the development of the study findings. I identify as a cisgender, queer, White, woman. I approach research with a feminist perspective. I acknowledge that my contribution to the knowledge construction in this study may lead to a cis-normative understanding of the participants experiences, however I made concerted efforts throughout the research process to maintain open and honest communication about this possibility to participants. Despite my minimal social proximity to the trans* community (through being queer), this thesis work has an important role adding to the current dearth of literature on trans*feminine individuals (Alcoff, 1991, p.7; Doucet, 2018, p.81). Upon reflecting with my personal tensions about doing this work as a cisgender woman, I concluded that it would be more harmful to retreat from sharing information from marginalized groups simply because I have not personally experienced it (Alcoff, 1991, p 17). Additionally, it was important for the data analysis to consider the ways in which participants may have altered or censored their experiences in order to protect themselves from my assumptions as a cisgender researcher in a position of power over the participants (Bourdieu, 1996, p.25). To maintain methodological rigour within the chosen paradigm, a combined deductive and inductive approach to data analysis was utilized. The results of thesis will contribute to research on the trans* experience and may help create dialogue about intersectionality and inclusion in what is currently a primarily homogenous research silo. Ideally, equitable access to higher education and research would support trans* people's representation in academic spaces. Until this equitable access is achieved, individuals in privileged positions-such as myself- have the unique opportunity to share an under-represented community's experiences (Alcoff, 1991, p. 23).

For the present study, I engaged in several harm reduction efforts. Prior to study start, I embedded myself within the local 2SLGBTQIA+ community via in-person support groups. PFLAG London (a local chapter of the national charitable organization PFLAG) runs an adult support group for queer-identifying individuals, and I have attended their monthly meetings as a community member since 2022 and have facilitated said meetings since April 2024. PFLAG also runs the social group Trans* London, a social space where both trans* folks and allies can congregate monthly. The integration into these groups had two objectives, firstly, to connect with the community and engage meaningfully with my peers, and secondarily, to establish and develop rapport and trust with the intention to recruit attendees as study participants. I explained to the attendees and coordinator my queer identity and discussed the research project intending on centering trans*feminine individuals' experiences. Community engagement was a top priority in the months preceding the development of the project and continued to be an important part of the research through its completion. I consulted members of both PFLAG and Trans* London, a psychotherapy professional who is an MA awarded trans* woman, and Western scholars who have worked with the trans* community in order to ensure the research questions and study materials were appropriate and meaningful to trans*feminine individuals.

2.2   Participants

Recruitment materials were distributed virtually on social media (Facebook groups) and physically at local 2SLGBTQIA+ organizations (PFLAG, Western Student Pride groups). Additional recruitment was done through snowballing techniques in which participants were encouraged to refer any eligible individuals they knew of who may have been interested in participating. Eligible participants were required to be above the age of 18, report a gender identity under the trans*feminine umbrella (including but not limited to transgender woman, trans*feminine, nonbinary transfemme, etc.), be fluent in English, have access to stable Wi-Fi and Zoom for the focus group, and be able to meet at a community location for in-person interviews. The final sample included 28 participants ranging in age from 19 to 82 ($M_{age} = 35.3$, $SD_{age} = 15.7$). Participants were all located in Southwest Ontario. Aggregated demographic data are presented in Table 1, including

race, ethnicity, gender identity, and pronouns. Demographics were aggregated due to confidentiality concerns.

Table 1

Demographics

Demographic Characteristic	Response	*N*(%)
Age (in years)	18-35	16(57.1)
	36-55	7(25)
	56+	5(17.9)
Gender Identity	Trans Woman	16(57.1)
	Trans Female	8(28.6)
	Trans*feminine	8(28.6)
	Non-binary	5(17.9)
	Genderfluid	1(3.6)
	Trans Girl	1(3.6)
Pronouns	she/her	27(96.4)
	they/them	4(14.3)
	it/its	2(7.1)
	fae/faere	1(3.6)
	he/him	1(3.6)
	any	1(3.6)
Race	White/Caucasian	23(82.1)
	Vietnamese	1(3.6)
	South Asian	1(3.6)
Ethnicity	Canadian	22(78.6)
	German	3(10.7)
	Dutch	3(10.7)
	British	2(7.1)
	European	2(7.1)
	Ukrainian	2(7.1)
	Irish Catholic	1(3.6)
	Jewish	1(3.6)
	Celtic	1(3.6)
	Mennonite	1(3.6)
	Sinhalese/Sri Lankan	1(3.6)
	Indigenous	1(3.6)
	Scottish	1(3.6)

	None/unknown	2(7.1)

Note Totals may not add up to 100% for some demographic characteristics due to participants reporting multiple identities. Additionally, Ethnicity and Race data was missing from one participant.

2.3   Procedure

Study materials and procedure were developed and approved by Western Non-Medical Research Ethics Board (NMREB) prior to study start. Interested participants emailed the lead investigator to express interest in participating. Upon consenting through Qualtrics, participants were contacted to schedule a prescreening Zoom video call to ensure eligibility. The pre-screening process included a summary of the letter of information and questions regarding inclusion criteria. A unique anonymous poll was created once participants were prescreened to determine a mutually convenient time to engage in the focus group activity. The lead researcher organized focus groups based on participant availability. Focus groups were conducted in groups of 2-6 participants and lasted approximately 90 minutes in length. After completing the focus group, participants were invited to participate in a photo elicitation activity over the course of approximately 1-2 weeks to photograph contexts that represented their experience of embodiment. Following photo collection, participants engaged in a one-on-one follow-up interview with the lead researcher at an in-person location of their choosing. After data collection was complete, participants were given summaries of their interviews via a shared OneDrive folder with an opportunity to provide feedback.

2.4   Data collection

2.4.1   Focus groups

The focus group was semi-structured in nature, incorporated psychoeducational components, and allowed participants to have open conversations about body image and gender identity (see Appendix C for focus group guide). Semi-structured focus groups were chosen due to their use in social and psychological research (Bloor, 2001).

Conducting focus groups on Zoom supports three core tenets of working with marginalized populations: inclusion, safety, and participation (Betts & Herb, 2023).

The first part of the focus group was comprised of introductions and general discussion of body image. At the beginning of the focus group, participants were invited to introduce themselves using their chosen pseudonyms and pronouns and describe why they were interested in the study to provide others with an opening to start discussions. Following this, the facilitator asked the group how they defined body image. Body image and embodiment are particularly vulnerable topics for trans*feminine individuals, who have had their bodies at the forefront of mass political and social discussions. The focus groups provided a space to connect with similar others on a shared experience and help them engage in learning activities in a respectful manner.

Once all participants were given the opportunity to share, the facilitator introduced the psychoeducational activity which comprised of describing the theory of embodiment and dimensions of embodiment as conceptualized by Piran to illustrate the experiences of cisgender women (Piran, 2016). The lead facilitator prompted the group to discuss how each dimension related to their experiences, and what might be missing from the cis-normative conceptualizations of embodiment. These discussions provided an opportunity for a dynamic social experience among participants and rich data for the researcher (Betts & Herb, 2023).

After the psychoeducation activity and discussion, the facilitator introduced and provided guidelines for the photo-elicitation activity which the participants would engage in independently. The focus group closed with a final discussion to ensure participants had an opportunity to share other thoughts. This allowed space for developing rapport and provided an opportunity for community connection and learning. Following completion of the focus group, the debriefing script (see Appendix D) was read to participants and follow-up emails were sent to compensate participants $15CAD and seek consent to continue to the photo-elicitation and individual interview phase of the study. Focus groups were recorded and transcribed verbatim by the lead researcher.

2.4.2   Photography activity

After participating in a focus group, participants were invited to engage in an independent photo elicitation activity in their daily life. Over a period of 1-2 weeks, participants were asked to photograph contexts that represented their experience of embodiment. Participants were instructed to use their smart device to photograph scenes, situations, objects, etc., that resonated with their personal experience of embodiment. The photo itself could elicit embodiment, or it could represent a situation in which they may have felt embodied. The photography was open to interpretation, and participants were encouraged to try and photograph something unique to them. Additional notes for each photo were encouraged for recall but not required. Participants uploaded photos to a shared OneDrive folder titled their pseudonym, which remained unopened by the researcher until the time of the interview.

Photo elicitation is a qualitative technique that empowers participants to capture tangible representations of their experiences of abstract constructs through photography (Clark-Ibáñez, 2004; Craig et al., 2020; Harper, 1986; Jarmin, 2012; Richard & Lahman, 2015). Originally used to help marginalized communities artistically capture their experiences to aid in the development of policy, photo elicitation is an empowering, participant-driven data collection method that centers participant voices (Smith, 2016; Smith et al., 2017; Van Auken et al., 2010; Witcomb et al., 2019). Photo elicitation activities have been shown to improve active participation and increase depth of dialogue during interviews (Craig et al., 2020). Photo elicitation is commonly used in queer research methods to help reduce power differentials between the researcher and participant by emphasizing agency in the artistic process (Smith et al., 2017).

2.4.3   Semi-structured interviews

Following the photograph collection period, participants were invited to participate in a one-on-one semi-structured interview to reflect on their experiences of embodiment and the photography activity (see Appendix E for interview guide). A semi-structured interview format was chosen to provide an opportunity for participants to disclose more personal, in-depth experiences they may otherwise not share in a focus group format (Smith, 2016). One-on-one interviews can foster a sense of safety and

vulnerability, and aid in garnering a deeper, richer understanding of the nuanced experiences of each participant. Additionally, interviews are often a suitable conduit for exploring abstract concepts with participants, such as the experience of embodiment (Smith, 2016).

Photographs from the previous activity were the basis of the interview discussion, to situate the researcher in the context of the participant. Participants were given the opportunity to share their photographs in any order and at their discretion. Questions unique to each participant were posed depending on the flow of the conversation and their unique body experiences. Probing questions were used to ensure participants thought deeply about each photo they took and how it related to their experience of the body (e.g. "Tell me about how it feels to be in your body in this context?" and "What emotions come up for you looking at this photograph?"). The interviews ran between approximately 45 minutes and 3 hours in length. After completing the interview, participants were compensated $25CAD for their time and read the debriefing script and document (see Appendix F). Interview recordings were transcribed by the lead researcher, and photographs were added to each transcript.

2.5   Data analysis

Reflexive thematic analysis was used to analyze and interpret the focus group, photo, and interview data (Braun & Clarke, 2006). This approach has been used in previous photo elicitation studies with trans* and queer participants due to its flexible nature in understanding abstract concepts (Devís-Devís et al., 2018; McGuire et al., 2016; Smith et al., 2017). The guidelines of reflexive thematic analysis (RTA) outline a series of iterative steps required to ensure methodological rigour. These include (1) familiarization, (2) initial code generation, (3) theme generation, (4) theme reviewing, (5) theme naming and defining, and (6) producing the report (Braun and Clarke, 2006; 2019). During the familiarization stage, I immersed myself in the data through the data collection, transcription, and repeated reading of the data. During and after focus groups, a separate notes document was kept as a journal to reflect on continually. After the interviews were completed, I had a personal journalling session where I debriefed myself and summarized the interview from my perspective. Notes taken for interviews and focus

groups were read, re-read, and compared as more data was collected. These notes informed initial codes and sometimes influenced the questions asked in later interviews. Codes are brief summaries of data segments that can be semantic or latent in nature (Braun & Clarke, 2006). After data collection was complete, I read through all the focus group and interview transcriptions and reviewed photographs to continue with initial coding more formally. After the first read through, codes were synthesized into preliminary themes and subthemes. During this stage, I was writing brief interview summaries for each participant. Feedback from participants was integrated into theme generation as they were received. During theme reviewing, I consulted colleagues to ascertain whether themes had any homogeneity. Following consultation, I engaged in level one reviewing; where I considered how the codes related to the theme. At this time, I reassessed my codes and themes into several possible iterations. Next, I engaged in level two reviewing, where I re-examined the original dataset and compared it to the themes. At this stage, I began sorting notable characteristics of each theme and photographs to represent those. Theme naming occurred throughout the process, whereby some names were clear from initial theme generation and some names underwent minor changes until manuscript preparation.

For the purposes of this thesis, the analysis was approached primarily through a data-driven inductive process, however it was framed through the general theoretical understandings of embodiment, thus utilizing some deductive principles (Piran, 2016). Braun and Clarke outline the use of a combination approach to RTA, where coding can be done in a theory driven and/or data-driven manner (Braun & Clarke, 2019). My approach to data analysis first considered the original dataset as stand-alone and was compared to the pre-existing definition of embodiment during theme generation. When I was considering the names of the themes, I re-familiarized myself with Piran's construct and looked for conceptual overlap.

Chapter 3

3   Results

The present study integrates data from focus groups, one-on-one interviews, and photographs to explore adult trans-feminine individuals' constructions of their body image and subjective experiences of embodiment. In describing participants' experiences of (dis)embodiment, I constructed five core interrelated themes: (1) challenging cisnormativity, (2) desire: incoming and outgoing, (3) radical self-care, (4) journeys to alignment, and (5) gatekeepers and facilitators of euphoria. While the first four themes describe the complexities of individuals' subjective experiences of (dis)embodiment, the fifth theme identifies the individual, interpersonal, and (primarily) structural influences on embodiment. These themes together provide a basis for understanding the nuanced experience of inhabiting the body for trans*feminine individuals across the lifespan.

3.1   Challenging Cisnormativity

One of the most important experiences of embodiment for participants was the connection between the physical body and personal gender identity. Participants expressed heightened awareness and investment in their personal gender identity. Gender identity and expression was particularly important to body image and embodiment in participants, and the construction of these varied within the sample. The three subthemes of challenging cisnormativity are 'embracing other', 'passing and stealth', and 'in defense of the modified body'. In the 'embracing other' subtheme, participants described the embodying experience of inhabiting a non-normative body. Conversely, 'passing and stealth' was characterized by a desire to assimilate. Finally, 'in defense of the modified body' highlighted the various ways in which modifying the body were embodying.

3.1.1   Embracing Other

Based on participant narratives in both focus groups and interviews, 'challenging cisnormativity' by 'embracing otherness' was described as an embodying experience. For example, participants described feeling constrained in cis-normative spaces, where their presentation and mannerisms were perceived to be policed by cisgender norms.

Participants described the experience of 'embracing other' as being characterized by adopting a broad conceptualization of womanhood, celebrating trans* visibility, and rejecting respectability politics. One of the most prominent components of 'embracing other' was critiquing cisnormativity, or the assumption that cisgender identities are the only 'natural' genders. For participants, pressures to 'pass' and integrate with cisgender norms were viewed as identity erasure. For example, Xenia described the harms of projecting cisgender norms onto the trans* community:

> **Acting like cisness is something to aspire to** as a trans person is **innately harmful to trans people**[2]. It's not good. Cis people and trans people, there is not a better group. They're just people. There's not a more 'woman' woman in the two. (Xenia (she/her/it/its), 22, Trans-femme/Non-Binary)

Similarly, in focus groups, participants discussed the importance of allyship between cisgender and transgender women, disrupting the notion that cisgender and transgender women are opposites or enemies. While allyship was noted, participants emphasized the importance of trans* pride and self-acceptance for embodiment. For example, Rebecca White noted:

> I think my body image got a lot more positive when I stopped trying to wanting to pass or be a cis woman or look like a cis woman. And I told myself, **it's okay to be trans, it's okay to look trans**, and that trans women look good too. Changing my thought process or the way I thought about how I should look, kind of like, I feel like it was a lot healthier for me overall. And then that's when it's like I really started flourishing in who I was. (Rebecca White (she/her), 31, Trans Female/Trans Woman)

In this description of liberation in rejecting cisgender norms and standards, being visibly trans* and not being able to- or not desiring to- pass as cisgender was viewed as just as valid as those who chose to assimilate. The ability to take pride in a non-normative

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[2] In participant quotes, bolded sections indicate author emphasis.

appearance was embodying for participants who 'embraced other'. Additionally, some participants had not medically transitioned, nor did they intend to. In these cases, choosing to remain 'visibly trans*' by not getting genital surgery or HRT was the more embodying option. For example, W described feeling pressured to get a breast augmentation and begin HRT from her medical team:

> **I felt a lot of pressure when I transitioned**, people were telling me to take hormones and I felt self-conscious about my voice and I didn't like talking to people all that much. And I've kind of gotten away from that and felt comfortable just being me and having a female name and she/her pronouns and makeup and the clothes. And I love fashion so much, but **I've been able to kind of find myself again**, and I'm really happy with where I'm at, just as is, **without having to conform to what people expect**. (W (she/her), 45, Trans Woman)

Collectively, participants emphasized that each trans* person's body journey is unique and should not be reduced to a set of strict steps; described as "assembly line; inauthentic and disingenuous" (Topa, she/her, 57, Transgender Female).

Another component of 'embracing other' is the celebration of 'monstrousness'. Participants shared that it was important to express how their gender identities and bodies could be sites of subversion. For example, Heart described:

Figure 1: Monstrousness

Note. Heart's photograph of a childhood stuffed bear that had been torn up by her dog.

> I'm gender fluid and part of that veers off into sort of this feeling of monstrousness that has been with me since teenage years. And at that time, it was something that I was afraid of. And nowadays it feels like something that is a positive part of me. I think **it's like sort of an embracing of otherness and feeling different from people**...It's almost a cliche for trans people that we make ourselves very small and unintrusive so we learn to not affect people, to just be helpful, just be like small and not take up space. So **I've come to own my body and be able to use it and modify in ways it in ways that upset people. I've come to be able to own my space.** (Heart (it/its/fae/faer/she/her), 40, Trans-Femme/Genderfluid/Non-Binary)

In our interview, Heart described its[3] gender as a feeling of monstrousness, where she flowed between masculine, feminine, and non-human. Participants found the notion of having an identity that made other people uncomfortable or challenged gender norms to be supportive of embodiment. Indeed, participants often described taking up space in a non-normative identity, celebrating trans* visibility, and rejecting respectability politics as empowering.

3.1.2   Passing and Stealth

While participants who 'embraced other' found it important to celebrate their visibility, others explained their choice to 'go stealth'. Participants described that the desire to pass was characterized by experiencing gender affirmation, difficulties maintaining community ties, desiring to 'fit in', and negotiating cultural standards of womanhood. Based on participant narratives, passing as cisgender privileges some in the trans* community with conditional gender entitlement. Participants shared that passing is a concept whereby the cisgender public perceives a trans* person to be cisgender based on their own automatic assumptions, however it was also sometimes an active attempt made by participants to align with expectations of femaleness/womanhood. Additionally, this gender entitlement experienced by a trans* person who may choose to go stealth is predicated on the external assumption that they are cisgender, which due to cisnormativity is seen as the 'natural' and 'automatic' option. The choice to 'go stealth', among participants who could or desired to, came with many conflicting thoughts, feelings, and emotions. For example, Ashley shared her temptation to 'go stealth':

> **When I'm not feeling great about being trans, I start getting thoughts of, 'what if I could just go stealth?** Is that something I maybe want to work towards?' And from what I've heard, for people who do that, it often can be kind of like isolating in a way that I don't really feel like- I feel like that wouldn't be worth it for me probably in the long run. In terms of because I like surrounding

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[3] For participants who identified multiple sets of pronouns (e.g. she/her/they/them), all sets of pronouns were used interchangeably when referring to the participant. See glossary for definition of pronouns.

myself with other queer people and trans people, what's really the point? **I don't think I'd get much out of that compared to what I'd lose in terms of support**. (Ashley, (she/her), 21, Trans Woman)

Relatedly, participants shared that they experienced harassment and discrimination when presenting as 'visibly' trans* and experiencing a sense of normalcy and peace when they were assumed to be cisgender. Weighing the pros and cons of passing resulted in the decision to avoid being stealth for Ashley, however she discussed how it might be 'the easier option' for others. Based on participant discussions in focus groups, there were mixed feelings about 'going stealth' within the trans* community, though recognizing that the ability to 'go stealth' is the safest option for some and doesn't always mean losing the trans* community altogether. Shannon shared her perspective on choosing to 'go stealth':

> **The majority of my trans friends** and friends within the community **have lost their family over [their identity]**, or have complete disconnect from majority of their family or have lost friends or spouses or partners or children. And I don't want that. And I have the luxury and I have the privilege where my body matches my gender identity and those expressions enough to the point where **I can fly under the radar and no one questions me about it. And I make use of that privilege...I am stealth at work.** I do not express that part of my identity. **But if I ever meet a trans person**, **I will be the first person to come out to them**, the first person to share my experiences, to offer my help. I will bend over backwards for any trans person in this world because no matter if I've met them before, **they're family**. (Shannon, (she/her), 26, Trans Woman)

Shannon was able to still feel pride in her identity and care for the community whilst leveraging cisnormativity as a psychological safeguard. Additionally, participants emphasized the importance of passing as cisgender for their embodiment. Specifically, being gendered correctly and being treated 'like a woman' was a source of gender euphoria for participants. Based on participant discussions, there was considerable merit in the ability to live an 'ordinary life' as a trans* person. The desire to fit in to cis-

normative society and be treated like 'a normal person' was the ultimate goal for some participants. For example, Anna described her daily efforts to blend in with cis-normative society:

Figure 2: Fitting In

Note. Anna's photograph of her typical feminine outfit.

> As a trans person, there's not a whole lot that's guaranteed. You kind of got to work for it. Whereas if you're five foot two and you have long hair, people aren't really going to be like, 'oh, that's probably a man'...You're kind of working against a lot of things you can't change, and also, so much of it is out of your control. **What other people think about you in a split second, that's entirely out of your control.** Obviously, I can change what I wear or how I speak or how I stand or all that shit that most people don't think about, but *I* think about, no matter what, I can't control what other people think. And **that's really frustrating, because sometimes that's what matters the most**, because it's like, **more than anything, you want to fit in. Some people don't. Some people are truly comfortable with being an outsider. But that's not me, though.** (Anna, (she/her), 20, Trans Woman)

The picture Anna chose to include represented her feminine clothing choice. She explained that she tries to show her waist and chest in order to be gendered correctly even

in cold weather. Other participants who attempted to pass in their daily lives expressed a sense of fatigue regarding these efforts. Additionally, when discussing passing culture, participants brought up the relevance of cultural standards of femininity. For participants whose primary nationality was not Canadian, cultural standards of beauty and femininity varied. For example, Ava shared her experience deciding whether or not to assimilate:

> I would just like to add that I moved between countries several times. And **every time I got somewhere, society saw women differently, or clothing styles, or height.** And that was very difficult to adapt to because first you have to understand those style norms, and then **you have to actually think about if you want to adopt them or if that does not reflect or represent your own identity. And if you choose not to, then how do you deal with that?** (Ava, (she/her), 22, Female (different from sex at birth))

Ava and other participants explained that what constituted femininity in one country was different in another, and that they were stuck deciding between being gendered correctly or being inauthentic in their presentation. Therefore, the pursuit of gender euphoria manifested in many different ways amongst participants.

3.1.3   In Defense of the Modified Body

Participants described that one of the core experiences of existing in a trans* body is the efforts made to alter it in some capacity. 'In defense of the modified body' was characterized by participants as including the importance of access to medical transition, a defense of so-called 'vanity surgeries[4]', and the unique sense of agency that bodily modifications bring. In focus groups, transition was described as implying some kind of change, whether that was internally or from the perception of others. Participants described the importance of modifying the physical body through medical transition to

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[4] The term 'vanity surgeries' is utilized in this thesis due to its widespread use and accessibility of language. This term refers to any surgeries and procedures (e.g. rhinoplasty) not covered by public healthcare for trans* individuals but are not exclusive to trans* people.

align better with their intrinsic gender inclinations. For example, Anna shared the life-or-death importance of her HRT:

> So **if I wasn't on hormones now**, I don't even know what I would be doing. **I probably wouldn't be alive**. It's so life changing that it's like, even if my body image is probably not great, it's a lot better than being so miserable about your body that you kill yourself. (Anna, (she/her), 20, Trans Woman)

Anna attributed her reductions in suicidality to her ability to access HRT. Other participant stories corroborated this sentiment, whereby access to medical transition was incredibly important to embodiment via the reduction of dysphoria. Participants discussed how medical transition directly targeted disembodiment and dysphoria through bodily changes such as breast growth and fat redistribution. In addition to HRT, access to gender affirming surgeries such as vaginoplasty were important for embodiment amongst participants. Dominique shared her experience getting a vaginoplasty:

Figure 3: Euphoria
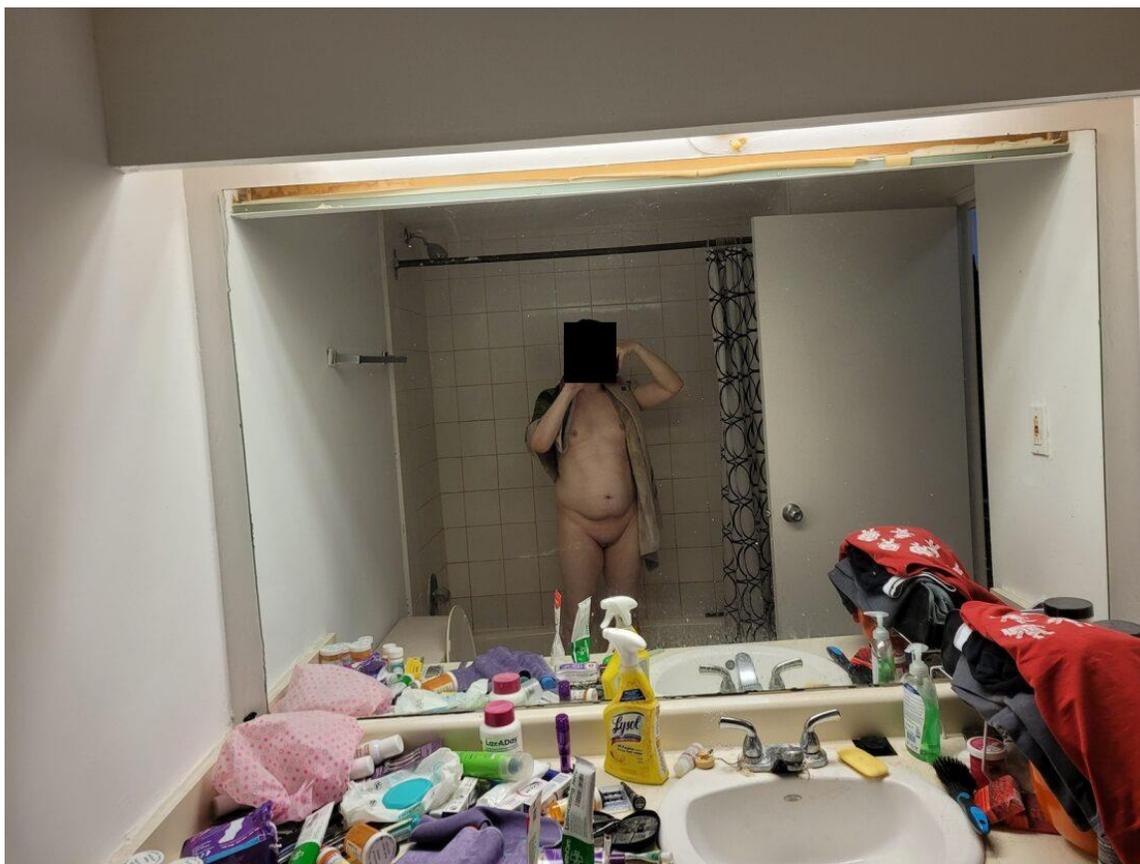
Note. Dominique's mirror selfie as she steps out of the shower.

As I mentioned, there is a full-length mirror outside of my bathroom. So it is one of those things where body image is a particularly difficult subject for me for a few different reasons- obviously, **Dysmorphia**, that's the word I'm looking for, I think was a large one. And **prior to surgery**, it was one that [the] mirror was very prone to reinforcing. **Every time I got out and saw the parts of me that I did not feel were parts of me**. Since then, **it's become something that I look at and it brings me levels of joy that it didn't before.** And it's very interesting how such a small thing that I see every day, every other day, has such an impact, and a forced reflection of myself- I'm made to take myself in how I am in that moment, often with the emotions that take part in it. **When I took this, I was quite jubilant and excited**, we'll say, because it was an opportunity to really consider it

for all it was not just the background thoughts that were in my mind of it, where it's again changing from that negative to positive over the course of the past four years. (Dominique, (she/her), 32, Trans Female)

Dominique described the gender euphoria she felt looking in the mirror post-genital surgery. She explained that prior to surgery, looking in the mirror was a constant reminder of her internal misalignment with her genitals, and now she feels joy looking in the mirror in a body that better reflects her identity. Other participants who desired and received genital surgery described improvements in body image, mental health, and gender euphoria. This kind of medical intervention was described as both necessary for surviving, as well as a driving force for thriving. In addition to the medical interventions that are covered by government healthcare or private insurance, there were several 'vanity surgeries' mentioned by participants that are available for trans* individuals to better align with their gender and support embodiment (e.g., shaving the Adam's apple down, facial feminization surgery, and breast augmentation). For example, Jennifer explained:

> **I would say nothing impacted my ability to exist in society more than [facial feminization] surgery.** That mattered. And so medically, that was an important moment when you talk about positive like psychological health outcomes. But yet the government doesn't cover that. Yeah. But they cover **genital surgery, which... matters**. Absolutely. **But in terms of visibility and ability to exist in society, it doesn't change a thing**. (Jennifer, (she/her), 41, Woman (different from sex at birth))

Jennifer was advocating for the importance of FFS and other so-called 'vanity surgeries', as they had a bigger impact than genital surgery on her ability to pass effectively and evade harassment and discrimination. Other participants elaborated, explaining that genital surgery was 'invisible', and primarily impacted only the person getting it, whereas the general public makes unconscious assumptions about gender using visible cues such as facial structure.

Above and beyond the traditional medical parts of a transition, modifying the body with art was also described as embodying. For example, the practice of getting piercings, tattoos, and other body modifications was an act of agency, whereby the body was a canvas for displaying both art and gender expression. Aura noted:

> I think it's worth mentioning and didn't have a particular picture for is tattoos and piercings as an expression of agency in queer people. Because myself, and I know I'm not the only one, a **lot of queer people tend to have piercings and tattoos.** I think part of that is to a certain extent, **people want to deny you agency over your body**. And for me, even before I transitioned, it was like, that is a problem because there are things I didn't like about my body that it didn't really have the power to change. But I could get tattoos, and as long as I had the time and pain tolerance and money, that is something that I could do. And so **I like tattoos as a form of self-expression and agency because it is something I can just do without needing doctor's notes or going on a waitlist**. (Aura, (they/them), 27, Trans-Femme/Non-Binary)

Getting tattoos and piercings was a symbolic act of agency for Aura and other participants. In focus group discussions, participants claimed that this was particularly true for trans* people, who are often unable to change their body in the way they would prefer. Body modifications also served as a source of gender affirmation prior to, or in lieu of, medical transition for some participants who had difficulty accessing these procedures. Participants described how these modifications also related to challenging cisnormativity and respectability politics, as they helped them be more visibly queer or trans*.

3.2   Desire: Incoming and Outgoing

The experience and expression of desire was described as an important theme related to (dis)embodiment, and the quality of these experiences affected participants' relationship to their bodies. Subjective experiences of desire were described on a spectrum of negative to positive, as influenced by personal history, sexuality, and gender identity. The subthemes are 'fetishization of trans* bodies' and 'sexuality and desire'.

'Fetishization of trans* bodies' comprised the negative end of the desire spectrum, whereby negative experiences impacted relationship to desire for participants. On the positive side, 'sexuality and desire' characterized the healthy expressions of desire.

3.2.1   Fetishization of Trans* Bodies

Participants commonly described negative sexual experiences (e.g., sexual violence, fetishization) that arose from occupying a marginalized body. These experiences compounded over time and resulted in decreases in self-worth and disrupted connection to desire. The negative side of desire was characterized as experiences of self-blame, sexual objectification, fetishization, sex work, and the impact of dysphoria. Participants described their experiences of being sexually objectified in daily life and how these impacted their relationships with their bodies. For example, Rebecca White observed:

> I feel more objectified by society now too, especially men. **I don't think men see me as human sometimes and more as just like an object.** And it gets really hard because I just want them to hear me out sometimes or want me for me. And I feel like all they want is sex, to be honest. But **sometimes I think that's my own fault from the way I dress and present myself**. So it's like a struggle or a battle there between feeling good and looking good and being okay with that, to wanting people to respect me and treat me not like a sexual being. Especially being trans, because most people's conception of trans women are like porn stars and we're already sexualized from the start. Not that cis women aren't. Cis women are sexualized constantly as well. But it's just like, yeah, it's something I'm still learning, I guess, especially as I develop into my body. (Rebecca White, (she/her), 31, Trans Female)

Rebecca acknowledged that being treated as an object made her feel uncomfortable, however she also expressed self-blame for being objectified due to her manner of dress. Rebecca also mentioned that she had been treated differently as her body had changed on HRT. Other participants echoed these experiences, notably describing decreased self-worth as a result of experiencing an external sexualized gaze. Additionally, participants shared that feminizing changes such as breast growth and fat

redistribution during medical transition were associated with an increase in experiences of sexual harassment. Relatedly, participants described experiencing judgement and a sexualized gaze when going about daily life because they were assumed to be involved with sex work or pornography. For participants who did not engage in sex work, this assumption was experienced to be damaging to their self-concept. For example, Anna described:

> **Transfeminine people are very much associated with pornography**, which is kind of a bummer ... Not all of them are necessarily doing because they want to. I would argue that most of them are just doing it out of necessity. Obviously, I'm sure there's some people who make porn who are really happy about it, but I know a lot of people who aren't. And even me, early in my transition, there was definitely a period where I was like, 'I should just make porn that would just be way more convenient than doing all this other shit that's hard in the real world', and I didn't end up going through with it, but the fact that was a real consideration that I had. **Why was that something that seemed like such a good idea to me?...So I think it's hard to not center your body image around being sexualized**. (Anna, (she/her), 20, Trans Woman)

Participants explained that having an identity that was over-represented in both digital and real-world sex work had an impact on their self-perception. Participants emphasized the difficulty in not basing their feelings of self-worth on their physical appearance or sexual attractiveness. For those who had internalized the societal messages of sexualization, their experiences with desire were disrupted. Further, those who did have experience in sex work described it to be incredibly harmful to their self-esteem and identity. Topa noted:

> ...When I escorted. Yeah...That was another whole learning experience. Yeah. I went a long ways down the hill. Long way to fall for me because **the only way I thought I could get validation was to become okay with being objectified and sexualized**, because in most of the world circles, '**transgender' is, that's a sexual connotation to it right away. It was just... It was the most**

dehumanizing thing I've ever experienced. (Topa, (she/her), 57, Transgender Female)

This form of validation was noted in other participants who engaged in sex work. Relatedly, participants who had negative experiences with sex work describe engaging in self-objectification during that period of their life, and having to unlearn those thoughts, feelings and behaviours over time. Participants who engaged in sex work out of necessity said that it negatively impacted their ability to experience healthy desire.

Another notable influence on connection to desire and sexual experiences was stage of transition. For example, participants described their sexual experiences prior to coming out as negative due to gender dysphoria or general misalignment between the body and the self. Edith explained:

In the past, when I was still presenting as male and married to a straight woman, **I found myself engaging in sex just for mostly for her pleasure and I prioritized that over anything else**. I always forget what happened afterwards and I thought, 'is that what's supposed to happen after sex?' Yeah, **I just dissociated the whole time** and just kind of went through it to just play that role. And **I just never felt like I was even a part of my body at all.** It wasn't until after I came out that started to feel more and more like I am myself, and I am Edith. Powerful woman. (Edith, (she/her), 29, Transgender Woman)

During the focus group, Edith explained how prior to understanding her own sexuality and gender identity, intimacy with a partner was unenjoyable. Similarly, participants who had high levels of dysphoria or who were closeted described dissociation during sexual encounters, as well as prioritizing the sexual desires of partners over their own. Some participants explained that sexual intimacy was uncomfortable if their body did not yet align with their intrinsic gender. Finally, participants described how early adverse sexual experiences, such as sexual assault, impacted present-day connection to desire. For example, Ashley shared:

I definitely feel rather uncertain about my future, about what I will want, especially in relation to exploring romance and sexuality. Definitely not feeling the best about those things... **The current uncertainty is like a combination of experiencing lots of dysphoria, but also, I was- as a teenager- sexually assaulted and feeling kind of detached from my body in connection to that and only really starting to process that**. So I think those definitely work together a lot to make it kind of daunting and seem, making it a source of stress. (Ashley, (she/her), 21, Trans Woman)

Being the victim of a sexual assault during adolescence had a long-standing impact on Ashley's ability to explore romantic and sexual pursuits. Participants described that experiencing sexual assault was associated with anxiety and/or avoidance of intimate situations, inability to orgasm, and/or feelings of guilt about intimate situations. Participants who had a negative sexual experience pre-transition and pre-coming out commonly reported a delay in coming-out and subsequent transition timeline. Additionally, some participants noted that their assault experience was not taken seriously, since at the time they were presenting as male/masculine. Overall, negative sexual experiences inhibited embodiment, and had downstream consequences on other well-being indices such as self-worth.

3.2.2   Sexuality and Desire

Participants described the positive side of desire to be hallmarked by empowering experiences of sexual exploration, including romantic partners, redefining sensuality, engaging in empowering sex work, and self-exploration. Participants noted that exploring 'sexuality and desire' in a healthy and self-fulfilling way supported their embodiment. Contrary to the experience of being objectified by the cis-normative male gaze, experiencing a lesbian or queer gaze was described as empowering, with queer relationships and spaces facilitating a positive connection to desire. Additionally, digital and real-world spaces dedicated to sexual exploration (such as online chat rooms or sex clubs) were an outlet for participants to experiment with their sexual orientation. Participants noted the importance of affirming sexual and/or romantic partners for positive experiences with desire and sexuality. For example, Miquella explained:

Figure 4: Partner Validation

Note. Miquella's photograph with her partner on a date.

> So **my partner**, they use the term lesbian kind of for themselves, but basically they **have an attraction to feminin[ity]**. They're into that. So that's helped with my body image. So **I actually met them on like, a lesbian dating app. So that feels even more validating that they perceived me that way.** So my body image is going the way I want it to be. (Miquella, (he/she/they), 20, Non-Binary/Trans Feminine)

Miquella's partner identifying as a lesbian was affirming to her gender identity. Participants noted that gender affirmation was an important part of connection to desire, particularly for those with queer sexual orientations. Participants who identified as queer emphasized the protective nature of non-normative relationships, including non-monogamous ones, whereby partner(s) affirming their identity through expressing attraction and engaging in sex was embodying. Participants expressed that femininity and sexual appeal were subjective, and that exploring those concepts in a non-traditional way was important for embodiment and gender identity affirmation. For example, Stacey noted:

Figure 5: Performative Femininity

Note. Stacey's photo of displaying her legs erotically.

> I kind of liked, again, just, like, the connection of **being able to feel like my legs are something that I can display erotically now. I like the interplay of the body hair**, and that's something that's been on my mind a lot, where I know as soon as I... It's fine for now. I don't have a ton of dysphoria wrapped up in body hair, more like face hair. But I started having dysphoria about face hair the moment I shaved. And I'm pretty sure that **as soon as I start shaving my legs or start shaving my arms, body hair is going to be unacceptable there anymore. And that raises some interesting questions for me about performative femininity and, well, if it's not bothering me yet, why make it bother me?** Why start this at all? (Stacey, (she/they), 36, Trans-femme/Non-Binary Femme)

Stacey shared the photo of themselves dressed in lingerie and stockings, showing off their unshaved legs, representing both her relationship with her legs and her sensual side. Stacey has a physical disability that causes pain and discomfort in their legs. Since beginning her transition, Stacey had begun to feel less negative towards her legs, and

even started to celebrate them through sexuality and desire. She also shared her thoughts about performative femininity. They mention that body hair was not a source of dysphoria until they began shaving, so they tried to embrace their natural legs in intimate settings. Other participants shared similar experiences of exploring eroticism and femininity. Participants also noted that their expression of sexuality was an important part of practicing agency over their bodies. For example, some participants felt empowered by engaging in sex work as a way to celebrate their trans* identity and their body. Rebecca White shared:

Figure 6: Spicy Streams

Note. Rebecca White's photograph of one of her streaming outfits.

> I do a lot on Snapchat, and then **I do like, spicy streams** with a girl...I get a lot of feedback on them from men and women. Actually, I get a lot more attention from

women too, which has surprised me...[**their feedback is**] **good, definitely validating. I wouldn't still be doing it if it wasn't positive**. I always had a thing for underwear, lingerie. Kind of like risqué. I think people look better dressed up like that than they do naked sometimes. Just like artsy, I guess. (Rebecca White, (she/her), 31, Trans Female)

Rebecca's photograph represented her part-time job as a digital sex worker. She explained that early on in her transition, she was interested in sharing her body online as a form of validation. The feedback she had received from this work had been positive, thus contributing to more positive body image and embodiment. While this finding was contrary to the negative experiences of sex work described by others, positive experiences with sex work were described as helping to affirm gender identity, boosting confidence, and gratifying desires.

Additionally, participants shared that their desire and sexuality underwent significant changes during transition due in part to their medical transition. For example, Xenia described:

Figure 7: A New Addition

Note. Xenia's photograph of her bass guitar that she is learning to play.

> If you're trans, sex is important. Your body changes, and particularly a lot of those changes are really visible inside of sex...But a lot of transfeminine people, they had a time in their life where their body basically functioned the same as a cis dude. Now it doesn't. That part of their body has changed. Things about it are different than they used to be, more than likely *need* to be, like they need to get off in a completely fucking different way... **You are having to relearn how that part of your body even works in order to enjoy yourself in sex**. And that's one of those things that's kind of like it's tough and you kind of gradually learn it over time, but it's also like **it's kind of one of those things where you learn to love yourself and you gain a connection with yourself as you better understand**

that part of your body and how those parts of your body work. And you can find confidence both whenever you're having sex and then with other people. (Xenia, (she/her/it/its), 22, Trans Femme/Non-Binary)

Physical and psychological components of intimacy changed over time for Xenia. Xenia also discussed the importance of relearning how to connect with her body through masturbation after these changes. She compared this experience to learning to play a new instrument, hence the photo of the bass guitar. Other participants described sexual exploration during transition as an embodying experience, as they were able to connect to their desire in healthy ways. Similar to Xenia, participants who were undergoing medical transition described changes in their libido, their sexualities, and their physical intimacy experiences. Participants also brought up desire as both an incoming and an outgoing experience following the start of their transition. Heart noted:

One thing that's been a huge change for me is feeling and acknowledging that one of my personal needs is being desired, and that that's an important and healthy part of people's well-being. So I thought it was interesting that that set of things laid out brought up desire, but didn't particularly delve into it as an incoming thing, but more focused on it as an outgoing thing. (Heart (it/its/fae/faer/she/her), 40, Transfemme/Genderfluid/Non-Binary)

In this quote, Heart described the importance of honouring faers own desires in intimate situations following coming out. This sentiment was echoed by other participants who explained that coming out itself facilitated the exploration of sexuality as both an incoming and outgoing experience. Participants demonstrated that positive experiences with desire and sexuality improved their positive embodiment, which subsequently led to more positive sexual and romantic experiences. In this way, participants described embodiment and desire as being reciprocally related. Finally, some participants identified as being on the asexual or aromantic spectrum, where they had limited or no sexual desires. A lack of romantic or sexual activities did not diminish the general well-being of these participants and had no negative impact on their embodiment.

3.3   Radical Self-Care

Self-care was conceptualized as a continuum of thoughts, feelings, and behaviours towards the body that either hindered or supported their spiritual, mental, or physical health. The subthemes of 'radical self-care' are 'self-harm and neglect' and 'honouring the self'. This theme existed on a continuum from negative to positive, where 'self-harm and neglect' represents the negative side and 'honouring the self' represents the positive side. 'Self-harm and neglect' was characterized by maladaptive behaviours towards the body and self, whereas 'honouring the self' included adaptive, compassionate behaviours towards the self.

3.3.1   Self-Harm and Neglect

Participants described experiences of passive and active self-harm both pre-transition and early transition, with self-harm and neglect being unrelated to chronological age. Participants described experiencing ambivalence or active dislike towards the body prior to coming out due to things like dysphoria, adverse childhood experiences of abuse, or mental health conditions. 'Self-harm and neglect' was characterized as engaging in disordered eating behaviours, non-suicidal self-injury, feeling a disconnection to the self, and engaging in substance use. Some participants engaged in restrictive eating for gender-related pursuits. For example, Miquella shared:

Figure 8: Restriction

Note. Miquella's photograph of a cake that she wanted to eat.

I stopped eating just lots of stuff that would give me a lot of weight, **eating less in general... It was kind of extreme the way I did it.** When I would go to school, all I would have for about 6 hours is a couple graham crackers and a couple of grapes, and I was satisfied enough with it. **I [had] to keep myself controlled. So I can reach my goal**. And fortunately, I did... but **I became sort of underweight for a bit**, and it's probably because of how extreme I did it. And while it was kind of still positive for me, I think I overdid it. But that whole process overall kind of was my first step in realizing how I wanted to actually present myself... **I thought**

I looked kind of more so cute or feminine. And **it helped me embody that part of me that I found satisfying**. (Miquella, (he/she/they), 20, Non-Binary/Trans-Feminine)

Miquella described a period of her life where they restricted their food intake in order to achieve a feminine body shape. She expressed concerns about 'overdoing it' and becoming too thin, but still recognized that this experience was one of the first steps in their gender journey. This experience was corroborated by other participants, who shared that their experience with disordered eating was gender affirming. However, other participants described their maladaptive eating behaviours as a tool of self-control and/or self-harm. Collectively, these experiences typically pre-dated coming out, where these behaviours were used to alleviate bodily and psychological discomfort that had not yet been recognized as gender dysphoria. Participants also shared that they engaged in non-suicidal self-injury behaviours -such as cutting- prior to coming out. Stacey noted:

Figure 9: Self-Destruction

Note. Stacey's photograph of a bee covered in pollen that made her sad.

Self-harm has been something that I've engaged with my entire life without really having a concept of why. I think there's a lot of gender stuff looking back that was very obviously tied into it. Just that feel, like the intense, intense loneliness and isolation and that feeling of a pain that nobody can contextualize, nobody can share, nobody can explain to you. So things just feel, like, uniquely broken, and there's just like that suffering. And I think for me, cutting in particular, there is a degree of, like, I don't know how else to show anybody around me that I'm not okay and that I'm hurting in a way that they will care about because **I've tried communicating in other ways, and it's just been stonewalled or dismissed. But if I'm pouring blood in front of them or**

covered in scars, then they'll be like, 'oh, we got to do something about that'.
(Stacey, (she/they), 36, Trans-Femme/Non-Binary Femme)

Stacey described how self-harm was a manifestation of the internal disconnect they experienced prior to coming out. Stacey explained that the photo of the bee represented her tendency to overwork herself and hurt herself, as the bee pictured is so covered in pollen that it could no longer fly effectively. Other participants echoed this sentiment, explaining that engaging in cutting, self-endangering acts, and other self-punishing behaviours were associated with their gender-related mental distress. Relatedly, participants shared that self-harming behaviours were a coping mechanism they engaged in as a result of other mental health conditions. Participants who had mental health conditions described neglecting themselves or engaging in passive self-harm. For example, Ashley explained how her depression impacted her self-care and body image:

In regards to body image and **a lot of the depression and my lack of feeling of connection to my body kind of just led to me often neglecting my body, not really taking care of myself in general**. So ... the depression...kind of went hand in hand with that and made it a lot worse. And I'm definitely making more active efforts to take care of myself but I would say that... **the combination of those has not been helpful for my body image and just my body**. (Ashley, (she/her), 21, Trans Woman)

Ashley mentioned that post-coming out she made more active attempts to engage in self-care but faced barriers to do so. Other participants who mentioned having mental health conditions described struggling with self-care prior to coming out also observed small improvements in their self-care post-coming out. In addition to mental health, participants cited a lack of support systems to be associated with self-harm and substance use both prior to coming out and early transition. Topa noted:

I think, from trans perspective, people in transition, there's a failure in ourselves, in the inability to reach out to other women for help because of fear of rejection... I think there are a lot of common points that are with [cis] women growing up and stuff, but **those supports are there for [cis] women. They're not there for**

transitioned people. So we have to find other coping mechanisms.
Unfortunately, those in a lot of ways, tend to be self-medicating in one form
or another. I don't know very many trans people that haven't experienced that.
(Topa, (she/her), 57, Transgender Female)

Topa described her experience with "self-medicating" when she felt unsupported early in her transition. Participants shared that they had observed substance use and self-harm within the trans* community and explained that these behaviours were associated with a lack of support systems. Notably, participants reported that self-harming and neglect behaviours declined over time concurrently with stage of transition and increases in social support.

3.3.2   Individual and Collective Self-Care

Participants described improvements in self-care post-coming out, which was also correlated with improvements in their mental health and well-being. Additionally, participants described that coming out itself was the beginning of their self-care journey. Participants characterized 'individual and collective self-care' as including mental, physical, and spiritual self-caring behaviours. For example, participants that inhabiting a body could be a positive experience was a radical mindset shift. For example, Shannon explained:

I feel like, personally, **I didn't think of my body before I transitioned**. I would barely have hygiene, I'd barely have clothing... **The moment I kind of accepted myself as being trans, the whole world opened up to me**. Even before I got that medical treatment, just that personal acceptance gave me the agency to start learning how to take care of my hair, to start learning nail polish, makeup, clothing, any of that... That control that '**this is my body, this is who I want to be**. And it's exciting for the first time in my life to be able to be who I want to be and make steps towards that'. **There's no better word for it than euphoria**. (Shannon, (she/her), 26, Trans Woman)

Shannon described the euphoria she felt upon accepting her gender identity, which represented the first step towards caring for her body. Other participants corroborated this, and described how being able to recognize the importance of the physical body to their identity and reframing it as a positive part of the self was an important self-care milestone. Participants had different strategies to facilitate this reframing that supported mental well-being and promoted self-connection and embodiment in physical domain. For example, Matilda shared:

> (Before), I wasn't actively trying to kill myself, per se, but I didn't really care. And now, though, now I appreciate who I am. I know that I'm worthy. **I do boudoir usually every six months or so**. And then if you want a way to see yourself through a completely different lens, it's completely magical. And so **that's kind of what I do to reinforce the fact that, 'hey, you know what? You're doing great. You're worth it.'** And through the process of doing the boudoir, I've met so many amazing women that have done that, too. And every one of them says the same thing, that their self-esteem and their image of themselves has just gone way higher. (Matilda, (she/her), 56, Trans Female)

Matilda further explained that this activity was specifically chosen because it had improved her self-image and confidence. Participants who engaged in similar activities also described improvements in confidence. Relatedly, participants reported that engaging in activities that were specifically gender affirming were a form of mental self-care.

Figure 10: Feminizing Rituals

Note. Stacey's photograph of their daily shaving routine.

> So there's just something that kind of deeply amused me about the notion that, oh,
> I'm rediscovering these shaving things that my dad gave me when I was, like, 'oh,
> 13 years old, becoming a man' that I just ignored and never used. And **now the
> act of shaving my face has become, like, a weirdly feminizing ritual and a
> way that I connect to that part of me.** And I like that sort of irony and wanted to
> share a bit of that. (Stacey, (she/they), 36, Trans-Femme/Non-Binary Femme)

Stacey explained how she viewed shaving body hair as a feminine activity,
despite its usual associations with masculinity. In general, participants noted that this
cognitive reframing supported the reclamation of self-care activities to be feminine rather
than masculine. Other 'feminizing rituals' included dilation post genital surgery, tucking,
putting on makeup, or painting nails. Participants described these activities to be coded as
traditionally feminine (e.g. painting nails) or uniquely trans*feminine (e.g. dilation).

Participants also explained that engaging in physical activity supported physical,
mental, and gender-related self-care. For example, Jennifer noted:

The moment I decided this body was going to be my body. Now I had engagement with that mental image and I went, 'I want that'…now I exercise and I'm like, wow, I'm taking incremental steps towards a body that I feel proud of that represents me and that I feel is congruent with my mental image. Without that, I could never be fit. I couldn't be healthy the way I wanted to, I couldn't, like, care about what I was putting my body. I drank too much… I just didn't treat my body with kindness until I realized 'wait a second. This can be the body that you think it should be'. (Jennifer, (she/her), 41, Woman (different from sex at birth))

Jennifer described how physical activity and other health promoting behaviours supported self-care, allowing her to "take ownership" of her body through self-care post-coming out. Similarly, other participants described the use of physical activity to pursue a feminine body shape via yoga, pilates, swimming, and weight-lifting. Participants who engaged in physical activity described it as a way to facilitate gender euphoria and embodiment. Further, participants reported that being physically active in nature was supportive of embodiment and mind-body connection. For example, Katja described:

Figure 11: Happy Place

Note. Katja's photograph of her happy place in nature.

> I felt embodied here. I don't know why this one spot. **I bike through there all the time**. That place, for example, for some reason, just makes me feel like very-physicality is, I guess the word, but it makes me very aware of my place in space. **It's just a place that kind of grounds me somehow.** (Katja, (she/her/they/them), 32, Trans Femme)

The picture Katja chose represented her 'happy place', where they went to clear their mind and engage in physical activity. Other participants supported this notion and explained that engaging in physical activity specifically in different nature settings was beneficial to their mental health. Relatedly, some participants described that their mental self-care was tied to their spiritual self-care. Specifically, practicing religion and spirituality was a way for some participants to connect with their body and mind. For example, Laura shared:

Figure 12: Spirituality

Note. Laura's photograph of her tarot cards and butterfly pea flower tea.

> **[Witchiness] is where I situate my spirituality generally.** That is an entire other can of worms of genderedness and bodiedness in terms of just what it means to be a witch and the stereotypes that go along with it. I just thought I would capture that as best as I could. **I am perfectly happy for myself to have witchiness as part of my sort of womanhood.** One of the most beautiful bits of ritual or liturgy that I've seen written specifically for not just menopause, but for women who do not menstruate for whatever reason and just honoring that. (Laura, (she/her), 36, Trans Woman)

The photo of Laura's tarot cards and butterfly pea flower tea represented her experience in the pagan/witch community. She explained that practicing witchcraft/paganism was embodying due in part to its feminine connotations. In the

quote, she also mentioned that despite some discourse within the community on trans*exclusion, there are pieces of scripture specifically inclusive to trans* women. Participants who had a religious or spiritual identity discussed the importance of practicing their religion (e.g. prayer, church services, catholic confession, etc.) as an act of self-care. Notably, participants emphasized that the positive impact of spirituality on self-care was predicated on being part of a supportive religious community rather than a non-affirming one.

Finally, participants described the positive end of the self-care spectrum to be supported through collective self-care (e.g. community engagement and activism). For example, Mitzi described:

Figure 13: Activism

Note. Mitzi's photo of a pride crosswalk she helped organize.

> I was the lead organizer for doing the pride crosswalks in [city]... It was like a
> euphoric experience to get this done...**I never imagined myself not doing
> activism when I came out. It was almost like a calling.** I was just drawn to it...
> it actually diverted some of my own things, like things I didn't like about my
> body. Because now **I was not just fighting for me, I was fighting for all of us,**
> like all trans and gender diverse people. (Mitzi, (she/her), 62, Trans Woman)

Mitzi is describing her experience in activism and how it supports her relational needs. This this quote, Mitzi described the importance of her activism for its support of her relational needs and her personal body dissatisfaction. Participants who engaged in community activism explained how it helped them feel connected to other trans* people and thus supported their individual well-being. Together, participants shared that self-care was comprised of various mindful thoughts and behaviours that supported both individual and collective well-being.

3.4   Journeys to Alignment

Unlike 'desire: incoming and outgoing' and 'radical self-care', which were presented as spectrums of negative to positive, participants described 'journeys to alignment' as a multi-dimensional life experience of the body and gender identity exploration. Participants characterized 'journeys to alignment' to have two subthemes; 'growth' and 'homecoming', each of which represent the cognitive, affective, and behavioural experiences associated with transitioning. Specifically, 'growth' related to the embodying experience of transitioning, and 'homecoming' was the next stage in which participants had positive and flourishing relationships to their bodies.

3.4.1   Growth

Participants described 'growth' as a period characterized by self-exploration with high levels of body image investment. During this 'stage', participants described moving from a state of disembodiment to a state of neutrality towards the body. Specifically, participants characterized 'growth' to be comprised of experiences of self-discovery, learning, instability of body image, construction of womanhood, and tracking progress. Importantly, 'growth' was described as a multi-dimensional, non-homogenous, and non-linear experience. Commonly, the first stage of 'growth' was self-discovery, or the process coming out to the self. To this point, Mitzi noted:

> So I grew up in the 60s as a child, and that's when I discovered that I liked to wear women's clothes. Now, back then, there was nothing that I could have been exposed to, to think that I could 'transition', there is no way...**I didn't realize that I was trans because there was no terminology for me and I just considered**

> **myself a cross dresser and I was going to die as a cross dresser. But then this word transgender showed up and I go, 'oh, that sounds like me'**. (Mitzi, (she/her), 62, Trans Woman)

In this quote, Mitzi described a lack of knowledge and awareness of trans* identities during childhood and expressed relief at finding a term that fit her gender identity later in life. Similarly, participants described the personal coming out process to be liberating, with experiences of mixed emotions such as overwhelm, relief, excitement, and heightened dysphoria. Participants shared that they began to engage in gender exploration and early social transition following coming out. This was hallmarked by experimenting with hairstyles, clothing, makeup, and pronouns. Relatedly, participants described how this time resulted in a feeling of vulnerability, and even feeling like a teenager again. For example, Xenia described:

Figure 14: Being a Teenager Again

Note. Xenia's photograph of her messy bedroom floor featuring HRT packaging.

> Though I try to provide an outward appearance of confidence when discussing my experiences, it is a fact that I struggle. **In my life it often feels like I'm both an adult and a teenager.** Having to learn to take care of yourself, to live

independently, to solve many of your problems alone. All while adjusting to a changing body. I try to remember this when my room gets messy**. Overtime I will learn to manage these things, my life, like my gender, is in a state of transition**. (Xenia (she/her, it/its), 22, Trans Femme/Non-Binary)

The photograph that Xenia shared included a torn off piece of her estradiol patch on her bedroom floor with a few other items of "mess". She explained that this piece of trash was a symbolic representation of the "messiness" of transition more specifically, and life more generally during young adulthood. Xenia explained that it was both literally (i.e. hormonal changes) and metaphorically (i.e. self-discovery) akin to going through puberty again during adulthood. Other participants also described the experience of self-discovery to be difficult and emotional, and shared that they felt like they were learning to be a person again for the first time early in their transition. Relatedly, participants expressed that they held mixed emotions towards their bodies and had an unstable body image during this time. For example, Shannon described:

Figure 15: Journeys

Note. Shannon's photograph of a flowerbed on the day of a photoshoot.

In that moment, **I felt like the flower, I felt pretty**. I felt happy. I wanted to go out. I wanted to do things, I was energetic. But at the same time, if you had rolled back the clock 30 minutes **earlier, I was the little buds**. I was not quite bloomed. I was stressed. I was anxious. I was wondering if the flower would turn out right. And if you go back before that, I'm leading up to it. I'm still doing my care. I'm one of the little plants that are a little less vibrant. And **before that, I'm the dirt. I'm the pavement. I'm the parts you're not even looking at, the parts that just aren't connected to the subject matter of the image. That disconnect. That suffocation**. (Shannon (she/her), 26, Trans Woman)

During our interview, Shannon shared this photo of the flowerbed and described how her feelings towards her body fluctuated within the same day. The photo she shared represented how her ability to feel confident (like the bloomed flower) or insecure (like the pavement) could change at any given time. Other participants echoed this experience,

and shared that their relationship to their body was varied greatly depending on a variety of factors, and even felt like "whiplash" at times (Anna, (she/her), 20, Trans Woman). Particularly, participants who had transitioned for the least amount of time described feelings of discontent and incompleteness in relation to their body. One way that participants improved their relationship with their body was by exploring an inclusive understanding of womanhood (or gender generally). In the focus group, Edith noted:

> [when] I saw women out and about, and they'd be all wearing makeup and just, I guess, going with that whole stereotypical female look. Anyways, so **when it came to my transition**, I transitioned around 26, **at first I kind of figured, 'okay, I guess I got to look the part'. So I started trying to wear skirts and everything. But over time, I kind of found that people seemed to like seeing me comfortable and seeing me as myself**. And I start to dress just ways that I feel comfortable in as opposed to just trying to perceive how others would see me. (Edith, (she/her), 29, Transgender Woman)

During focus group discussions on gender and body image, Edith described how she developed her own personal sense of womanhood. In this quote, Edith explained how stereotypes of femininity impacted her perception of womanhood earlier in transition. This was similar to other participants, who shared that their early socialization and understandings of what constituted womanhood/femininity influenced their initial manner of dress. However, participants further explained that they developed a broader conceptualization of womanhood over time to include their personal understandings of 'authentic' gender presentation. Participants also noted some challenges to this stage of exploration, such as neurodivergence, which impacted understandings of 'acceptability' in gender presentation. For example, Anna explained:

> **I think also sometimes being autistic is hard because you don't really know what's right and wrong.** It's like, what can I do? And sometimes it's hard to tell when people are being genuine or not. So it's like if someone's complimenting, I'm like, I can't tell if you're serious or not. **I can't tell if you actually accept me or you've just gotten used to a weird girl being around.** And I don't have any

way of deciphering that because I can't just ask. Well, I could, but it would be weird. And who's to say that they would even tell the truth? (Anna, (she/her), 20, Trans Woman)

Anna shared that her experience of being autistic impacted her ability to understand social norms related to gender presentation. Mainly, she was conscious of the judgement of others and expressed uncertainty about her ability to be perceived as a woman. Participants who shared that they were neurodivergent explained that they had a hard time feeling like they fit in with their peers, and also struggled to differentiate if they were excluded for being trans* or for violating other social norms.

Figure 16: Progress

Note. Rebecca White's photograph of her measuring tape.

Another practice that participants shared that helped to ground them during transition was celebrating transition milestones through tracking progress. Rebecca White explained: "**Measuring tape. That's very important because I'm constantly checking my measurements.** I didn't know that hips and waist had the different measurements before, so that, and then obviously measured breast growth, [and] my height's changed by almost 10 cm." (Rebecca White, (she/her), 31, Trans Female). The photo that Rebecca shared (Figure 16) represented her experience tracking the changes in her body from HRT over time. She explained that tracking measurements helped her feel affirmed in her gender as HRT worked to feminize her body shape over time. In focus group discussions, participants connected over the shared experience of celebrating transition milestones, whether those were physical or mental changes. Participants shared that in

addition to physical measurements, 'progress photos' (i.e. selfies) were taken intermittently during transition to document changes over time. Participants explained that looking back at photos in a timeline helped improve their confidence in their journey. Specifically, participants explained that this practice lessened their dysphoria and was a grounding activity that helped contextualize the objective changes from transition that they could celebrate. Similarly, some participants kept a journal to document emotional and cognitive changes. Participants described these journals as helpful for maintaining a growth mindset and encouraging optimism about their transition. Relatedly, some participants engaged in mindfulness or meditation activities to contextualize their journey. For example, Laura shared:

Figure 17: Labyrinth

Note. Laura's photograph of a place in nature she goes to meditate.

> **That is the tree and a labyrinth marked down to it**... and my journey and my self-image and because I am occasionally pretentious, they called it a labyrinth because there's only one way you follow the path through to the end. And then we think that etymologically that doesn't make sense, because the labyrinth... you can get lost... **So thinking about different ways of going through places where I could end up or could have ended up just and all that the idea of, is there a**

destination? Is there a way forward, a way to go? Where am I going? What
we're actually talking about in terms of mythology and all that is a maze. And...I
thought 'This is a meaningful space for me that I can go to, that when I go to, I
feel grounded in my body'. (Laura, (she/her), 36, Trans Woman)

The photograph that Laura shared included a tree with a path of stones leading to
it, which represented her transition as a journey with an unknown destination. Laura
explained that the path was labelled as a labyrinth, but that a true labyrinth is not linear
and unidirectional. Similarly, participants shared that they had a future-oriented mindset
for their transition during the 'growth' stage, and that the journey itself was embodying.
'Growth' was described as a period of change that could move in a positive, neutral, or
negative direction. For example, Jennifer described:

So what is transition other than growth. Right? Society- because it's such a
weird form of growth-society goes 'that's a thing'. So it's like you're transitioning
and they want a start and end to it. But the reality is it's not that simple, right?
This is just a journey of growth. And we're taking parts of ourselves that we like,
and we're keeping those and we're disposing of parts that we don't like. **That's
just the human experience**. So like, yes, **I transitioned my gender, but what I
really just did was experienced a period of intense growth.** (Jennifer, (she/her),
41, Woman (different from sex at birth))

Jennifer shared that she viewed her transition as not having a true end, and that
she had experienced the same personal growth as a cisgender person. Taken together, the
growth period of a transition is synonymous with transition itself, whereby for some,
transition had an end, and for others it was lifelong. Participants described this period of
gender exploration as embodying, as they were both literally and metaphorically growing
into their authentic selves.

3.4.2   Homecoming

As mentioned in 'growth', participants conceptualized coming out and
transitioning to be an embodying experience. However, some participants described the

experience of 'coming home' to their body at the metaphoric end to their transition. In 'homecoming', participants characterized 'homecoming' to include self-acceptance through cognitive reframing, developing and internalizing a broad conceptualization of beauty, engaging in self-compassion, and practicing gratitude. 'Homecoming' was experienced by participants across chronological age, though was more commonly reported for those in 'later' stages of transition and for those in the middle adulthood (i.e. 36-55) and older adulthood (i.e. 56+) categories. Participants reported decreases in dysphoria and body image investment over time, which was achieved through cognitive reframing. For example, Hope Rivers shared:

> I think feeling complete has a lot to do with perception of ourselves. We can change ourselves to match what we perceive to be our complete states, right? But oftentimes **there will be things that we can't change** to match those. We can't change our shoulders, we can't redistribute our bones to make them fit what we want, things like that. But in some cases, **it's possible to** change how we feel about ourselves over time and **change how we feel about it. And that can bring us closer to feeling complete.** (Hope Rivers (she/her), 19, Transgender Woman)

In this quote, Hope Rivers described how she felt self-perception was important for feeling 'complete'. Similarly, participants described rejecting the pursuit of 'perfection', the definition of which varied depending on the participant, however typically it reflected either cisgender standards of beauty/femininity or was related to a 'perfect' non-binary appearance. Jennifer noted:

> **Am I perfect? No**. So I'd say I do fall into that criteria, that category of there's things that I would change if I could, you know. But at the end of the day, **does that prevent me from loving myself? No**. And I think that's the most important part of that self-acceptance is just going. Yeah, okay. **I accept myself with the flaws... I love myself despite them.** (Jennifer, (she/her), 41, Woman (different from sex at birth))

When asked about when it felt right to cease medical intervention (such as 'vanity surgeries'), Jennifer explained that the 'end' of every transition was a "fight for self-

acceptance". Participants postulated that pursuing perfection would have damaged their body image more than practicing self-acceptance. Similarly, some participants described their practices of self-compassion and self-love to be embodying. Matilda shared that she regularly engaged in boudoir photoshoots, where she explores acts of body celebration with a photographer in a one-on-one setting. Additionally, the boudoir studio ran a body image workshop, where Matilda engaged in self-compassionate writing tasks. When asked about the impact of boudoir, Matilda shared:

Figure 18: Alignment
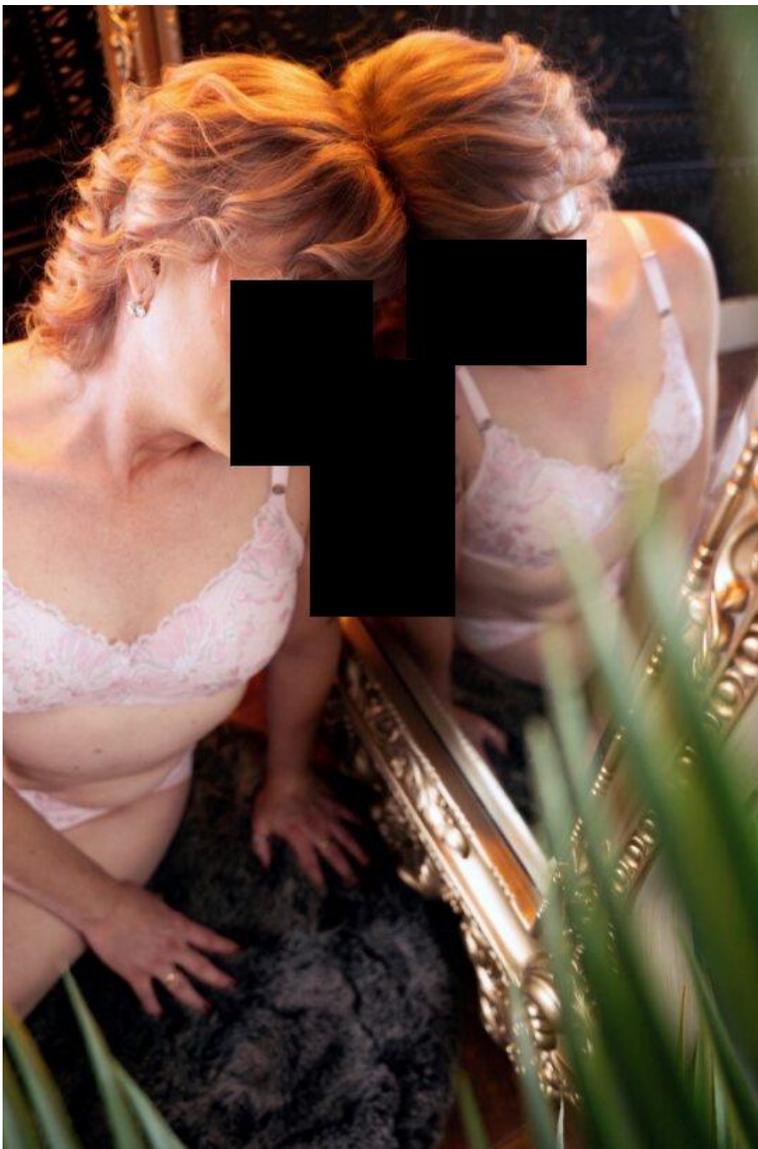
Note. One of Matilda's boudoir photographs in front of a mirror.

> I remember doing the pictures with the mirror, but when I saw this one, I'm like, 'oh, my God'. **That is a metaphor for the outside person joining with the inside person**, and they're now one, and they're a mirror image of each other. And **I've got a little tummy roll there. I'm like, I don't care**. I don't care at all. I just love that picture, what it represents. And **finding that point where your inner and your outer just aligned. Like, I just found that amazing**. (Matilda (she/her), 56, Trans-Female)

Here, Matilda described the process of getting dressed (or undressed) for the photoshoots, posing, working with the photographer, and choosing photos to keep. The photoshoot was an embodying experience, and Matilda described feeling aligned with her gender and her body through this activity. In addition, Matilda discussed how doing these photoshoots were impactful for her general body image, and how she is now able to love her body even if it did not reflect cultural standards of beauty (e.g. thinness, smooth skin, youthfulness). Participants explained that having education on body image and socio-cultural influences helped them better understand how to avoid internalizing unrealistic body ideals. They shared that they were able to recover from, or bypass entirely, the sociocultural pressures imposed upon women such as the thin ideal, beauty and femininity ideals, and stereotypes about gender roles. For example, participants stated that having a baseline understanding that womanhood is a multi-dimensional experience, and that being trans* did not mean that their experience of womanhood was less valid than that of a cisgender woman. For example, Laura explained:

Figure 19: The Seed

Note. Laura's photo of a thorny tree.

> So it's a honey locust tree, and those are nasty thorns. Apparently, they evolved to fend off mastodons. And **I really don't like the commonplace metaphor for transition of butterflies** and things like that, just because that sort of thoroughgoing transformation doesn't really speak to my experience. But the idea of trees growing out of seeds and already being contained within them, I think just is something that speaks more to my sense of things, and **rather than focusing on the change as opposed to just the completeness** or in some sense, even **the inevitability that the tree is already in the seed**. (Laura, (she/her), 36, Trans Woman)

Laura conceptualized her transition and gender as an inevitability, and she challenged the cis-normative notion that cisgender body journeys are 'natural' and trans* ones are 'unnatural'. Instead, Laura emphasized that trans* body journeys are part of the natural diversity of human beings. With the butterfly metaphor, Laura referred to the common conceptualization of trans* body journeys being akin to the stages of life for a caterpillar to become a butterfly – implying a fundamental change upon transition. Laura countered this by describing how she felt she had always been herself, despite having had a unique way of achieving body alignment. Some participants described their transition

as being a 'before and after', however participants in 'homecoming' described that they fundamentally accepted their life as a whole rather than dividing it. Finally, participants who experienced homecoming described experiencing high levels of self-confidence and gratitude and low levels of investment in the perceptions of others. For example, Sally shared:

> Finding the right words is difficult...I've been using said mirror regularly and taking pictures monthly...**I can really see what I look like now. I'm beautiful**...Grateful was my main emotion, grateful for all the people who helped me get to this point, and grateful for my own determination to embark on the journey...Yesterday I was very much enjoying the warm wind on my bare legs and up my skirt. I found myself almost skipping while I walked, swinging my purse wearing a big smile. It dawned on me that **this was the first time I've been out and about in a dress with zero anxiety, zero self-image worries, zero give-a-fucks what other people thought**. (Sally, (she/her), 61, Trans Woman)

After our interview, Sally sent an update email about her body image and gender journey where she shared that she had come to a point in her transition where she was happy with herself. She expressed feeling trans* joy and gratitude for her journey. In contrast to participants in early transition, those who achieved homecoming placed less value on physical appearance and more value on well-being and self-acceptance.

3.5   Gatekeepers and Facilitators of Euphoria

In addition to the subjective experience of inhabiting the body, participants also shared their understandings of why they did or did not experience embodiment. These explanations were titled 'gatekeepers and facilitators of euphoria', which include individual, interpersonal, and (primarily) structural influences on embodiment. The subthemes are 'minority stressors' and 'coping and social support'. 'Minority stressors' captured the negative experiences of discrimination and harassment that inhibited embodiment, whereas 'coping and social support' were the supportive facilitators of embodiment such as connection to community.

3.5.1   Minority Stressors

Participants reported that experiencing both distal and proximal minority stressors resulted in higher subjective experiences of disembodiment and distress. Specifically, participants shared that their experiences of intrapersonal (e.g. concealment), interpersonal (e.g. violence, non-affirmation), and structural transphobia (e.g. policy/legislation, SES, and societal attitudes) inhibited their ability to feel embodied. At the individual level, participants reported experiencing stereotype threat, which inhibited embodiment due to a preoccupation with self-policing and identity concealment. Participants expressed fears of reinforcing trans* stereotypes that may further harm the community. For example, Dakota shared:

> I think like I, **in a perfect world, I think it should be like everyone is just themselves and like it's the person's decision**. Not like because they're trans or like because they're straight or whatever. But **I do try and like show a good representation** because I know it is very like visual and like people like to- I don't know, make stereotypes. And **I don't want to be contributing to the negative stereotypes**. (Dakota, (she/her), 26, Trans Femme/Trans Woman)

Dakota shared that she felt obligated to be a 'good representation' of a trans* person to help reduce stigma. She further explained that this preoccupation sometimes overwhelmed her ability to be authentic. Participants who experienced stereotype threat described feeling anxiety in social situations where they were the only trans* person. Other participants went so far as to conceal their identity to avoid stereotype threat, which was described as requiring extensive cognitive energy.

At an interpersonal level, participants shared experiences of extreme forms of acute discrimination and harassment, which resulted in high levels of psychological distress. Stacey shared:

Figure 20: An Outfit With Intention

Note. Stacey's selfie in the parking lot of a grocery store.

> ..."Kill all the fags, kill all the gays". A lot of specific directed threats... I was one of the few counter-protesters there who was visibly trans. So I got a lot of directed hate and eye contact, and from a few feet away, **people pointing and making sure they knew that they were talking to me about how "we're going to fucking rape you to death. We're going to fucking kill you". So it was like, a really traumatic experience**. And so I kind of avoided this grocery store that was, like, my home grocery store, and food is something that's so important to me and my identity...**I had to do some active work to kind of deprogram that visceral fear of people who looked like-and very well probably were- some of the protesters who were just screaming about murdering me and spitting in my face and pelting us with rocks and garbage**. (Stacey, (she/they), 36, Trans-Femme/Non-Binary Femme)

The photograph Stacey shared was captioned "Stacey wears an outfit with intention", and it represented how she felt courageous when she wore a feminine outfit to her local grocery store following an experience of harassment. They were describing their experience counter-protesting the "1 Million March 4 Children" on September 20th, 2023. Stacey said that she was from a small town and was largely outnumbered by protesters

who threatened her life and physically assaulted her during the protest/counter-protest. Stacey shared that this photo also represented how challenging it was to recover from an acute experience of trans*-specific harassment. Participants who had experienced verbal, sexual, and/or physical assault for their gender identity described it as "torture" (Anna, she/her, 20, Trans Woman, White). Participants emphasized that acute experiences of interpersonal minority stressors directly diminished their physical and psychological safety, which had downstream effects on their embodiment. Relatedly, some participants experienced interpersonal rejection due to other social identities such as their weight. For example, Ramona described:

> [if I go to the gym] the stares, I feel, would be like a twofold. Because I'm a larger person because of my weight and because I'm transgender. People who are big already have a hard enough time going to the gym if they're cis. **Ask a 400-pound person how they feel at the gym**... being trans is going to draw stares because my workout clothes are too tight. I don't have bottom surgery; I got a bulge. And so now they're going to see somebody with a bra and a bulge and **all of a sudden now I'm being stared at for being trans, and fat, and feeling disgusting, because now I'm hot and sweaty**. (Ramona, (she/her), 38, Trans Woman)

Previous experiences of social rejection and the anticipation of future rejection resulted in physical activity avoidance for Ramona. Participants who were higher-weight shared that the negative social interactions they experienced in their daily life were related both to their weight and to their gender. These experiences were described as harmful to participants' self-concept and self-esteem. Specifically, participants who experienced transphobia and fatphobia cited those experiences as primary barriers for accessing physical activity. Additionally, participants who encountered gendered changerooms cited these as gatekeepers of embodiment because they prevented participants from engaging in physical activity and decreased social belongingness.

Within religious communities, participants shared that negative interactions with religious leaders negatively impacted their spiritual well-being and social belongingness. For example, Sally noted:

I've gone to church my whole life. Same church, whole freaking life. ... [When I transitioned, the minister] said, 'the people that talk to you, how do you think they're perceived?' I went, 'what?' 'Yeah, there's people that talk to you. How do you think people look at them?' **You're saying that even the people who talk to me are unclean? or are looked down upon?** (Sally, (she/her), 61, Trans Woman)

Sally shared that her experience coming out to her church was negative, despite her hopes that most of the community would have accepted her. After coming out, her church and specifically her minister continued to misgender her, ostracize her, and exclude her from community activities. Sally explained that this rejection was harmful to her mental and spiritual health. Participants who experienced religious rejection described feeling isolated, anxious, and disembodied.

At the structural level, participants described multiple interlinked forces that worked together to inhibit the well-being of trans* people systemically. Firstly, participants described how the medical parts of a transition were discriminatory and difficult to access. For example, Ashley had a medical professional on her care team deliberately deny her a referral to an endocrinologist, delaying her transition for an extended period of time. She noted: "I'm never going to trust that doctor again because of the **profound denial of agency** that I experienced when **it feels like he took that away and took away months of my life** through that." (Ashley, (she/her), 21, Trans Woman). She emphasized how her agency had been stripped away, and how that experience inhibited her embodiment through the delay in gender-affirming care. Other participants echoed this experience, where they explained that medical professionals bias resulted in denial of treatment and/or delayed treatment. Importantly, participants expressed how denial of care resulted in mental distress, suicidality, and heightened dysphoria. These experiences were attributed to be due to a lack of education and compassionate understanding in the medical field. Similarly, participants cited a lack of insurance coverage for gender affirming care as impactful to (dis)embodiment. Mitzi noted:

That's one thing that I'd like to see, that we are **more included in the universal health care system**. These things should be automatic almost. **We don't have to fight for it, jump through hoops and wait years for getting our validation**. So that's just my two cents on that. (Mitzi, (she/her), 62, Trans Woman)

Here, Mitzi expressed a commonly shared view on the importance of access to medical care. During focus group discussions of agency and body image, participants emphasized that the lack of access to treatment based on legislation/policy was an important factor related to their embodiment. Participants described situations where they had to prove they were "trans* enough" and in enough distress to warrant medical intervention. This self-advocating was described as effortful and resulted in mental distress. Similarly, higher weight participants described trying to access medical transition and being denied due to their weight. Luna shared how medical anti-fatness and medical transphobia worked together to delay her treatment:

It's interesting because while the government admits that these surgeries help with mental health and reduce the likelihood of suicidal ideation and attempts, they will only cover so much. But also with the current government, **I'm kind of scared that they'll be like, 'we don't need to cover this anymore'**. So I'm like, **I should probably lose this weight as quick as possible so I can get in before they cut the funding**. (Luna (she/her), 26, Trans Woman)

Luna explained that she had been put on Ozempic to lose weight for genital surgery[5]. Luna also expressed her fears that genital surgery may not stay under the covered procedures if the Ontario government changes its policy. Participants who were denied gender affirming treatment due to weight expressed fears about access, as well as concerns about their (in)ability to lose the necessary weight. Relatedly, participants explained that some medical interventions are not covered by the government and are thus cost prohibitive. For example, Rebecca White shared: "I have a big Adam's apple. I

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[5] In Canada, applicants for genital surgeries typically are required to have a BMI of $<35\text{kg/m}^2$, despite no empirical basis for this requirement (Brownstone et al., 2021)

hate it, but it is what it is. **It's an $8,000 surgery that I can't afford.**" (Rebecca White, (she/her), 31, Trans Female). For Rebecca White and other participants, the cost of 'vanity surgeries' and the recovery process made them near-impossible to access. Participants discussed the concept of 'buying euphoria' in focus groups, which was a more colloquial way of describing how their socioeconomic status impacted their ability to feel embodied. Similarly, participants described how the non-medical components of transition were also dependent on wealth. For example, Anna shared:

> **There's this monetary roadblock. And I don't really have money for clothes.** Or if I have money for clothes, I don't really know what to buy. And clothes aren't made for me, so they probably won't fit me properly. So it's like, **there's just a lot of shit to deal with that's pretty frustrating.** (Anna, (she/her), 20, Trans Woman)

Anna expressed her frustration at the cost of acquiring affirming clothing, and she noted that this was especially important due to the relevance of clothing choice on outside perception of gender. Participants described feeling worried about being harassed for gender incongruence if their wardrobe did not 'match' their gender identity. In addition to clothing, participants described how other socioeconomic factors such as income, housing insecurity, and workplace discrimination resulted in experiencing disembodiment. For example, Topa shared her experience of homelessness:

> **When I was in shelter during the pandemic, I was there for like eleven months and they eventually kicked me out because they needed the space, because I couldn't find a place to live no matter what.** I went to almost every place that I could to get a lease and I had all the backing from social service and everybody else already signed and sealed. I couldn't get a lease on anything. I couldn't get a lease on an outhouse. (Topa, (she/her), 57, Transgender Female)

When Topa was experiencing housing insecurity, she described how it was difficult to find a place to live. Participants who had experienced housing insecurity or homelessness shared that it was hard to attend to their basic needs, and that their body image was low priority during that time.

Finally, participants shared the importance of societal attitudes and exposure to trans* people on their disembodiment. Specifically, participants lamented how negative media representation (or even the distinct lack of representation) influenced their understanding of trans* identities and often delayed their transition. For example, W noted:

> The idea of trans like as a kid, **the only media images I had of trans people were incredibly negative.** These were just like bearded perverts, basically, is how they're presented in the thing on TV. **Not a single positive media representation I ever saw once**. (W, (she/her), 45, Trans Woman)

In the focus group, W shared that the few media depictions of trans* people that existed when she was growing up were based on offensive stereotypes. These depictions shaped her attitude towards trans* people. Participants discussed how negative media depictions of trans* women resulted in internalized feelings of shame, and denial of their identity for years after. Additionally, participants speculated that having even one neutral or positive representation of a trans* person in the media when they were adolescents may have facilitated their transition much earlier. Expanding on this, participants noted that they may have had the opportunity for self-acceptance from a younger age instead of having to unlearn internalized transphobia later in life. Taken together, participants shared that societal transphobia had many downstream consequences on their individual well-being.

3.5.2   Coping and Social Support

Despite the many factors that participants described as having a negative impact on embodiment, there were also notable facilitators of embodiment. Participants described 'coping and social support' to be again comprised of individual (e.g. resilience and conviction), interpersonal (e.g. community, family, religious, and professional social support), and structural components (e.g. knowledge). At the individual level, participants described personality factors that helped reduce the impact of minority stressors. On conviction, Shannon described:

As a trans person, your option is fight or die. Quite frankly, at the end of the day, if you don't learn to live in your body, if you end up stuck in that disembodiment, the symptoms you kind of talked about in that case study, we die. Society rejects us and we have to fight, and we have to fight ourselves, and we have to fight the people who reject us, and **at the end of the day, that resilience comes through. A trial by fire**. (Shannon, (she/her), 26, Trans Woman)

Shannon described how she found personal resilience to be her primary strategy to cope with minority stressors. Other participants corroborated this experience and explained that in order to survive in a world that was not built to include them, a certain amount of personal resilience in the face of adversity was necessary. Importantly, participants also expressed a deep sense of connection to their community that supported their individual resilience. For example, Topa shared:

Everywhere I go I bring a positive attitude with me. And that seems to negate a lot of attacks or a lot of negativities from outside. I don't see it because it's not where my head's at. And mindset is really important. Having people around you support and uplift is beyond important. So **[the] community is everything. Without it, you end up isolated. And that is in a lot of ways a death**. I have no animosity, no anger, no resentments in my heart, nothing. Because to transition successfully, you can't take that with you. It's foolish to even think you can. (Topa, (she/her), 57, Transgender Female)

In this quote, Topa described both her personal conviction and community resilience. She discussed how it was imperative to keep a positive attitude when faced with adversity, and to keep the community close. For participants, the trans* community was described as an invaluable source of emotional and informational social support. Specifically, participants explained that being able to connect with similar others fostered a sense of shared meaning, which supported individual and collective well-being.

At the interpersonal level, participants cited the importance of support systems in helping lessen the effect of minority stress and promoting individual embodiment. Firstly,

participants shared how the support from community allies and family facilitated their embodiment. For example, Yvonne described:

> I found it very interesting. **When I came out, I expected to meet a lot of opposition and problems**. In fact, I went to my then next door neighbor and said to him, 'I'm going to come out as a woman'. He said 'why bother to tell me, just do it'. [laughs] And that's the kind of attitude I got. For instance, I go to stores and they just greet me as they always have greeted me...**Overall, they just accept me. Whole community has, and my family has**, with a couple of minor exceptions. (Yvonne, (she/her), 82, Female (different from sex at birth))

Yvonne shared that her coming out experience was characterized by support and acceptance, including from the majority of her family members and community. She explained that having supportive children helped her process coming out and transition. Relatedly, participants who had supportive families described how it supported their well-being and belongingness. Additionally, participants shared that having friends who were either cisgender allies or part of the trans* community was helpful for fostering belongingness. To this point, Sally shared:

Figure 21: Mama Bird

Note. Sally's photograph of a new feminine shirt she bought on a girl's trip.

> **My friend**... She's kind of like my mama bird. And, okay, **she pushed me out of the nest.** 'Sally. We're going to go to [town]. You're going to dress *nice*'. So I say that that's code for feminine. 'You're going to dress *nice*, and we're going to have a fun day'. 'Okay'. I knew that was the right thing to do. It scared the shit out of me. So, again, scary and exciting. **I got clothes, pedicures...It was a beautiful day**. And walking down that street was my heels clicking, wind coming up my legs, it was incredible. (Sally, (she/her), 61, Trans Woman)

The photo that Sally shared represented one of the first times she dressed femininely in public, and she shared how her cisgender friend facilitated this experience.

Participants described that the connections they had with both cisgender and transgender friends supported their ability to explore their gender during their transition. For some, the support of friends was cited as an integral part of their transition, as they felt supported to go out of their comfort zone. Other important support systems that participants mentioned included romantic or sexual partners. For example, Dominique described:
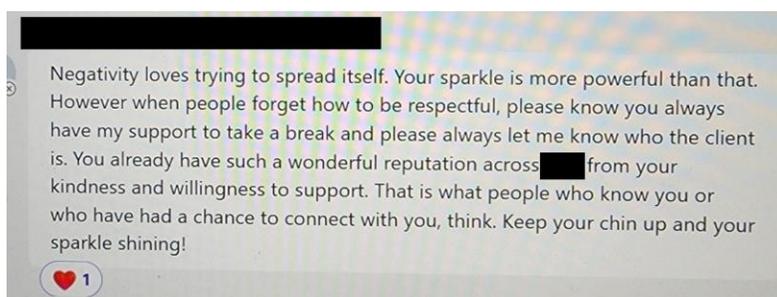
Figure 22: Instrumental Support

Note. Dominique's photograph with one of her partners.

This is just me and one of my partners. I am polyamorous. I do have more than one, but this is the one that is local and who is very often to visit me. **He is very much a positive influence on my life... He's always very supportive of anything that I have to go through or do.** He actually went with me for my surgery to make sure that I had someone to take care of me, taking the time off of work and everything. (Dominique, (she/her), 32, Trans Female)

Dominique explained that this photo represented the importance of her partners' support on her embodiment and well-being. Specifically, participants described how partners provide important emotional and instrumental support during transition. In addition to close social relationships, participants characterized support systems to also include professional or work relationships. Matilda shared:

Figure 23: Beyond Respect

Negativity loves trying to spread itself. Your sparkle is more powerful than that. However when people forget how to be respectful, please know you always have my support to take a break and please always let me know who the client is. You already have such a wonderful reputation across █ from your kindness and willingness to support. That is what people who know you or who have had a chance to connect with you, think. Keep your chin up and your sparkle shining!

♥ 1

Note. A screenshot Matilda shared of a workplace conversation.

So remember back in the fall, **when they were doing these protest days against trans people? My manager messaged me.** She's like, 'how are you doing?' And I work at [a place]. So some of these things were occurring there. Ours wasn't, fortunately. She's like, 'are you doing okay today?' I'm like, 'I'm good, thank you'. Another manager messaged me who works right in our office, and she said, 'I'm going out for lunch. Do you want me to get you something if you're afraid to go out?' And then a couple of my coworkers were like, 'how are you doing today?' Kind of thing. And I'm like, **that's not only just being respectful, it's like, next level. It really is. I'm grateful for that. And knowing that I can just**

show up and do my job and not look over my shoulder about whatever is amazing. (Matilda (she/her), 56, Trans-Female)

Matilda shared a screenshot of a work conversation where her manager reached out to share her supportive words with Matilda following an experience of harassment. Matilda explained that part of her job entailed phone calls, and occasionally she experienced harassment from customers. In our interview, she shared that her coworkers and manager expressed that they would provide tangible support during distressing times, which helped Matilda feel safe in her job and allowed her to work effectively. Participants who had supportive workplaces reported having positive mental health and well-being due to the support of employers. Finally, participants described how supportive religious leaders who demonstrated allyship were important for facilitating embodiment. When religion was brought up in our interview, Yvonne shared:

> [I] went in to confession and I told this priest that I like to dress up in female clothes. His response? I can give you exactly as he said it. "I've never heard anything so ridiculous in all my life"... And then some years later I went to talk to [another priest] and I made the last appointment for the evening and I went in and talked. I must have taken three quarters of an hour to an hour. The only time he reacted was when I told him about that first priest. And he was horrified, of course, and any priest should have been horrified by that. Anyway, **when I'd finished and poured out my soul to him, he said, "this is a gift from God. What you do with it is up to you, but it is a gift from God". Whoa. Can you imagine how I felt? What incredible relief?** (Yvonne, (she/her), 82, Female (different from sex at birth))

Yvonne shared that her relationship to spirituality was very important to her understanding of self and her embodiment. Before coming out, she had made a confession about her gender identity and was met with rejection. In this quote, she described how a supportive priest had a positive impact on her. For participants who had a religion, having supportive religious leaders and community was described as incredibly affirming to their gender identity and social belongingness. Participants

claimed that religious leaders who were publicly supportive of the 2SLGBTQIA+ community helped make them feel safe to attend their services, as well as supported their connection to spirituality.

Finally, participants described how 'coping and social support' was facilitated at the structural level, through things like positive societal attitudes towards trans* people. Specifically, participants noted how knowledge and awareness of trans* identities helped them feel positively about their own identity. For example, Miquella described:

> **Information a lot of the time is power**. And when people are informed, when they make educated decisions, when they know what they're doing, to some extent, to a strong degree, when they have that resolve that is also backed up by information, I think people are able to really do what they want to do. **And one of those things is presenting the way they want to present, being happy with themselves. That's really important. And I can only hope and try and help in my own little way that things get better**. (Miquella, (he/she/they), 20, Non-Binary/Trans Feminine)

Miquella discussed the importance of education on 2SLGBTQIA+ identities, which gave her the agency to explore their identity. She postulated that when other people are informed of trans* identities, they would be more accepting of diversity. Miquella described the difference she observed between South Asian and Canadian culture with regards to inclusive policies and attitudes on 2SLGBTQIA+ people. He compared how the more traditional gender roles and expectations of his culture delayed her transition. Relatedly, other participants emphasized the importance of trans* representation in government, education, research, and media, and other public sectors. Participants shared that seeing themselves represented in positions of power facilitated their self-acceptance, and they further emphasized how this may have a positive impact on trans* youth. 'Coping and social support' were described as important facilitators of embodiment in participants, and were effective at the individual, interpersonal, and structural level.

<div align="center">Chapter 4</div>

4 Discussion

The present research aimed to qualitatively explore the experience of embodiment in adult trans*feminine individuals through focus groups, photo elicitation, and individual interviews. Based on multiple sources of qualitative data from 28 participants, trans*feminine people experience embodiment in a similar manner to cisgender women, though the degree and quality of embodiment experienced was predicated on the degree of coping resources and experiences of minority stress. The core components of embodiment in the present sample had considerable conceptual overlap to Piran's experience of embodiment construct (2016), however some key differences were noted, including the importance of gender identity affirmation across the themes. Drawing on participant experiences, several practical recommendations are noted to support embodiment in trans*feminine individuals at intrapersonal, interpersonal, and structural levels.

4.1 Embodiment in Trans*Feminine Individuals

The experience of embodiment in trans*feminine individuals was characterized by five distinct but inter-related themes including 'challenging cisnormativity', 'desire: incoming and outgoing', 'radical self-care', 'journeys to alignment', and 'gatekeepers and facilitators of euphoria'.

4.1.1 Challenging Cisnormativity

The first theme of 'challenging cisnormativity' offers novel insights to the original conceptualizations of embodiment, as it did not share significant characteristics with the dimensions proposed by Piran. 'Challenging cisnormativity' was described to be a uniquely trans* experience, thus it was not captured in the 'experience of embodiment' construct (Piran, 2017). Within 'challenging cisnormativity', the first subtheme 'embracing otherness' was consistent with research on transgender identity development (Galupo et al., 2021). For example, for non-binary participants, an androgynous gender expression was important for their embodiment. Previous qualitative work with

transgender and non-binary individuals indicates that having a non-normative gender presentation can be protective for gender euphoria (Beischel et al., 2022; Murawsky, 2023). Additionally, reclaiming the adjective 'monstrous' was empowering for some participants, as it represented their unique gender experience. Participants who experienced non-human genders celebrated their feelings of monstrousness and sought to disrupt cisgender assumptions of what it means to be trans*. This finding aligns with the concept of 'transmogrification', which has been a subject of discourse within feminist and gender studies (Serano, 2024; Sullivan, 2006). Sullivan argues that trans* bodies are undoubtedly 'other', and that embracing this is embodying (2006 p. 557). Similarly, trans* scholars have proposed the allegory of monstrousness to be aligned with trans* embodiment through the reconstruction of the body (Stryker, 2023). Based on Piran's theory, gender presentation was related to embodiment through the patriarchal devaluing of womanhood and femininity. The negative dimensions of embodiment were sometimes influenced by experiences such as sexual objectification or traditional sexism; thus, a feminine gender presentation was implied to be a risk factor for disembodiment (Piran, 2016). The present study expands on this notion to include non-normative gender presentations, whereby the same patriarchal structure systematically devalues those who transgress the binary understandings of gender.

Similarly, findings from the present study also indicated that trans*feminine individuals may experience pressures to undergo medical transition procedures. Participants may have been experiencing 'trans-normativity', a novel construct intended to describe the medicalization and standardization of transition care (Murawsky, 2023). Recent literature suggests that transitions are becoming standardized in such a way that objectifies trans* individuals' bodies (Nieder et al., 2020, Murawsky, 2023). This was exemplified when participants shared their negative experiences with objectification from their medical care teams. The embracing of other was an important finding, as it provides nuance to the understandings of how passing culture and transmedicalism can inhibit embodiment (Hendrie 2022). In addition to medicalization of trans* identities, projecting traditional gender roles onto trans* individuals may inhibit embodiment for those who embrace other. Results indicated that pressures to conform to cis-normative gender roles during transition contributed to identity erasure and disembodiment, which aligns with

previous research (Breslow et al., 2015). In Piran's definition of 'experience of embodiment', experiences such as transmedicalism were not discussed due to the centering of cisgender women's experiences. However, experiences of transmedicalism are similar to objectification in that they inhibit agency, and often targets women and feminine individuals (Piran, p. 7).

While some participants 'embraced other', others emphasized the importance of fitting in and passing. Feminist and gender studies scholars have debated the language around passing culture and have critiqued the desire to pass as a symptom of internalized transphobia (Butler, 1990; Serano 2024). However, there is also evidence to suggest that placing value in passing can be embodying (Anderson et al., 2020). Passing-or the desire to pass- can be an aspect of identity formation and affirmation for trans* individuals (Anderson et al., 2020; Billard, 2019). Findings from the present study support the pursuit of passing as an avenue for embodiment for some. Importantly, the concept of 'passing' in this thesis does not denote deception, despite its characterization in some literature (Billard, 2019; Serano, 2024). Passing is both a passive and active process whereby individuals may make efforts to behave in a manner that aligns with traditional understandings of gender, and outside observers make assumptions about gender based on a variety of social cues (Billard, 2019; Serano, 2024). Further, the pursuit of 'fitting in' via passing efforts may be due to experiencing distal minority stressors (Meyer, 2015). In this sample, going stealth or attempting to pass were associated with alleviated distress, euphoria, and general well-being. 'Passing and stealth' shared characteristics with Piran's developmental stage of 'mental corseting', where a desire to fit in to restricted understandings of femininity are a result of a lack of social power (Piran, 2016, p. 198). However, these efforts were sometimes noted to be embodying, contrary to Piran's conceptualization.

Within both embracing other and passing, participants shared their experience with modifying the body. Modifying the body has been well documented in queer and trans* populations as a source of gender euphoria (Hendricks & Testa, 2012; Sullivan, 2006). Access to medical transition (e.g. genital surgery, HRT) was supportive of embodiment for those who chose it. This finding is corroborated by a plethora of research

on transgender medical care since the introduction of the field of study (Hirschfeld, 1991; Langer, 2014; Hendricks & Testa, 2012; Owen-Smith et al., 2018). Additionally, 'vanity surgeries' such as facial feminization positively impacted self-confidence and gender affirmation in participants. This finding contradicts the positive body image field of research, which posits that the use of cosmetic procedures is indicative of negative body image (Chambers, 2022; Tylka & Piran, 2019). One of the core tenets of 'positive body image' is an emphasis on accepting the body as it is and not changing the body to align with cultural standards of beauty (Tylka & Piran, 2019). The results of the present study challenge the notion that altering the body is inherently indicative of negative embodiment/negative body image. Specifically, Piran refers to body alterations as a "dependence on beautification" that serves to reinforce the patriarchy and restrict women (Piran, 2016, p.148). Participants emphasized that physically altering the body to align with their intrinsic gender was integral to their ability to experience embodiment, and that it was not for the pursuit of a particular beauty ideal. Beyond the common forms of medical bodily modification that are associated with transgender identities, the use of tattoos and piercings were common facilitators of embodiment in this sample. This aligns with sociological research on embodied practices in the 2SLGBTQIA+ community (Langer, 2014; Sullivan, 2006; Miller, 2020). In a recent survey of transgender people, 45% of respondents reported having at least one tattoo compared to the U.S. national average of 31.5% (Ragmanauskaite et al., 2020). In this survey study, participants reported that tattoos supported gender affirmation, body ownership, and personal expression (Ragmanauskaite et al., 2020); which aligns with previous qualitative work (Miller, 2020) and the findings of the present study. 'Challenging cisnormativity' highlighted the importance of agency and individual choice regarding gender expression and presentation. In the present study, body modifications served to facilitate embodied agency in participants, contrary to Piran's claim that body alteration is inherently a negative or maladaptive practice (Piran, 2016).

4.1.2   Desire: Incoming and Outgoing

The desire theme identified in the present study aligned with the 'experience and expression of desire' dimension of embodiment (Piran, 2016). Specifically, Piran

suggests that on the negative side of the desire dimension; 'disowning desire', cisgender women are described to have a disrupted connection to their desires (Piran, 2016), which is characterized by a lack of desire, associating desire with discomfort, and/or not experiencing pleasure in intimate settings (Piran, 2016; p. 9). Similarly, participants in the present study shared negative experiences with desire, such as the disruption of sexual activities and intimacy due to early adverse sexual experiences. Despite these similarities, trans*feminine individuals experienced gender dysphoria as a key contributor to negative experiences of desire (Prunas, 2019); which inhibited their ability to engage in and enjoy intimate experiences. When their body -primarily genitals or other body parts that were highly salient in sexual encounters- did not align with their intrinsic gender, participants experienced anxiety and avoidance of intimacy. Dysphoria experiences have been well-documented in transgender individuals to disrupt sexual intimacy (Prunas, 2019; Siboni et al., 2022). This finding supports previous qualitative research on intimacy in transgender individuals (Siboni et al., 2022). Similar to how Piran conceptualized 'disrupted connection to desire', the present subtheme exemplifies the 'mental corseting' that occurs as a result of sexual intimacy related trauma (Piran, 2016, p.9). The present study expands on this by introducing dysphoria as a 'physical corset'.

Importantly, the unique form of sexual objectification that trans*feminine individuals face impacted participants' relationship to desire. The over-representation of trans*feminine individuals in digital and real-world sex work was associated with self-objectification, which aligns with recent research on how fetishization impacts identity development (Anzani et al., 2021; Hong et al., 2023; Prunas 2019). Trans*feminine individuals are sexualized in ways that cisgender women are not, whereby their unique body history and the presumption of having male genitalia are the basis for fetish in observers (Anzani et al., 2021). Although cisgender women experience sexual objectification across both the public and private sphere, their bodies are deemed as "natural" and therefore are not the subject of this distinct form of fetishization (Brewster et al., 2019; Frederickson & Roberts, 1997). Anzani and colleagues' combined model of sexual objectification, fetishization, and minority stress posits that sexualization serves to establish a power dynamic that disadvantages and disempowers trans* and cisgender women (Anzani et al., 2021; p.3). The findings of the present study provide qualitative

support for this model through the stories of non-agential sex work engagement. Participants who had negative experiences of sex work (i.e. survival sex) reported self-objectification and decreases in self-worth, which aligns with current understandings of sex work for trans* individuals (Begun & Kattari, 2016). Additionally, participants who had been exposed to sexualized representations of their identities reported internalization of an objectified gaze and sexual dysfunction, which is corroborated by previous research (Brewster et al., 2019; Fredrickson & Roberts, 1997; Roberts et al., 2018). The experience of sexual objectification was a core risk factor to disembodied desire in the present study, which aligns with how 'disrupted connection to desire' was present in the girls and women of Piran's studies (Piran, 2016). Importantly, trans*feminine-specific fetishization was a determinant of disembodiment in the present study, presenting a unique barrier to embodiment for trans*feminine individuals.

In the 'experience of embodiment' construct, the positive side of the desire dimension was characterized by experiencing desire and responding to desires in a self-caring way (Piran, 2016, p.8). This is similar to participant experiences of honouring their desires, engaging in mutually enjoyable sexual activities with others, and engaging in masturbation and self-exploration. Positive desire in trans*feminine individuals included gender exploration and affirmation through partnered sexual experiences, which is corroborated by previous survey and qualitative research (Nikkelen & Kreukels, 2018; Siboni et al., 2022). Additionally, engagement in sex work supported embodiment for some, which provides nuance to current understandings of sex work engagement that primarily assume it is for survival (Begun & Kattari, 2016). Findings from the present study indicate that exploring sexuality through digital sex work can be an agential practice that supports embodiment for some, a finding that supports recent qualitative work (Orchard et al., 2021). Finally, not all participants experienced dysphoria during intimacy, and thus were able to engage in enjoyable sexual activities at different stages of transition. The present study findings expand upon Piran's positive 'experience and expression of desire' to include the ways in which trans*feminine people engage with positive desire by utilizing gender affirmation.

4.1.3   Radical Self Care

The next dimension of embodiment 'attuned self-care', which is characterized by attending to one's bodily, emotional, and relational needs in a mindful way (Piran, 2016, p. 9). On the negative end of the spectrum is disrupted attunement, self-harm and neglect. In the present study, the theme 'radical self-care' shared similar self-harm experiences to those in Piran's studies of cisgender girls and women (2016), whereby a lack of attunement to one's needs reflected disrupted embodiment. Specifically, experiences of NSSI were related to feeling detached from the body both pre-coming out and early transition. From recent meta-analytic data, approximately 47% of transgender individuals report engaging in self-harming behaviours at some point in their life compared to 15% of cisgender individuals (Liu et al., 2019). Based on participant responses in the present study, self-harming behaviours were engaged in to alleviate gender dysphoria, dissociation, depressive symptoms, and minority stress. In addition, participants described engaging in disordered eating behaviours (i.e. binge eating, caloric restriction) for gender affirmation or self-punishment (Brewster et al., 2019). This finding aligns with previous qualitative research on disordered eating risk factors in transgender individuals (Romito et al., 2021). A systematic review found that while disordered eating prevalence is higher in transgender individuals than cisgender individuals, symptoms reduce in cases where there is access to medical transition (Jones et al., 2016), which was also shared by participants in the present study. Participants also mentioned a history of substance use as a means to alleviate gender dysphoria or general distress. Recent meta-analytic data suggest that transgender people are at a slightly higher risk of substance use across the lifespan compared to cisgender individuals due to experiencing minority stress (Cotaina et al., 2022). Importantly, participants in the present study mentioned that substance usage was due in part to a lack of community or social support, which is supported by the findings of previous research on substance use risk factors in transgender individuals (Cotaina et al., 2022; Drabish & Theeke, 2022). In Piran's work, substance use was an indicator of 'disrupted attunement, self-harm and neglect', and was identified as a coping mechanism following adverse childhood experiences (Piran, 2016, p. 51). To expand on this, the present study identified the risk factors unique to trans*feminine individuals, such as transphobia and dysphoria.

On the positive side of this theme is the subtheme 'honouring the self', which closely aligned with Piran's 'attuned self-care' dimension (2016). 'Attuned self-care' is characterized by attending to one's needs in a compassionate and caring manner (Piran, 2016, p. 10). Participants in the present study described positive changes in their self-care post coming-out. Similarly to Piran's study, self-care for participants included 'listening to the body', eating nourishing foods, exercising, keeping a healthy sleep schedule, surrounding oneself with social support networks, and practicing spirituality. Physical activity engagement supported general well-being in participants, which aligns with current research on physical activity participation in trans* individuals (Elling-Machartzki, 2017; López-Cañada et al., 2021).

One of the novel forms of self-care in this sample was 'feminizing rituals' or engaging in gender-affirming self-care. This presented a distinct difference to Piran's understandings, which position 'body alterations' and 'beautification' as a maladaptive response to internalized misogyny (Piran, 2016, p.148). While cisgender women can engage in gender-affirming self-care, it may serve a different purpose for trans*feminine individuals based on the findings of the present study. For example, going to a nail salon may be a form of general self-care for a cisgender woman (Hartweg, 1993), however this kind of activity was particularly meaningful to participants in the present study due to its highly gendered associations. For example, the practice of boudoir photoshoots has increased in popularity in recent years as a form of self-empowerment for cisgender women (Wentland, & Muise; 2010); but has also become associated with gender affirmation for a variety of trans* individuals based on anecdotal reports. However, the potential benefits of boudoir have yet to be investigated empirically. Engaging in gendered self-care in this sample was found to represent some of the earliest forms of gender euphoria, a finding that has been previously observed in trans*feminine individuals (Bradford et al., 2021). Prior research focuses almost exclusively on the medical components of gender-affirming care, and there is little research on more individual 'mundane' forms of self-care in this population (Austin et al., 2022). Beyond Piran's concept of 'attuned self-care', the present study also extends self-care to include community connection. For example, engaging in community-based self-care (e.g. activism) supported individual well-being, which has been previously been found

qualitatively in the context of community resilience and activism (Edelman, 2020). Taken together, self-care fell on a spectrum of negative to positive, where participants reported higher levels of self-care post coming out and later in transition compared to their experiences pre-coming out or early transition. This presents a conceptual difference from Piran's attuned self-care, where self-care can be disrupted at any time from negative body experienced and reclaimed later in life (Piran, 2016).

4.1.4   Journeys to Alignment

The final theme, 'journeys to alignment', did not significantly overlap with any of the experience of embodiment dimensions, however it shared qualities of the more general developmental theory of embodiment (Piran, 2016). From Piran's multi-generational study with cisgender women, embodiment and one's relationship to their body follows a prototypical progression; where children have a positive relationship to their body, adolescents lose said positive relationship, and middle and older adults slowly regain it over time (2016). In the present study participants also described a body journey, however; rather than being dependent on chronological age, it was dependent on stage of transition. In the subtheme 'growth', participants described their relationship to their body being negative pre-transition and becoming more positive through transition stages. The novel finding of this work is that coming out and transitioning itself was embodying, as it supported a sense of gendered personal growth and self-discovery that may be unique to trans* individuals. Previous research on trans* individuals' body image suggests that medical intervention has a positive impact on well-being indicators (Austin et al., 2022; Brewer et al., 2022; Heiden-Rootes et al., 2023; Owen-Smith et al., 2018), however little is understood about whether the process of coming out itself is embodying. Importantly, 'growth' was heterogenous in the sample, indicating that transition is a unique and individual experience. In the present study, participants who had been transitioning for the shortest period of time reported higher levels of dysphoria and disembodiment, whereas those who had been transitioning the longest described observing a steady improvement in their embodiment and reductions in dysphoria over time. Older participants often reported 'coming out' later in life due to lack of awareness of trans* identities and social barriers such as fear of rejection. Notably, despite

beginning their transition later, older participants described 'growth' to be primarily euphoric and positive. This was comparable to the difference between young women and older adult women in Piran's study, where older women 'reclaimed their social power' as they aged (Piran, 2016, p. 204).

Following the period of self-discovery and change that comprised 'growth', participants shared their experience of homecoming. This subtheme was most similar to 'body connection and comfort', however it had some notable differences (Piran, 2016, p.5). Body connection and comfort was originally characterized by having a positive connection to the body, finding comfort in the inhabitance of the body, and countering societal appearance pressures (Piran, 2016, p. 5-6). In this study, participants shared that they felt 'at home' in their body and experienced a sense of peace and contentment in the inhabitance of their body following 'growth'. Importantly, experiencing homecoming was not exclusive to participants who had undergone medical transition, which provides support for an inclusive, anti-transmedicalism model of embodiment (Hendrie, 2022). Participants also described engaging in protective actions such as self-compassion (Neff, 2003). Other strategies utilized in participants included functional appreciation, journalling, mindfulness, using positive affirmations, and reframing negative thoughts. These practices were consistent with a multi-theoretical approach to alleviating distress (Austin et al., 2018; Bluth et al., 2023; Helminen et al., 2022; Tylka & Piran, 2019). Participants also demonstrated a low body image investment (Cash et al., 2004) and broad conceptualization of beauty (Tylka & Piran, 2019) at this stage. These protective strategies were developed over time and facilitated by high levels of interpersonal support. 'Homecoming' is conceptually distinct from Piran's concept of body connection and comfort due to the unique experience of 'coming out' and eventually 'coming home' to one's body and gender identity. Participants described experiencing gender euphoria at the homecoming stage. Finally, homecoming was also characterized by a deep sense of gratitude towards the self and others for the entire body journey. Participants explained that 'making it' to homecoming was a rare and precious experience. Notably, older participants shared that their own experiences with homelessness, substance use, suicidality, assault, medical malpractice, and interpersonal rejection almost ended their lives at the early stages of transition. Additionally, participants shared stories of losing

friends and loved ones in the trans* community at young ages due to some of the aforementioned reasons. Thus, participants who 'made it' to older ages or later stages of transition were fewer than those in the younger categories, and they practiced gratitude for having the opportunity to be authentically themselves. Together, the subtheme 'homecoming' was conceptually similar to both the 'body connection and comfort' and 'agency and functionality' dimensions of Piran's theory of embodiment (Piran, 2016). 'growth' and 'homecoming' expand upon Piran's understanding of embodiment by incorporating the embodied experience of a gender transition.

4.2   Minority Stress and Embodiment

The quality of embodied experiences across themes were dependent on both experiences of minority stress and experiences of support and coping, conceptualized here as gatekeepers and facilitators of euphoria.

4.2.1   Gatekeepers of Euphoria

Based on the present study findings, distal minority stressors (e.g., harassment, violence, and discrimination towards individuals with minority identities; Meyer, 2015) were one of the most salient gatekeepers of euphoria. Participants explained that both acute and chronic experiences of minority stress inhibited their embodiment and their ability to function in daily life. Based on Piran's work with cisgender girls and women, embodiment was influenced by the patriarchy and traditional sexism (Piran, 2016, p.16); whereas the present study emphasizes the influence of oppositional sexism and transphobia on embodiment for trans*feminine individuals. Specifically, Piran proposes that prejudice and harassment that cisgender women face constitutes social disempowerment and disconnection; whereby cisgender women are restricted from experiencing embodiment due to their social location (Piran, 2016, p.25). These experiences are also highly relevant to trans*feminine individuals, with the added disadvantage of systemic transphobia. For example, approximately 59% of transgender people have experienced physical or sexual assault at least once in their life (Statistics Canada, 2018). In the present study, participants shared that their experiences of assault impacted their relationship to their body. Studies on the impact of distal stressors

demonstrate a relationship between experiencing assault and increases in depression and anxiety (Bockting et al., 2013), psychological distress (Hong et al., 2023), increases in suicidality and NSSI (Goldblum et al., 2012; Hong et al., 2023, Staples et al., 2018), and decreases in self-esteem and coping (Drabish & Theeke, 2022). In addition to mental health outcomes, distal stressors are associated with body image disturbances such as body surveillance, body shame, and disordered eating (Brewster et al., 2019; Hong et al., 2023). Finally, experiences of assault can result in increases in proximal stressors such as internalized transphobia and anticipation of future harassment (Meyer 2015, Wilson, 2024). Proximal minority stressors were also associated with inhibited embodiment in the present study. For example, experiencing stereotype threat negatively impacted work performance, social belonging, and mental health, which is consistent with previous psychological literature on transgender individuals (Bockting et al., 2013; Nadal et al., 2021). Participants described a high cognitive load associated with identity management due to stereotype threat, which is corroborated by previous literature (Howansky et al., 2021; Nadal et al., 2021). This is similar to how cisgender women experience 'mental corseting', whereby they internalize negative societal attitudes about women and work to avoid perpetuating negative stereotypes (Piran, 2016. p. 21). Participants also described that experiencing interpersonal rejection also served to gatekeep euphoria. Aligned with current research on distal stressors, experiencing chronic low-level microaggressions inhibits embodiment and well-being (Nadal et al., 2021; Wesselmann et al., 2022). In transgender studies, the body-mind connection is disrupted due to societal transphobia, whereby trans* individuals are in a constant state of survival (Malatino, 2020). In social exclusion literature, experiencing gender-related microaggressions is associated with threatened psychological needs, decreased perceived relational value, and feelings of being excluded (Wesselmann et al., 2022). Participants were also at a heightened risk of interpersonal rejection if they had multiple minority identities (Crenshaw, 1991).

Notably, 'agency and functionality' was the dimension of Piran's original experience of embodiment construct that did not resonate with participants in this study (Piran, 2016), mainly due to a perceived lack of agency in multiple facets of life. In Piran's definition, 'agency' refers to both the physical and social domain, where those high in agency are able to engage in physical activities, move about the world, and

express their views through voice (Piran, 2016, p. 7). In focus groups, participants described a distinct lack of agency in the physical and social domains, attributing this to structural transphobia. For example, participants felt unable to engage in physical activity due to changeroom social etiquette and discriminatory policies; which has been corroborated by extant qualitative studies (Devís-Devís et al., 2018; López-Cañada et al., 2021; Oakleaf & Richmond, 2017; Pérez-Samaniego et al., 2019). Experiences of both overt and anticipated discrimination in physical activity settings resulted in physical activity avoidance, which has been previously reported (Lightner et al., 2024). The additional experience of weight stigma (fatphobia) also contributed to physical activity avoidance for participants, which is supported by weight stigma literature (Pearl et al., 2021). In a recent systematic review of qualitative and quantitative research in transgender individuals, no studies investigated the combined effect of weight stigma and transphobia on physical activity participation (Lightner et al., 2024). In Piran's dimension 'blocked agency and restraint', she discusses how weight-centric and maladaptive exercise engagement can occur as a result of internalizing sociocultural body ideals (Piran, 2016; 7). The present study expands on this notion by identifying the unique barriers to exercise that higher-weight trans* individuals face by incorporating principles of intersectionality (Crenshaw, 1991). Additionally, lack of agency over the body due to reliance on the medical system was another notable tension for trans*feminine participants. Experiencing transphobia in healthcare settings is associated with future healthcare avoidance and anticipated discrimination (Ayhan et al., 2020; Kcomt et al., 2020). Participants reported the subjective experience of a denial of autonomy over their body during their transition care, which inhibited their agency and embodiment. Healthcare discrimination was twofold for higher weight participants, which resulted in denial of care and subsequent mistrust in medical providers. Recent qualitative research has found that experiencing discrimination in healthcare settings due to weight and gender identity results in negative psychological and physical health outcomes in transgender patients, in addition to avoidance of healthcare (Paine, 2021).

Finally at the systemic level, socioeconomic status had an impact on embodiment for participants, particularly when their basic needs went unmet. When participants experienced homelessness or workplace/hiring discrimination due to gender identity, they

were unable to feel embodied. Aligned with Maslow's original hierarchy of needs framework, individuals who do not have their basic physiological and safety needs met are unable to attend to higher-order psychosocial and identity needs (Maslow, 1943). For the purposes of this study, this hierarchy will be used to connect embodiment (self-actualization) to minority stress experiences (barriers to physiological and safety needs). For example, participants who were utilizing emergency shelters described their body image as being low priority, and their relationship to their body as disconnected. Approximately 19% of transgender women have experienced housing insecurity in Canada over the last five years due to their gender identity (Statistics Canada, 2018), and internationally, approximately 55% of transgender individuals who seek social services report experiencing discrimination or harassment in the shelter system (Bockting et al., 2013). Experiencing homelessness also increases the risk of engaging in survival sex work (Begun & Kattari, 2016), which was a barrier to embodiment in some participants. Similarly, hiring discrimination or workplace harassment resulted in some participants engaging in survival sex work. Approximately 44% of transgender Canadians report experiencing harassment at the workplace (Statistics Canada, 2018). Participants described transition to be financially burdensome, particularly in regards to feminizing rituals. Specifically, participants who could not afford a new wardrobe or makeup described disembodiment and dysphoria experiences, whereas participants who could afford these described experiencing embodiment and euphoria. Hiring and housing discrimination work together to prevent transgender individuals from having their basic needs met, and this may have downstream consequences on their ability to experience embodiment. This is similar to how social and relational power, or a lack thereof, impacted embodiment in Piran's studies (Piran, 2016). Findings from the present study provide support for the relationship between a lack of social power for trans*feminine individuals and an inability to feel embodied as noted by Piran in cisgender women (Piran, 2016; 25).

4.2.2   Facilitators of Euphoria

In the gender minority stress model, coping, social support, and individual and community resilience are proposed to attenuate the effects of distal and proximal

minority stressors on well-being outcomes (Meyer, 2003). In support of this model, participants shared that their personal resilience (e.g., practicing self-compassion and self-acceptance) buffered minority stressors and helped foster embodiment. Previous qualitative research has found that individual resilience strategies such as cultivating self-acceptance, gender-identity pride, and self-esteem (Eleazer et al., 2023; Grossman et al., 2011; Singh et al., 2014) and practicing mindfulness and self-compassion (Helminen et al., 2022; Tylka & Piran, 2019) buffer the effects of distal and proximal minority stressors. Individual resilience in the present study aligned with Meyer's updated paper on minority stress, where he described individual resilience as the qualities of a person and strategies that improve coping with stressors (Meyer, 2015, p. 210). In cross-sectional survey studies, individual resilience has been shown to buffer the effects of minority stressors in various subpopulations of transgender individuals (Breslow et al., 2015; Bockting et al., 2013; Puckett et al., 2019; Scandurra et al., 2018). Importantly, participants explained that their individual resilience was supported by community connectedness and allied social support, which is supported by both qualitative (Eleazer et al., 2023) and quantitative data (Bariola et al., 2015; Puckett et al., 2019). Meyer's updated model of minority stress and resilience emphasizes the importance of community resilience, which is distinct from social support (Meyer, 2015). Community resilience in this study was characterized by high gender identity pride and connection to the trans* community. Connection to the trans* community has been shown to support general mental health and pride (Bockting et al., 2020; Diamond & Alley, 2022). Higher 'relational connection' was associated with embodiment in Piran's studies, however there was a lack of information on how specific community connections may be protective of embodiment. The present study integrated community resilience (Meyer, 2015), and relational connection (Piran, 2016) to contextualize the ways in which connection to the trans* community was supportive of individual well-being.

Beyond individual and community resilience, interpersonal social support was identified as a facilitator of embodiment. Experiences of gender affirmation from external sources fostered belongingness and embodiment, which is consistent with cross-sectional data investigating psychological well-being and gender affirmation in transgender individuals (Glynn et al., 2016). Individuals who receive emotional and instrumental

support from allied family, friends, and partners report lower depression and psychological distress (Glynn et al., 2016, McConnell et al., 2016), higher self-esteem (Glynn et al., 2016), and higher transgender congruence (Reyes et al., 2020) compared to those who are unsupported. The concept of 'allyship' was of particular importance to participants, who noted that cisgender allies have a stronger socio-political voice than trans* individuals. Participants emphasized that creating divisions between cisgender and trans* people further othered them and disenfranchised them; whereas when participants fostered friendships and social connection to cisgender people, they experienced more belonging and support. Based on the hierarchy of needs, having a high amount of social support fulfills one's need to belong, which may facilitate individuals' pursuit of self-actualization (i.e. embodiment; Maslow, 1943; Piran, 2016). Finally in social support was the value of an affirming religious leader, which was a novel finding of the study. To the authors knowledge, there are no current studies regarding religion, embodiment, and the minority stress model for transgender individuals. Participants shared that having an accepting religious leader provided a unique pathway of connection to their body through spirituality. Piran's dimension of 'attuned self-care' described engaging with activities that supported spiritual development to be supportive of embodiment, similar to the findings of the present study. Notably, gender identity affirmation and allyship facilitated this relationship in the present study.

Finally, at the structural level, participants described that exposure to and education on trans* identities was a facilitator of embodiment that they experienced. Having exposure to a transgender person as a positive role model or having education on non-cisgender gender identities provided participants the agency to explore their own gender. This agency was important, considering the distinct lack of agency reported elsewhere. A limited pool of research suggests that exposure and education on trans* identities support identity development in trans* youth (Doyle, 2022; Levitt, & Ippolito, 2014), however little is known about the impact of education on adults. Based on Piran's understandings of social power, empowering women with opportunities to achieve gender equity was associated with embodiment (Piran, 2016, p. 27). Relatedly, the results of this study suggest that empowering trans*feminine individuals with similar opportunities may facilitate embodiment.

4.3   Theoretical and Practical Implications

The present study provides support for a novel understanding of the experience of embodiment in trans*feminine individuals. Based on findings from the present study, trans*feminine individuals seem to share similar experiences of embodiment, particularly pertaining to desire and self-care (Piran, 2016). The embodied experience of challenging cisnormativity and undergoing a gender transition were unique to this sample and did not share significant characteristics with the dimensions of 'experience of embodiment' as Piran originally conceptualized it (Piran, 2016). Further, this study provides novel insights into how trans*feminine individuals experience embodiment across the lifespan, which provides a basis for future longitudinal work. It is not recommended based on study findings that extending the cisgender women's experience of embodiment construct to include trans*feminine individuals would benefit the theory as a whole, as there are some themes (e.g. challenging cisnormativity) that would not be relevant to cisgender women's embodiment. Instead, to expand the experience of embodiment construct to be more inclusive; it is recommended to develop and refine a trans*feminine specific embodiment construct that can be subsumed under a broader 'embodiment' framework that is not specific to gender (i.e. a human experience) based on Piran's original definition. The results of this work expand gender scholars' interpretation of embodiment as a philosophical position to the psychological domain through Piran's original concept and present a novel understanding of how embodiment at the individual level is situated within a sociocultural context. Based on study findings, embodiment research (i.e in the psychological domain) should be extended to include a broader spectrum of genders (e.g. cisgender men, trans*masculine individuals, etc.). Piran's foundational work on cisgender women provides a solid basis for theoretical expansion in this area, and the results of the present study support future investigations into how embodiment may be experienced differently across the gender spectrum.

Additional findings provide further information on participants perceptions of why they did or did not experience embodiment, in the theme 'gatekeepers and facilitators of euphoria'. Further, this study is the first to investigate embodiment through a gender minority stress theoretical model to the authors knowledge. The findings support a

combined model of embodiment and minority stress whereby distal and proximal stressors act to inhibit embodiment, and coping and social support act to attenuate this in this pathway (Testa et al., 2015). This extends current understandings of what mental and physical health correlates exist within the original model (Meyer 2003). The gatekeepers and facilitators of euphoria subtheme exemplifies a social justice orientation in participants, whereby the recommended structural changes were of the utmost importance to their embodiment. Specifically, participants demonstrated an age-related difference in embodiment experiences due to generational differences in societal trans* acceptance. Findings indicate that those who experience high levels of social acceptance and education at a younger age had more positive experiences of embodiment compared to those who experienced extreme levels of societal transphobia in their youth. The wisdom and recommendations from participants were an unexpected finding and support the calls to action that Meyer discussed in his paper on resilience (Meyer, 2015, p. 51). To this point, it was more important to participants that minority stressors be eliminated rather than coping and social support be facilitated at the individual level alone.

Practical implications for this study include both individual and structural level recommendations for promoting embodiment and well-being in trans*feminine individuals. Individual embodiment may be effectively targeted by fostering self-compassion (Bluth et al., 2023; Helminen et al., 2022), mindfulness, broad conceptualization of beauty, and functional appreciation (Tylka & Piran, 2019). Additionally, psychoeducation on causes and consequences of negative and positive body image may promote embodiment, as well as utilizing psychotherapy services (Tylka, 2019). These recommendations were derived from participant feedback on the experience of the study process and prior research on trans* care (Malatino, 2020). Finally, engagement in physical activity may promote embodiment, given access to harassment-free facilities (Elling-Machartzki, 2017; Oakleaf & Richmond, 2017; Pérez-Samaniego et al., 2019). At the structural level, participants emphasized that inclusive policy/legislation would support their embodiment by facilitating access to medical care. Specifically, continuing to cover gender affirming medical care and expanding coverage to include so-called 'vanity surgeries' may promote embodiment. Additionally, eliminating trans*-exclusionary policies and practices from the public sphere (e.g. changeroom rules at

gyms) may reduce barriers to accessing health-promoting services. Anti-transgender attitudes and norms have downstream effects on embodiment for trans*feminine individuals, particularly related to basic needs not being met. It is recommended that actions be taken to support housing and job security for trans*feminine individuals to support their agency and autonomy, which may further support their pursuit of well-being. Taken together, findings from the present study expand understandings of embodiment, and extend the current literature on body image and minority stress in trans*feminine individuals.

4.4   Limitations and Future Directions

The current study had several notable limitations that warrant consideration. First, the sample was majority White/Caucasian individuals, meaning the findings lack a nuanced understanding of how a racialized trans*feminine individual may experience embodiment. Additionally, the lead researcher chose not to include sexual orientation in the demographic data, meaning the proportion of sexual minorities in the sample is unknown. Sexual orientation came up organically in interviews on occasion, however some chose not to disclose this information, precluding our understanding of how sexual orientation and gender identity may interact to impact embodiment. When crafting the prescreener question on gender identity, the lead researcher chose not to ask sex assigned at birth. This decision was based on trans*activist resources (Advocates for Trans Equality, 2024) and community connections that suggested that gender identity was the more important demographic variable; and that sex at birth may be triggering or unnecessary to ask. However, not having the information regarding sex at birth may have excluded conversations around intersex identities. Additionally, length of time transitioning was not explicitly asked, meaning fewer comparisons could be made between participants who were early in their transition versus later. Socio-economic status proxies (i.e. employment status, housing status, education level) were also not collected, meaning differences in embodiment based on economic barriers could not be systematically examined. Findings pertaining to SES and embodiment therefore may be based on incomplete understandings. Finally, the sample had an over-representation of participants in the young adult (i.e. 18-35) category, which may limit understandings of

trans*feminine embodiment across the lifespan. During the study, the parameters for the photo elicitation activity were left intentionally broad so as not to limit the agency of the participants. However, this sometimes resulted in very literal depictions of the body from participants, which did not perfectly align with the research method itself. Finally, the sample included 28 individuals from Southwestern Ontario, Canada. This was done specifically to understand the cultural context of participants; however, this limits generalizability to trans*feminine people in other parts of Canada or the world.

The findings of the present study highlight several directions for future research in this field. Attention should be paid to how intersecting minority identities impact embodiment for trans*feminine individuals (Crenshaw, 1991). Researchers should engage in targeted recruitment to increase diversity (i.e. disability status, sexual orientation, race, age) in samples. To address some of the limitations of the present study, future research should include more demographic data to provide much-needed nuance to the understandings of embodiment. In this study, participants who came out in older adulthood postulated that they would have more positive experiences of embodiment if they had been exposed to trans* identities in adolescence, however there are currently no longitudinal studies supporting this claim. It is recommended that embodiment be investigated longitudinally with a sample of trans*feminine adolescents, young adults, and older adults to expand on these findings in a similar manner to Piran's original work. Utilizing findings from this study, it is recommended that more quantitative work be done to examine the relationship between embodiment and minority stress. For example, developing a trans*feminine-specific Experience of Embodiment Scale (EES; Piran et al., 2020) and utilizing the Gender Minority Stress and Resilience scale (GMSR; Testa et al., 2015). The findings of the present study provide preliminary qualitative evidence to support the investigation of trans*feminine specific embodiment interventions. Future research could investigate the efficacy of common positive body image interventions (i.e. self-compassionate writing, psychoeducation) on improving embodiment outcomes (Tylka & Piran, 2019).

4.5 Conclusion

Findings from this study provide qualitative evidence for a unique form of embodiment that is experienced by trans*feminine individuals. The experience of embodiment is comprised of five core components: 'challenging cisnormativity', 'radical self-care', 'desire: incoming and outgoing', 'journey to alignment', and 'gatekeepers and facilitators of euphoria'. The themes of the present study shared similarities with Piran's conceptualization of embodiment, however there were also novel and unique experiences related to embodiment for trans*feminine individuals, which provide opportunity for the expansion of this concept to more inclusively capture gender diverse experiences. Further consideration to integrating a minority stress framework may help to explain the reasons participants experienced different aspects of qualities of (dis)embodiment. Some of the notable barriers to embodiment were structural in nature, which lends support to a combined model of minority stress and embodiment. Those with fewer experiences of minority stress and more experiences of support and resilience reported higher levels of embodiment and flourishing. Taken together, the findings of the present study extend current conceptualizations of embodiment and provide novel insights into the embodied lives of trans*feminine individuals.

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Appendices

Appendix A

Ethics Approval

Western Research

Date: 9 August 2023

To: Dr Eva Pila

Project ID: 123407

Study Title: Experiences of Embodiment in Trans* Women and Gender Non-Conforming Feminine Folks

Short Title: Experiences of Embodiment-Trans* Women

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: 08/Sep/2023

Date Approval Issued: 09/Aug/2023 12:40

REB Approval Expiry Date: 09/Aug/2024

Dear Dr Eva Pila

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. **All other required institutional approvals and mandated training must also be obtained prior to the conduct of the study.**

Documents Approved:

Document Name	Document Type	Document Date	Document Version
EE_Interview_Guide	Interview Guide	31/Jul/2023	1
EE_Focus_Group_Guide	Focus Group(s) Guide	31/Jul/2023	2
EE_Debriefing_Interview	Debriefing document	31/Jul/2023	2
EE_Debriefing_Focus-Group	Debriefing document	31/Jul/2023	2
EE_Recruitment	Recruitment Materials	31/Jul/2023	2
EE_LOIC	Written Consent/Assent	31/Jul/2023	2
EE_Photographic_Release	Written Consent/Assent	31/Jul/2023	1

Documents Acknowledged:

Document Name	Document Type	Document Date	Document Version
EE_Prescreener	Screening Form/Questionnaire	31/Jul/2023	2

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Ms. Katelyn Harris , Research Ethics Officer on behalf of Dr. Isha DeCoito, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Appendix B

Letter of Information and Consent

Project Title: Experiences of Embodiment in Trans* Women

Researchers:

Eva Pila, Ph.D., (Principal Investigator)

Sara Stanley; MA Student

Invitation to Participate

You are invited to participate in a research study that will be conducted by Sara Stanley, MA Student, under the direction of Dr. Pila, Ph.D., from the School of Kinesiology at Western University.

2. Purpose of this Letter

The purpose of this letter is to provide you with information in order to allow you to make an informed decision regarding participation in this research.

3. Purpose of this Study

We are interested in trying to understand various aspects about trans* women's experiences with their body, including their thoughts, feelings, and behaviours related to their body image.

4. Inclusion Criteria

Participants will need to identify as a trans* or gender-non-conforming person who falls on the feminine side of the gender spectrum (including but not limited to transgender woman, transfeminine, femme, individuals socialized as women, etc.), speak English fluently, be over the age of 18, be located in London, Ontario and have Wifi and Zoom access.

5. Exclusion Criteria

Participants will be excluded from the study if they do not meet the criteria listed above (e.g., if participant identifies as cisgender or as trans* masculine).

6. Study Procedures

After providing consent, participants will provide their email address and then the researcher (Sara Stanley) will contact them to schedule a 10-minute Zoom screening interview to confirm eligibility. Participants who are determined to not meet the inclusion criteria listed above in the Zoom screener will not be eligible to participate and will not be compensated. After eligibility is confirmed, the researcher will schedule a mutually convenient 60–90-minute focus group online via Zoom with 3 to 5 other participants. At the beginning of the study process, participants will choose a pseudonym so that their data cannot be linked to them personally in reports of this study. The focus group will involve the participants discussing shared experiences with their body and two educational components. Focus groups will be audio and video recorded, and one-on-one interviews will be audio recorded. Once focus group and interview data has been transcribed, all recordings (Zoom video and audio) will be deleted. After the focus group, participants will be debriefed and compensated for time spent participating in this portion of the study. After the focus group, each participant will have the opportunity to participate in an independent reflective photography exercise for approximately 1-week. This activity can be done using personal smartphone device or a researcher-provided disposable camera.

Following the completion of the reflective photography exercise, participants will be invited to participate in a follow-up one-on-one interview with the researcher at an accessible meeting place in London (e.g., Western Campus or another public location). Participants will also have the option to submit copies of their photography to the researcher for inclusion in the study. Copies of the photography can be submitted to the researcher to use only for data analysis, or can be released for the inclusion in published research materials (e.g., scholarly reports and presentations). Participants will be informed of their options regarding photography and provide their specific consent during the one-on-one interview. Upon participant request, travel costs such as bus tickets or parking can be compensated. After the one-on-one interview, participants will be debriefed on this portion of the study and compensated for their time spent participating.

Before the study is published, participants will be sent a summary of our interpretation of your focus group, interview and photographic (if available) data that you can provide feedback on to align with the co-construction of knowledge on the topic. Participants will be asked to provide feedback on themes, identify missing information, or correct information for the co-construction of knowledge component which is optional. This additional task should take no longer than 30 minutes. The summary of your data will be sent through the shared OneDrive folder.

7. Possible Risks and Harms

There are some risks of distress anticipated in this study process. Some individuals may experience distress when recalling their relationship to their body. If experiences of distress arise during the study, participants may stop at any time and choose to skip any question or portion of the study.

Resources:

List of national trans* and queer-inclusive helplines to call if you are in crisis:
https://www.transwellness.ca/crisis-resources

Resource hub for social, legal, medical, financial, and other trans* and queer-inclusive resources in Canada: https://www.transgendermap.com/resources/canada/

List of national and international eating disorder helplines, advocacy groups, and online information (not trans* specific): https://www.worldeatingdisordersday.org/home/find-help/

List of London-Middlesex crisis resources for in-person needs (not trans* specific): https://cmhatv.ca/find-help/crisis-access-services/

London-based resources for trans* and queer adults and youth: http://www.pflaglondon.ca/london-community-resources/

There are no right or wrong answers for any of the questions and everyone's opinions and own, unique experiences are very important to this study. Following the completion of each study component, participants will be debriefed verbally by the researcher and be provided with a debriefing form.

8. Possible Benefits

Participants will not directly benefit from participating in this study, but the knowledge gained from this study may help researchers better understand trans* women's psychological experiences with their body image.

9. Compensation

Following the focus group, participants can choose a $15 e-gift card from any retailer that permits sending gift cards in Canadian funds. Following the reflective photography exercise and one-on-one interview, participants can choose an additional $25 e-gift card. The e-gift card will be sent via email.

10. Voluntary Participation

Participation in this study is voluntary, and participants may decide not to participate at any time. If the participant decides to withdraw from participating during or after the focus group and/or interview, they will still be compensated and any data you have already submitted will be retained. If you wish to withdraw your data for any reason, you may do so. However, data cannot be withdrawn once the paper has been submitted for publication.

You do not waive any legal rights by consenting to this study. Please email Sara Stanley () if you wish to withdraw your participation or data. You may also need to provide your chosen pseudonym to withdraw.

11. Confidentiality

Please be advised that although the researchers will take every precaution to maintain confidentiality of the data, the nature of focus groups prevents the researchers from guaranteeing confidentiality. The researchers would like to remind participants to respect the privacy of your fellow participants, please keep the information about other participants confidential and not repeat what is said in the focus group to others. As the focus group participants will be recruited from the London community, there is a chance that previously established relationships between focus group members may exist without researcher

knowledge. Please be aware that participants may encounter individuals they already know, and that personal experiences are being shared. For interviews, if participants choose to release photographs for research purposes, including publication in scholarly journals, confidentiality cannot be guaranteed.

The chosen pseudonym will be determined prior to the focus group so that responses are not linked to personal identity. We ask that participants change their Zoom name to their chosen pseudonym. Pseudonyms will be linked to participant names and email addresses on a password-protected master file that will only be accessible by the main research team. This master list will be used to link participant identity to their pseudonym and will be kept separate from all other study data. The pseudonym cannot be used to directly identify individuals by anyone outside of the research team. If the participant chooses to withdraw from the study, they will need to provide your email and chosen pseudonym to remove the data. Focus group and interview responses will be used for research purposes only. In reports of this study, quotes from interview and focus group responses and pseudonym may be presented, and if participants wish to submit photos taken for publication they may be included, and any information pertaining to personal identity (i.e., full name, email address) or other potentially identifying information (e.g., location, details about context) will not be presented alongside this data or included in any research publication or presentation. Age, gender, race, and ethnicity will be used to report general participant demographic information.

Consent to participate will be collected through a secure online survey platform called Qualtrics. Qualtrics uses encryption technology and restricted access authorizations to protect all data collected. The data will be exported from Qualtrics and securely stored on Western University's server. The Qualtrics data protection and privacy policy can be viewed here: https://www.qualtrics.com/support/survey-platform/getting-started/data-protection-privacy/

The initial focus group will be conducted via Zoom, it will be recorded through Western University's hosted Zoom platform and will be saved on the local hard drive of the researcher (Sara Stanley) until it is transcribed. Once the focus group is transcribed, it will be deleted from the researcher's local hard drive. Please be aware that there is a potential risk of information being intercepted by unauthorized users. The Zoom privacy policy can be viewed here: https://explore.zoom.us/en/privacy/

The interview will be audio-recorded on a portable audio recorder. The audiofile will be saved on the local hard drive of the researcher (Sara Stanley) until it is transcribed. Once the interview is transcribed, it will be deleted from the researcher's local hard drive.

All electronic documents will be kept on a secure university network. The data will be kept for a period of 7 years in accordance with Western University policy. It is important to note that a record of participation must remain with the study, and as such, the researchers may not be able to destroy a signed letter of information and consent, or participant names on the master list. However, any data may be withdrawn upon request. Representatives of The University of Western Ontario Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research. Please note that despite these efforts to maintain the confidentiality of participation, nothing over the internet is ever 100% safe.

12. Contacts for Further Information

If you would like to receive any further information regarding this research or your participation in the study, you may contact Sara Stanley (). You may also contact the Principal Investigator for this study, Eva Pila (

For any questions regarding the conduct of the study, or your rights as a research participant, you may contact the toll-free long-distance number for the Office of Research Ethics at Western University, 1-844-720-9816, or ethics@uwo.ca.

13. Publication

If the results of the study are published, only data will be used that does not identify you personally. If you would like to receive a copy of any potential study results, please contact Sara Stanley (

You may print this form for your records.

Informed Consent

I have read the Letter of Information, have had the nature of the study explained to me, and all questions have been answered to my satisfaction. I agree to participate.

I understand that by clicking 'I agree' below, I am indicating my consent to participate.

I agree to participate.
I do not agree to participate.

Please sign here to indicate you consent to a Zoom prescreener.

Thank you for your response, a researcher will contact you shortly to schedule a Zoom screening call. Please enter your email below.

Appendix C

Semi-Structured Focus Group Guide

Focus Group Guide

Hello everyone. Thank you for agreeing to participate in this focus group. My name is Sara Stanley, I am a master's student in the psychological basis of Kinesiology at Western University, and I am one of the co-investigators on this study. I identify as a queer, cis-gender woman and my pronouns are she/her. My primary research focus is exploring the relationship trans* feminine folks have with their body image and how we may be able to protect against negative body image in trans* individuals in the future. As a cisgender woman, I recognize that I do not share the same body experiences as folks whose gender is somewhere under the trans* umbrella. This means that although I will try to minimize the influence my experiences have on the data from this study, there will inevitably be some influence on the outcomes. As a researcher, I also recognize my position of power that can situates research participants in a position of vulnerability. I acknowledge the ways that this power differential may influence the research process. In efforts to reduce any harm that this study may cause, I have been consulting with trans* community members and experts in the field to ensure that study materials are appropriate and meaningful to the trans* experience. If at any time the questions or content feel inappropriate or you feel uncomfortable, you are not required to answer.

As a reminder, our research team is trying to explore the relationship trans* feminine individuals have with their body image. I am using the term trans* feminine as not everyone may be a binary trans* woman, however we are seeking to investigate anyone not cisgender who falls on the feminine side of the gender spectrum.

Body image broadly refers to how an individual sees their own body, and we will be discussing more of these constructs in the educational portion of the focus group. This focus group should be between 60-90 minutes long. There are no right or wrong answers, and everyone's opinions and unique experiences are very important to this study. The conversations in this focus group may bring up difficult thoughts, emotions, and memories. All questions will be posed to the group, and you are welcome to respond only to the questions that you are comfortable with. No individual participant will be directly questioned or identified. If you want to stop participating in the discussion at any time, you are free to remain silent, or exit the Zoom meeting at any time.

As a focus group participant, we would like to remind everyone to respect the privacy of your fellow participants and not repeat what is discussed outside of this group setting. Do you have any questions?

Before I begin the recording I am requesting that everyone have their video on to facilitate a social connection and sense of shared experiences.

I will now start the zoom recording.

[Start Recording]

~20 mins: Introductions

To begin, we would like to learn a little bit about our focus group participants. If you are comfortable, please share your pseudonym, pronouns, and your interest in participating in this focus group.
How do you define body image?
If you are willing to share, please tell me about how your body image intersects with your gender identity and your experience being trans* feminine.

~20 mins: Explaining the experience of embodiment

Introduce positive body image
Describe 5 dimensions

- (a) Body Connection and Comfort vs. Disrupted Body Connection and Discomfort;
- (b) Agency and Functionality vs. Restricted Agency and Restraint;
- (c) Experience and Expression of Desire vs. Disrupted Connection to Desire;
- (d) Attuned Self-Care vs. Disrupted Attunement, Self-Harm and Neglect;
- (e) Inhabiting the Body as a Subjective Site vs. Inhabiting the Body as an Objectified Site.

Allow for discussion after each dimension- encourage participants to come up with examples

~20 mins: Explaining photo elicitation

Briefly describe the method and why we use photos (easier to portray abstract concepts and experiences)

Give examples of how/when photos might be taken

- e.g. when walking outside, when meditating, when exercising, whenever the body is salient

Reinforce that it is open to interpretation and that all body related experiences are welcome

Only take pictures if you feel safe to do so, this is a supplementary reflection activity and you should not feel forced to take a certain number

The purpose of this activity is to allow you to reflect on the experience of embodiment and spend time taking photos that may be meaningful in relation to that. These photos can help you to recall the experiences you had if you continue to the second interview. You will be given the opportunity to share photos with me in the interview, or simply describe them. If you wish to publish the photos as part of the data that is welcomed but not required. What you wish to share is entirely up to your level of comfort, therefore you may feel compelled to take a photo even if you know you don't want to share it, that is okay. Consent for sharing photos will be asked at the beginning of the interview, should you choose to continue to this portion. Photographs of individuals other than yourself will not be published or disseminated. It is recommended that photos of other people that could easily identify them are avoided.

Final thoughts and farewells

Does anyone have any final thoughts they didn't get a chance to share earlier?
I will now end the recording and we can take a few minutes to debrief and say goodbye.

Encourage questions throughout, ask for understanding and ask if clarifications are needed throughout

[Read out loud]

Thank you so much for participating. If you have any additional questions or feedback, feel free to reach out after the zoom call via email. Please be aware that email communication is not a secure method of communication. You may also contact the researchers via phone, using the phone number listed on the debriefing guide.

I will also provide everyone via email a debriefing document with a list of trans* inclusive resources and the contact info for the research ethics at Western.

To be compensated, you can reply to the debriefing form email with where you would like your e-gift card to be, as well as whether you would like to participate in the photo activity and one-on-one interview for an additional $25.

Appendix D

Focus Group Debrief Email

Thank you for participating in the focus group. If you would like to continue to the photo activity and one-on-one interview, please email us back indicating your interest so we can book a time and location for the in-person interview. If you participate in this second part of the study, you will be compensated an additional $25. Please be aware that email communication is not a secure method of communication.

For compensation for the focus group, please respond to this email with your preference of where you would like your $15 e-gift card to be from.

Experiences related to the body can be distressing and triggering if you have a history of dysphoria. If participating in this study has caused you distress or discomfort, please be aware that the researchers are available to answer any questions and discuss the research further. Additionally, there are resources you may access below that provide trans-affirming services:

Resources:

List of national trans* and queer-inclusive helplines to call if you are in crisis:
https://www.transwellness.ca/crisis-resources
Resource hub for social, legal, medical, financial, and other trans* and queer-inclusive resources in Canada: https://www.transgendermap.com/resources/canada/
List of national and international eating disorder helplines, advocacy groups, and online information (not trans* specific): https://www.worldeatingdisordersday.org/home/find-help/
List of London-Middlesex crisis resources for in-person needs (not trans* specific): https://cmhatv.ca/find-help/crisis-access-services/
London-based resources for trans* and queer adults and youth:
http://www.pflaglondon.ca/london-community-resources/

We are here to answer any questions you may have about the study. Please feel free to contact:

Dr. Eva Pila (Principal Investigator)

Sara Stanley, MA Student (Co-Investigator)

If you have questions about your rights as a research participant, you may contact the toll-free long distance number for the Office of Human Research Ethics at Western University, 1-844-720-9816, or ethics@uwo.ca.

You may print this form for your records.

Thank you again for your time and participation!

Eva Pila, and Sara Stanley

Appendix E

Semi-Structured Interview Guide

Thank you for agreeing to participate in this interview. The interview should take approximately 60-90 minutes, however there may be some variation. When responding to the questions, please keep in mind that we are interested in your unique perspective – there are no right or wrong answers and everyone's experience is important to the study. In your responses, you are encouraged to elaborate as much as you are able, and include any specific examples relating to your experiences.

As a reminder of the informed consent process, taking part in this study is completely voluntary and you are free to decline to answer any question I ask you. If you would like to end the interview at any time, you can do so without any penalty. As a reminder, this interview will be recorded for transcription however the recording will be deleted following transcription. The transcriptions (and photos if included) are being used to inform the results. You may choose to remove your data up until publication. Do you have any questions about what data I am retaining?

Do you have any other questions before we begin?

[Start audio recording]

Background questions:

How would you describe your ethnicity? This is a sense of shared cultural heritage. Examples include Canadian, Sri Lankan, Egyptian, and Irish. You may include more than one.

How would you describe your race? This is a social construct based on a person's physical characteristics. Examples are Black, White, and Latino. You may include more than one.

Main Interview questions:

Over the past week you were tasked with reflecting on your body experiences and taking photographs that were representative of these experiences.

How did you find the experience of taking photo that represent your embodied experiences?
   - o During the photo exercise, in what ways were you considering the content that was introduced during the focus group?
   - o Reflecting back on the focus group discussion where this concept was introduced, how has your understanding of embodiment changed (if at all)?

For the main component of this interview, I am going to ask you to walk me through the photos that you took to represent your "experience of embodiment". You are welcome to share only the photos you are comfortable with, in whatever order you wish, and either show me the photo or describe it to me in words. In showing/describing each photo, you may describe the context, and your feelings and thoughts about the contents of the image. You can also describe why this photo represents an experience of embodiment.

- For each photo prompting questions* may be asked to ensure all information is exhausted
- *Prompting questions (if they aren't answered naturally in open-ended response)
  - What emotions came up during this?
  - Can you describe the photo?
  - What is the context of this photo? (when, why, how, who, what is happening)
  - Can you tell me more about that?
  - What stands out to you about that experience?
  - What thoughts come to mind during that?
  - How did you feel in your body when you took this photo?
  - How do you feel now recalling it?
  - Did your gender identity impact how this photo was taken?
  - Can you show me a photo that made you happy to take?
  - Were any photos difficult to take?
  - Show me your favorite photo you took

In addition to your gender identity, did any other social identities you have impact how this experience went? *I.e Race, ethnicity, disability, sexuality, weight, etc*

- Prompting questions if necessary, can go back to previous photos if needed

Is there anything else you would like to add that we did not touch upon that you think is important to your embodiment, body-related experiences, or gender identity?

Of the photos you have taken, are there any that you would feel comfortable including in the publication of these data?

Appendix F

Interview Debrief

<u>Experience of Embodiment in Trans* Women</u>

Thank you for participating in our study!

This form will explain to you in more detail the purpose of this study that were not explained during the focus group. We are interested in investigating body image in trans* women, but more specifically positive body image (experience of embodiment). This construct comprises a set of five dimensions: (1) Body Connection and Comfort, (2) Agency and Functionality, (3) Experience and Expression of Desire, (4) Attuned Self-Care, and (5) Inhabiting the Body as a Subjective Site. Overall, this construct aims to understand the positive and adaptive ways that individuals inhabit their bodies.

Most body image research with transgender individuals have investigated negative body image, disembodiment and dysphoria, meaning experiences of trans joy and embodiment have not been explored. We believed it to be very important to give people the opportunity to share all of their body experiences so that any positive experiences can be noted.

Experiences related to the body can be distressing and triggering if you have a history of dysphoria. If participating in this study has caused you distress or discomfort, please be aware that the researchers are available to answer any questions and discuss the research further. Additionally, there are resources you may access below that provide trans-affirming services:

Resources:

List of national trans* and queer-inclusive helplines to call if you are in crisis:
https://www.transwellness.ca/crisis-resources
Resource hub for social, legal, medical, financial, and other trans* and queer-inclusive resources in Canada: https://www.transgendermap.com/resources/canada/
List of national and international eating disorder helplines, advocacy groups, and online information (not trans* specific): https://www.worldeatingdisordersday.org/home/find-help/
List of London-Middlesex crisis resources for in-person needs (not trans* specific):
https://cmhatv.ca/find-help/crisis-access-services/
London-based resources for trans* and queer adults and youth:
http://www.pflaglondon.ca/london-community-resources/

We are here to answer any questions you may have about the study. Please feel free to contact:

Dr. Eva Pila (Principal Investigator)

Sara Stanley, MA Student (Co-Investigator)

 If you have questions about your rights as a research participant, you may contact the toll-free long distance number for the Office of Human Research Ethics at Western University, 1-844-720-9816, or ethics@uwo.ca. Please be aware that email communication is not a secure method of communication.

You may keep this form for your records.

Thank you again for your time and participation!

Eva Pila, and Sara Stanley

Glossary of Terms

Cisnormativity: The assumption that everyone is cisgender and that being cisgender is superior to all other genders. This includes the often implicitly held idea that being cisgender is the norm and that other genders are "different" or "abnormal." (PFLAG, 2024)

Cissexism: Prejudice, stereotyping, or discrimination on the basis of sex, specifically towards transgender and gender-expansive people. (PFLAG, 2024)

Conditional Gender Entitlement: The privilege experienced by trans persons who are often assumed cis in their everyday life. Such privilege is condition on their trans identity or history not being known or revealed. Formerly referred to as "passing privilege" (Lawson 2017; Trans Glossary of Terms)

Deadnaming: Occurs when an individual, intentionally or not, refers to the name that a transgender or gender-expansive individual used at a different time in their life. Avoid this practice, as it can cause trauma, stress, embarrassment, and even danger. Some may prefer the terms birth name, given name, or old name. (PFLAG, 2024)

Degendering: The deliberate use of genderless pronouns (or no pronouns) for a trans* person - even after correction. Degendering can also be 'third-gendering', where people identifiers as nouns rather than adjectives (i.e. "Jane is a transgender"). (Howansky et al., 2022; Morgenroth et al., 2023; Serano, 2024)

Heteronormativity: The assumption that everyone is heterosexual, and that heterosexuality is superior to all other sexualities. This includes the often implicitly held idea that heterosexuality is the norm and that other sexualities are "different" or "abnormal." (PFLAG, 2024)

Heterosexism: Discrimination or prejudice against gay and queer people on the assumption that heterosexuality is the "normal" or "default" sexual orientation. (Serano, 2024)

Internalized transphobia: When a person, whether consciously or unconsciously accepts transphobic biases and applies these biases to themselves. It can happen to anyone, regardless of gender identity, though most studies of internalized transphobia have looked at people who identify as LGBTQ+. This occurs as a result of the assumption that all people are or should be cisgender. (PFLAG, 2024)

Intersectionality: The overlap of social categorizations or identities such as race and ethnicity, sexuality, gender, disability, geography, and class which exist in an individual or group of people that can contribute to discrimination or disadvantage. (Crenshaw, 1989; PFLAG, 2024)

Misgendering: To refer to an individual using a word, especially a pronoun or form of address, which does not correctly reflect their gender. This may be unintentional and without ill intent or can be a maliciously employed expression of bias. Regardless of intent, misgendering has a harmful impact. (PFLAG, 2024)

Passing: With gender, the act of presenting as cisgender or gender-typical, which is generally accomplished through conforming to gender roles. People may try to pass in anti-LGBTQ+ environments to ensure their safety. People who pass as straight or cis have the choice to either talk about their LGBTQ+ experience or to "fit in" to a cis- and hetero-normative world. (PFLAG, 2024)

Pronouns: The words used to refer to a person other than their name. Common pronouns are they/them, he/him, and she/her. Neopronouns are pronouns created to be specifically gender neutral, including xe/xem, ze/zir, and fae/faer. Pronouns are sometimes called Personal Gender Pronouns, or PGPs. For those who use pronouns--and not all people do-- they are not preferred, they are essential. (PFLAG, 2024)

Transmisogyny: Misogyny directed against trans and gender-expansive women that often manifests itself in the form of prejudice and bias. (PFLAG, 2024)

Transphobia: The fear of, aversion to, and discrimination against people whose gender identity, expression, and behaviours deviate from cisgender norms. (PFLAG, 2024)

Tucking: A method of making the groin area appear flatter or smoother. This can be done as a gender-affirming practice to help trans women or fem-identified people feel more comfortable in their gender expression, but tucking is not exclusive to trans people and is common amongst cosplayers, drag entertainers, and other performers as part of their art forms. (Trans Lifeline, 2024)