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Our Bodies, Our Stories:
Mental and Physical Self Connection as a Protective Factor in Sexual and Gender Minorities

A thesis
presented to
the faculty of the Department of Sociology & Anthropology
East Tennessee State University

In partial fulfillment
of the requirements for the degree
Master of Arts in Sociology

by
Emerson Todd
August 2022

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Martha Copp, Co-Chair
Dr. Leslie McCallister

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LGBT, Sexual and Gender Minority, Body Image, Health, Self

ABSTRACT

Our Bodies, Our Stories:

Mental and Physical Self Connection as a Protective Factor in Sexual and Gender Minorities

by

Emerson Todd

The mind and body connection has been actively examined in neuroscience and developmental psychology backgrounds. Sociological theorists posit ways that individuals develop a sense of self through mind, body, and the social world. While research on the connection between the mind and body in disabled and aging populations is common, less is known of the everyday impact of these connections for other minority populations. The present study uses mixed-methods research to explore the relationship between mind and body and the impacts on internal and social life. The quantitative aspect of the study found significant relationships between physical and mental health for sexual and gender minorities (N = 788). The qualitative portion of the research consisted of interviews with sexual and/or gender minorities (N = 20). Interviews revealed central themes of ownership, oppression, and disconnection as a coping mechanism for external and internal body dissatisfaction.

DEDICATION

To anyone that has ever lost time worrying about being beautiful. You are enough.

ACKNOWLEDGEMENTS

I would like to thank my committee for reading this in its roughest forms and for believing in me when I struggled to believe in myself. A special thank you to Dr. Kelly Foster and Dr. Martha Copp for celebrating with me and holding space for me in their days, weeks, and months. Also, to Dr. Leslie McCallister without whom this would contain many more typos and oversights.

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I am also so grateful for my family, my parents and my partner, that were with me through every step. Some days you all were the reason I kept writing and I can never repay you for the strength you lent me. You all inspire me every day to be better as a researcher and a person.

Last, but certainly not least, I want to thank my participants for being open and vulnerable with me. Your stories, our stories, deserve to be heard and I hope that I have done them justice.

Godspeed and go Bucs!

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CHAPTER 1. INTRODUCTION AND LITERATURE REVIEW

Historically, American society has been captivated by beauty norms and the pursuit of the “ideal” body (Hesse-Biber 2007). Americans see examples of the ideal daily, from Hollywood, advertisements, and social media (Fox-Kales 2011). While the American ideal changes with time, the past century has emphasized overwhelmingly thin and white bodies that are often difficult to achieve (Bonafini and Pozzilli 2010). People can see ideal bodies represented in advertisements and social media (Goffman 1976). The beauty and health industry offers products that promise to treat the inadequate bodies of the average American. This pattern forms a cycle that results in bodily shame and disgust (Mehta 2017). Americans further indicate worse self-esteem and body image than their international cohorts (Vitae 2016). Consequences of higher levels of body shame include lower body awareness, which significantly correlates with a higher risk of negative mental and physical health outcomes (Lamont 2018).

While also experiencing overarching cultural ideals, sexual and gender minorities (SGM) experience additional pressure to conform inside and outside the LGBTQIA+ community (Smith et al. 2017). These dual expectations may be freeing due to the positive approach to body talk in the queer community or negative due to harsh restrictions on SGM bodies represented by phrases such as “No fats, no fems” (Cohen et al. 2018; Chow 2021). Many queer individuals reported their body image evolved over the Covid-19 pandemic (Quathamr 2021). These changes add a relevant time aspect to my present research, as sexual and gender minorities may be having a novel experience with their bodies during the Covid-19 pandemic. In the present study, I aim to examine the role of connection between the physical and mental self as a protective factor from external factors that may otherwise influence self-esteem and health outcomes.

Body Connection

Theories of body connection, or the self-awareness of the body, focus predominantly on the bodily-self or the body as an object (Mandrigin and Thompson 2015). Bodily-self refers to the embodied experience of moving through the world as a conscious being with a body. The body as an object perspective, or self-objectification, views the body as a social object perceived by others, providing a distanced third person view (Mandrigin and Thompson 2015). These concepts can be operationalized when individuals look into a mirror and are prompted to identify “themselves.” Self-objectification occurs when an individual identifies their reflected body as their “self,” while the bodily-self instead focuses on the self who is looking in the mirror. While both are types of body self-awareness, the bodily-self relies on the internal perception of the outside world, and self-objectification relies on external perception (Legrand 2006). When examining these perspectives of self-awareness together, they provide a working framework for bodily shame. The present study theorizes that self-objectification creates a disconnect between the mental and physical self, due to increased concerns about judgement and discrimination from others for not meeting cultural expectations. When sexual and gender minority individuals fear oppression due to their physical bodies, they may view their body from this third-person perspective and distance themselves mentally. Further, they may then experience shame due to the dissonance between their idealized and actual body.

A disconnect from the body and body image has resulted in decreased body perception (Irvine et al. 2019). Research indicated that individuals with a greater disconnect between their ideal and real bodies have greater difficulty performing physical tasks, especially those that require spatial awareness. Individuals from Western cultures experience increased self-awareness when viewing themselves in a mirror (Maister and Tsakiris 2013). These findings indicated that

Americans experience a heightened sense of introspection and self-awareness when they are confronted with their body. A connection to the body has both internal and external implications.

Through the Lifespan

The relationship between the internal and external self changes throughout the lifetime. From the time a toddler develops a self-concept to old age, they are aware of their body (James, 2000; Montemurro and Gillen 2013; Wang 2020). When humans become aware of the social expectations for the body, the relationship shifts as the individual recognizes their desirability within society. The introduction of self-consciousness and body shame forms a regulatory self-body relationship, in which the individual tries to shape their physique to match perceived criteria. Learned notions of beauty are passed onto children who, after internalizing these beliefs, perpetuate the cycle (Arroyo and Andersen 2016).

Childhood

Children begin to develop a connection with their body midway through their second year of life (Brownell et al. 2007) At this point, they can recognize themselves and can visualize their body. Often, at this point in development, self-objectification becomes salient, but is less informed by self-congruence with body ideals. While this is true for most, some toddlers are overly aware of their societal role, such as toddlers that compete in beauty pageants (Hodel 2014). These young children, especially girls, are taught from an early age what the ideal and successful body looks like. They learn to model themselves after adults and have their bodies scrutinized. The different experiences that children have suggest that body shame and body image congruence are often taught.

School-aged children are also taught the expectations of their bodies. They are ordered to dress appropriately, sit still, and be quiet (James 2000). Through these orders, authority figures

teach children how to control their bodies to be more pleasing to others. At this age, children may become more aware of how they do or do not align with societal expectations. Children who fail to align with these expectations may be labeled as troublemakers, or pathologized and medicated. They either learn to conceal their undesirable features or be socially ostracized by teachers and peers. This may be especially true for LGBT children who do not conform to gendered expectations and experience chastising from teachers and bullying from peers (Cianciotto and Cahill 2012). In terms of beauty, young girls begin to self-objectify and experience dissatisfaction with their bodies during childhood (Jongenelis and Pettigrew 2020). Many children report wanting to be better physically (e.g., stronger, taller, prettier).

Social comparison to the American ideal body is increasingly evident in children due to access to the internet and television (Richards et al. 2015). Social media correlates to worsened self-esteem and body image in adolescents and younger children (Richards et al. 2015). Children may begin to be aware of the expectations of how their bodies should develop years prior to puberty. Social media may be especially salient in sexual and gender minority youth due to the participation in online groups as safe spaces to explore their identity (Craig et al. 2021). While they may provide safety from judgement from parents or peers, they may also be a negative influence regarding self-esteem. These beliefs about the body (e.g., negative sentiment) evolve and carry to their teenage years, often exacerbated by the development of secondary sex characteristics (e.g., curves, muscles, pubic hair, breast, etc.).

Teenagers and Young Adults

As individuals enter young adulthood, they continue to make self-comparisons to others who represent the ideal. Social media's influence continues to grow at this time as the presented ideal is perceived as more attainable due to puberty. Media exposure and influence is similarly

salient in sexual and gender minority groups (Carper et al. 2010). Instagram influencers are paid to be attractive and inconspicuously sell products. The blurring of reality and intentional staging leads to young people feeling shame about their inadequacies (Wang et al. 2020). Individuals, male and female alike, become hyper-aware of how their bodies do not align with those considered beautiful and successful. Through social media use, individuals trade self-compassion for shame as they experience increased levels of self-objectification, lower self-esteem, and higher body dissatisfaction (Veldhuis et al. 2018). Social media users then put more time into selecting images for social media posts that will give off a perception of ideal attractiveness. By posting images and receiving compliments, individuals experience heightened self-esteem and may benefit from temporary self-love. Inadequate response to social media posts may result in opposite effects, causing the individual to feel worse due to the lackluster or critical response.

Aging

As aging changes the body, the perception of self may either change with it or remain stable. Both options come with a variety of consequences depending on the desirability of the change. Older women may experience a disconnect through their sexuality, as they find themselves becoming less conventionally attractive by society's norms (Montemurro and Gillen 2013). At first, there is a desire to disguise signs of aging and maintain a sexual body image. These women often go through a process of coming to accept their bodies rather than maintain them, but in order to do so, they must reject the system that made them feel attractive. Due to the importance placed on the attractiveness of women, bodily changes may be harder to accept. Queer women have been shown to have better body image than their heterosexual counterparts, perhaps in part due to being removed from some of the direct patriarchal consequences since they are not romantically or sexually involved with men (Alvy 2012).

Further, a disconnect between the physical and mental selves occurs through subjective age: how old an individual feels rather than their actual age. Research indicates that individuals who feel younger than their chronological age also report a better self-image (Kornadt et al. 2018). In some individuals, the difference creates dissonance as they feel trapped in a body that is unable to do the things that it should. Others find that feeling younger results in better body maintenance and better health than peers with older subjective age (Stephan et al. 2013). For aging, the disconnect may be positive due to the stigma associated with the aging body. Within sexual and gender minority populations, this relationship may be greater due to the youth-based focus of LGBTQIA+ outreach and the erasure of SGM elders in society (Chaze et al. 2017).

The Concealment of “Unruly” Bodies

Minority groups often find themselves, by identity, excluded from the beauty standards of mainstream American culture. Individuals with marginalized identities, especially those with visible stigma, have marginalized bodies and must navigate a beauty culture that was not designed with them in mind. This is especially true as minority identities compound, sexual and gender minorities that are people of color, fat, or disabled may experience additional constraints in their presentation (Crenshaw 1991). Those that fail to adhere to standards are labeled as “unruly” or undesirable by society (Gay 2017). Marginalized humans must then try to fit themselves within majority beauty standards.

Race

It is difficult for individuals of color to mold themselves to Eurocentric beauty standards that call for features largely unattainable by minority races. White-centric beauty standards call for small noses, light skin (unless you are white), and straight hair. Similarly, when talking about ideal bodies, young women often cited white individuals as their “body goals” (Cheney 2010).

Many women of color find that to achieve these goals, they must spend time and money to train or alter their bodies to adhere to the standards. Further, when features of bodies of color are accepted into the mainstream, they are often preferred on the bodies of white women. In recent years, tanning and butt implants have become popular topics of body modification amongst white women, drawing on trends set by the Kardashian family and other socialites. Where these body ideals are celebrated for white women, women of color are often left unacknowledged.

To better fit the White beauty standards set for people of color, many use products to conceal their non-conforming features (Harper and Choma 2019). By doing this, they are viewed as more acceptable and professional because white beauty is associated with success (Cheney 2010). Southeast Asians and Indians similarly use skin lightening creams to make their complexion appear fairer. By controlling their features, they can better align with cultural expectations and distance themselves from their natural body.

Fat Bodies

Stokes et al. (2017) found that approximately fifty percent of all Americans had been obese at one point in their lives. Despite these numbers, fat bodies appear deviant within mainstream culture. Body cultural norms exclude fat individuals, especially those without the ideal body proportions (e.g., small waist, large chest). Cultural norms shame fat bodies for being unregulated and allowed to grow uninhibited (Cheney 2010). Individuals who identify as or are identified as fat are continuously reminded that their bodies are not normal. Overweight women are especially affected by these beliefs, as women must always be attractive in patriarchal societies. Fat talk, or negative conversation about weight, has been correlated with negative body esteem and disconnect from self (Mills and Fuller-Tyszkiewicz 2016). Fat talk can be incredibly difficult to escape in a society focused on beautiful bodies. Overweight individuals are reminded

of their undesirable weight frequently throughout their day via media, clothing, and even unsolicited comments from strangers.

To cope with the disgust and shame fat individuals feel, they may distance themselves from their bodies. One method of concealing the fat body is through shapewear. Modeled after corsets, shapewear utilizes spandex to shape the feminine body into the ideal shape (Zanette and Scaraboto 2018). By bringing in the waist and smoothing away undesirable bumps, fat women can become more acceptable by adding a layer of control to their unruly bodies. In this example, overweight women apply a physical and metaphorical restraint on their bodies to be beautiful.

Disability and Illness

Individuals with disabilities often face beauty and ability standards with respect to their bodies. Cahill and Eggleston (1994) noted that individuals with disabilities are often aware of the pity they receive from able-bodied individuals. Disabled individuals are often infantilized and treated differently than their peers. They must manage their bodies in order to make able-bodied individuals more comfortable (Zola 2003). Under the same rules, they must ignore their pain, fatigue, and discomfort to pass unnoticed. Individuals with visible disabilities are unable to avoid patronizing or well-intended interactions with able-bodied peers. People who can do so may then choose not to disclose their disability out of fear of being treated differently. Other individuals also must navigate a disconnect between self-concept and body image as it increases the more visible or severe a disability is (Shpigelman and HaGani 2019).

Pathologies

At the more extreme and internalized ends of body disconnect are Body Dysmorphia and Gender Dysphoria. Individuals suffering from both conditions experience discomfort with their body image and a disconnect from idealized and actual self.

Body Dysmorphia

Body Dysmorphia is defined as a “preoccupation with one or more perceived defects ... in physical appearance that are not observable or appear slight to others” (American Psychiatric Association 2013). Individuals with Body Dysmorphia experience a disconnect between their body image and reality. Those suffering from this disorder may exhibit disordered eating habits or take other measures as an attempt to self-regulate. While I have argued that many Americans experience a level of shame regarding their bodies, individuals suffering from Body Dysmorphia feel an extreme amount of body shame (Weingarden et al. 2017). Through this shame, individuals suffering from Body Dysmorphia may create maladaptive coping mechanisms and distance themselves from their bodies.

Gender Dysphoria

Gender minorities are well researched regarding mental and physical self-connection due to gender dysphoria. Gender dysphoria refers to “a conflict between a person’s physical or assigned gender and the gender with which [they] identify” (American Psychiatric Association 2013). Similar to individuals with body dysmorphic disorder, individuals suffering from gender dysphoria also have a separation between their ideal and actual self. While gender dysphoria focuses specifically on gender non-congruence, transgender individuals often experience body image issues beyond sex characteristics (Grift 2016). As individuals’ transition, body image satisfaction increases, and individuals report higher levels of gender and body congruence. While this experience may be unique to transgender individuals, the transition towards the actualized self still serves to reclaim the body.

Body Modification

In order to reclaim their bodies and align with their idealized self, individuals may participate in various methods to reach their goals. One route for actualization is body modification, altering the body to better align with the self. While the sections on body modification and body embracement are separate, they are not mutually exclusive. There are various methods of body modification, some more permanent than others.

Exercise

Exercise acts as a non-invasive method for altering the body and connecting to the body through a physical act. Exercise can act as a method for body modification as well as body embracement. Individuals participating in rigorous exercise programs, such as CrossFit, report higher body satisfaction (Coyne and Woodruff 2020). By having a positive outlet for their bodies, women experience significantly less disordered eating than individuals outside of the group. Exercise may act to engage the body while also working towards ideal beauty standards. Despite potential positive aspects of exercise, some individuals may take it to extremes to prevent weight gain or as a form of punishment. Student athletes for example may partake in “exercise bulimia” or the compulsive act of exercising to maintain appearance of performance (Shingary and Lam 2020). For these individuals, exercise may have negative impacts on health as individuals try to force their bodies to match the appearance and ability expectations of their peers and mentors.

Tattoos

A personalized approach to reclaiming the body is through the art of tattooing. Individuals with tattoos exemplify a strong relationship between the ideal self and the ideal body (Kertzman et al. 2019). Tattooing is a way of bridging the two via artistic expression. Prior

research indicates that for gender minorities, tattoos become a physical means of expressing the self (Ross 2018). Because people choose tattoos and attach meaning to them, tattoos offer a physical and perhaps also spiritual means to feel more connected to their body, knowing that they had control over its appearance (Fisher 2002). Tattooing is a method of reclaiming the body by distinguishing it from others through unique tattoos (Kosut 2008).

Scar disguising, for general and surgical (e.g., mastectomy) scars, has become a popular alternative to scar removal surgery. After healing, individuals will have decorative tattoo work to conceal the scar (Allen 2017). These methods can help reclaim the body from sickness and grief. The tattoo in this form represents a celebration of survival and radical self-acceptance. By getting these tattoos, they can move on with a newfound appreciation for their body, now healed and once again their own.

Surgery

Cosmetic surgery is a standard route for fixing areas of the body that do not align with beauty ideals. Individuals who pursue plastic surgery often perceive issues that they feel are unfixable through non-invasive methods. After successful surgery, patients report higher levels of body image satisfaction (Sarwer 2019). Most cosmetic treatments performed are minimally invasive and involve minute tweaks to an individual's overall appearance. A small portion of individuals who pursue cosmetic surgery suffer from Body Dysmorphia and experience extreme dissatisfaction after a procedure due to a perceived lack of change. However, overall results successfully alter the body to match ideals. Similarly, surgery for transgender people is also common and increases gender-body congruence (Grift et al. 2016).

Body Embracement

Another method that is becoming popular is body embracement – embracing the body rather than changing it. This method attempts to align the internal self with the bodily self rather than make physical changes. While there are many activities an individual may partake in to align their self and body, sexual empowerment and body positivity are common. While much research focuses on dissatisfaction, less focuses on actively building satisfaction.

Sexual Empowerment through Sexual Acts

One way that individuals reclaim their bodies is through sexual acts. In a culture with expectations of when, where, and how an individual engages in sexual acts, breaking those rules can be a way of reclaiming one's sexuality. People may sexually express themselves in a virtual space, where they post sexual pictures and videos of themselves online via blogs and specialized websites such as *OnlyFans*. Individuals participating in this culture can, in its ideal form, anonymously explore their sexuality without judgement (Tiidenberg 2014). Having an arena to explore themselves, physically and socially, allows individuals to better understand their body and identity. As sex is considered taboo in America culture, anonymous sex blogging often acts as a unique opportunity to explore desires. Through sexual acts, individuals are able to reclaim the freedom of expressing their sexuality.

Body Positivity Movement

As noted previously, the Body Positivity Movement calls for self-compassion towards one's body. On Instagram, the hashtag is centralized around showcasing various bodies and highlighting the importance of positive body image (Cohen 2018). Individuals who subscribe to these beliefs support radical self-acceptance. Rather than attempting to change the body for anyone, the movement states that individuals should learn to love the body that they have. Via

social media, this movement has resulted in the belief that anyone can wear and do what they want, rather than believing that certain lifestyles exist only for the beautiful. While this is the most radical and pure form of reclaiming the body, it is likely easier said than done. As the literature review has shown, to reclaim the body may also require rejecting societal expectations.

The Present Study

My thesis attempts to answer how sexual and gender minorities navigate having marginalized bodies. More specifically, I examine the effects of bodily shame on health outcomes and explore people's methods for creating a positive relationship with their body. To set the aims of the study, I will separate my quantitative and qualitative research aims. The quantitative aspect of this study attempts to set the ground for the exploratory nature of my qualitative data and analyses.

Quantitative Aims

RQ1: How does physical health impact individuals' feelings towards themselves?

To operationalize this question, I examine the relationship between health ratings and self-compassion. I hypothesize that individuals with higher self-rated health will have significantly higher levels of self-compassion.

RQ2: How does holding a multiple minority status (i.e., being a gender *and* sexual minority) impact mental and physical health?

I hypothesize that individuals who are transgender as well as a sexual minority will report significantly lower health ratings and more depressive or anxiety symptoms.

Qualitative Aims

RQ1: How does a relationship with self protect individuals from body shame?

Based on the existing literature, individuals who indicate a closer relationship with their body may also report feeling less body shame. Results may further inform clinical practice as well as help connect social and biological theories of self.

RQ2: What activities do people do to feel more connected to their bodies?

There are many unique ways that individuals may choose to connect with themselves. Some expected ways are via aesthetic changes, physical activity, and other methods. While prior research has looked at how individuals may attempt to feel “better” about their bodies, I am specifically interested in how individuals may try to feel “at one” or in control of their bodies. Results may help inform future quantitative research as well as help create a model for clinical interventions for distressed clients.

RQ3: Do individuals who feel more connected to their bodies have higher self-esteem?

I explore how a connection between physical and mental self impacts feelings about the body. Individuals who feel more of a connection between their physical and mental self may also discuss feeling better about their body.

RQ4: How does culture impact individual’s relationships with their bodies?

I examine how varied cultural experiences and contexts may affect how individuals feel about and relate to their bodies. I suspect that individuals may report that they feel better or worse about their bodies depending on context and that they learned how to treat their bodies through cultural socialization.

RQ5: How does SGM culture differ from cis/heteronormative culture regarding bodies (e.g., body positivity)?

Similar to the previous question, I explore in how sexual and gender minority individuals navigate conversations about the body in different social locations. Specifically, I am interested in the role of body positivity and control within sexual and gender minority communities, as well as whether there are specific rules of etiquette in SGM “safe spaces.”

CHAPTER 2. METHODOLOGY

To test hypotheses and build on scholarship reviewed in Chapter 1. I conducted a secondary analysis on a pre-existing dataset (Job 2018) and then gathered primary materials for qualitative analysis through personal interviews with volunteer participants.

Quantitative

For the quantitative analysis I used the “LGBTQ+ Resilience Dataset” (Job 2018). The main investigator for the dataset directly supplied me with the data. The primary investigator collected the data via online survey using REDCap. The East Tennessee State University Institutional Review Board approved each step of the research process. The research was conducted through the Social Issues and Relations Lab at East Tennessee State University with the goal of examining the impact of positive psychology in the health of the SGM population. The survey instrument consisted of predominantly pre-existing and validated inventories as well as demographic questions (e.g., race, gender, sexual orientation, transgender identity, education, income, etc.). I chose this dataset as it most closely related to the questions I was interested in for my research. It is one of the largest datasets I could find with a SGM population. One limitation of this data for my present study is that it lacks measurements regarding body size and physical self-esteem. Overall, this dataset worked well for my goals in the present study.

Participants

The participant pool consisted of 831 sexual and/or gender minorities (i.e., those who do not identify as heterosexual and/or cisgender) residing in the United States who were recruited via passive social media outreach (e.g., Reddit, Facebook, and Tumblr) and targeted advertisements on Facebook. All participants were aged between 18 and 65 ($M = 26.19$, $SD =$

7.77). Participants identified predominantly as bisexual ($n = 290$, 34.9%), followed by asexual ($n = 227$, 27.3%), Queer ($n = 113$, 13.6%), Pansexual ($n = 94$, 11.3%), and Lesbian ($n = 67$, 8.1%). A majority of participants did not identify as transgender ($n = 368$, 44.2%), with a close minority identifying as transgender ($n = 341$, 41.3%). A majority of participants identified as women ($n = 358$, 43.2%), then genderqueer ($n = 160$, 19.3%), nonbinary ($n = 111$, 13.4%), men ($n = 95$, 11.5%), and agender ($n = 46$, 5.5%). The participants were largely white ($n = 758$, 91.2%) with small number of racial minority identities (see Table 1).

Table 1. Demographic Characteristics for Quantitative Sample

		Total (N = 831)	
Age		18 – 65 (M = 26.19, SD = 7.77)	
		N	%
Gender Identity			
	<i>Woman</i>	358	43.1%
	<i>Man</i>	95	11.5%
	<i>Genderqueer</i>	160	19.3%
	<i>Nonbinary</i>	111	13.4%
	<i>Agender</i>	46	5.5%
	<i>Unsure</i>	39	4.7%
	<i>Other</i>	16	1.9%
Sexual Orientation			
	<i>Lesbian</i>	67	8.1%
	<i>Gay</i>	18	2.2%
	<i>Bisexual</i>	290	34.9%
	<i>Pansexual</i>	94	11.3%
	<i>Asexual</i>	227	27.3%
	<i>Questioning</i>	6	.7%
	<i>Queer</i>	113	13.6%
Race (Check all that apply)			
	<i>Alaskan Native/Native American</i>	10	1.2%
	<i>Black/African American</i>	33	4.0%
	<i>Asian</i>	44	5.3%
	<i>White</i>	758	91.2%
	<i>Hispanic/Latino</i>	61	7.3%
	<i>Middle Eastern/North African</i>	8	1.0%
	<i>Other</i>	24	2.9%

Measures

Depressive Symptoms. Depressive symptoms were measured using the Patient Health Questionnaire 9 (PHQ-9) which asks participants to report how often they experienced depressive symptoms over the past two weeks (Kroenke and Spitzer 2002). Examples of prompts are “Little interest or pleasure in doing things” and “Feeling tired or having little energy.”

Anxiety Symptoms. Anxiety symptoms were measured using the Generalized Anxiety Disorder-7 (GAD-7) questionnaire that asks respondents to disclose how often in the last two weeks they have felt a variety of symptoms such as “Trouble Relaxing” and “Feeling nervous” (Spitzer et al. 2006).

Relationship with Self. Relationship with self was measured using the Self-Compassion scale. The scale consists of 12 items on a five-point Likert scale from 0 (Almost never) to 5 (Almost always). Statements include “I try to be understanding and patient towards those aspects of my personality I don’t like” and “When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people” (Neff 2003).

Health Ratings. For the health ratings measure, participants rated their general health on a 5-point Likert scale from 1 (“Poor”) to 5 (“Excellent”) (Ware et al. 2002).

Chronic Conditions. Participants were asked to disclose chronic conditions by selecting from a list of 35 chronic illnesses. Conditions include asthma, arthritis, and cancer.

Analytic Strategy

I ran a series of correlations between depression, anxiety, self-compassion and health ratings. To test the significance of relationships between health factors, I used a one-way ANOVA to examine the connection between ratings of self and health. Parametric tests were

used with Likert-scale variables from the recommendations of prior research (Sullivan and Artino 2013). Lastly, I employed T-tests and regression models to analyze the influence of intersecting gender and sexual minority identities on physical and mental health. To run my regression models, I used the Hayes' PROCESS macro (2022). Specifically, I used Model 4, a mediated regression model. PROCESS is a method to run multi-step regression models in SPSS.

Qualitative

To support the exploratory goal of this study, I conducted in-depth interviews to obtain rich qualitative data that can inform future research. I was unable to find pre-existing data or measures that quantified the phenomenon that I was interested in studying. I decided that given the holistic nature of my research topic, an open-ended approach would be most appropriate. Qualitative methods were the best choice for capturing the experiences I was interested in learning more about.

I recruited 20 participants through a combination of social media and snowball sampling. Initially, I used Facebook (using general posting and targeted group posts) and Twitter posts and then gathered subsequent referrals from study participants. Potential participants accessed a Qualtrics link where they agreed to an IRB consent form and filled out basic demographic information (e.g., race, gender, sexuality, etc.). At the end of the screener, they provided their email address for future contact. After receiving the completed screener, I emailed potential participants to schedule a video interview via Zoom. I scheduled interviews on a first come, first serve basis. I used Zoom for all interviews to maintain consistency despite participants' geographic distance. Research has found that Zoom interviews provide comparable data and are longer, on average, than in person interviews (Jenner and Myers 2019). Interviews typically ranged, on average, from thirty minutes to one hour. After the interview, participants selected

pseudonyms that I used during the write up. Participants were instructed to choose names that were not connected to their real identity.

Demographic Questions and Participants

A two-factor gender identity question was used to record gender identity and transgender identity. Participants were first asked to select their gender identity from a list or specify. I then asked participants to indicate whether they identified as transgender or gender non-conforming. In future research I would separate these questions, as some individuals who identified as cisgender also identify as gender non-conforming. I also asked potential participants to disclose their gender expression in case interesting insights came up regarding gender expression in identification of self.

A non-exhaustive list of sexual orientations (who individuals are sexually attracted to) was provided along with a textbox for further specification. A similar second measure looking at romantic orientation (who individuals are romantically attracted to) was also included. Initially romantic orientation was used in conjunction with asexual individuals, who may experience no sexual desire or attraction, but still experience romantic desires or attraction (Rupp 2021). Despite this focus, all individuals have a romantic orientation, even if it often aligns with sexual orientation. I believe the inclusion is important to participants and also provides nuance and gives the whole picture of SGM identity. If we only ask about sexual orientation, we may miss important aspects of an individual's identity that influence our understanding of self and social interaction.

Potential participants then checked all races/ethnicities that they identified with from a list or specified another option. Participants also indicated their age and level of education as I felt it was important to have some representation from many groups.

Individuals who participated in the qualitative study were between 18 to 44 years old, predominantly white, and were evenly split between transgender and cisgender. All participants identified as a sexual and/or gender minority. For more details about the qualitative participants see Table 3 in Chapter 5.

Analytic Strategy

Analysis began during the interview process I made notes of potential codes during my conversations with participants. As interviews occurred, I was able to identify recurring themes in my conversations. Post-interview, I conducted line-by-line coding in which themes were pulled from the first five interviews by coding every piece of dialogue (Charmaz 2006). After using those interviews to identify central themes, an open thematic coding method allowed me to pull examples of identified themes from subsequent interviews and modify my understanding of themes if I encountered any exceptions.

CHAPTER 3. QUANTITATIVE RESULTS

To examine the relationship between physical health and internal health and feelings, I ran correlations on depression, anxiety, health ratings, and self-compassion. All correlations were significant (See Table 2). There was a significant positive correlation between depression and anxiety, $r(788) = .725, p < .001$. Depression had a significant negative relationship with self-compassion, $r(783) = -.460, p < .001$. Depression was significantly and negatively correlated with health ratings, $r(783) = -.421, p < .001$. The relationship between anxiety and self-compassion was negative and significant, $r(781) = -.305, p < .001$ and the relationship between anxiety and health rating was negative and significant, $r(783) = -.513, p < .001$. Lastly, self-compassion and health ratings were significantly and positively correlated, $r(780) = .233$.

Table 2. Correlation Matrix for Mental and Physical Health with Self-Compassion

Measure	Depression	Anxiety	Self-Compassion	Health Rating
Depression	—			
Anxiety	$r = .725^*$	—		
Self-Compassion	$r = -.460^*$	$r = -.305^*$	—	
Health Rating	$r = -.421^*$	$r = -.513^*$	$r = .233^*$	—

* $p < .001$

Next, to examine the impact of health on self-compassion scores, I ran a one-way ANOVA. My analysis revealed a statistically significant difference in self-compassion means ($F(4, 778) = 4.504, p < .001$). A subsequent Tukey's post hoc test revealed that there were multiple significant results. People who reported poor physical health also had significantly lower self-compassion scores than those who rated their health as good ($p < .001$). People who considered

themselves in poor health also had significantly lower self-compassion scores than those with very good health ratings ($p < .001$) and individuals who reported excellent health ($p < .001$). Similarly, people with fair health ratings had significantly lower self-compassion scores than individuals with very good ($p < .001$) or excellent health reports ($p < .001$). Respondents with good health, on average, reported significantly lower self-compassion scores than individuals with excellent health, $p = .028$.

Table 3. Means and Standard Deviation in Self-Compassion by Health Rating

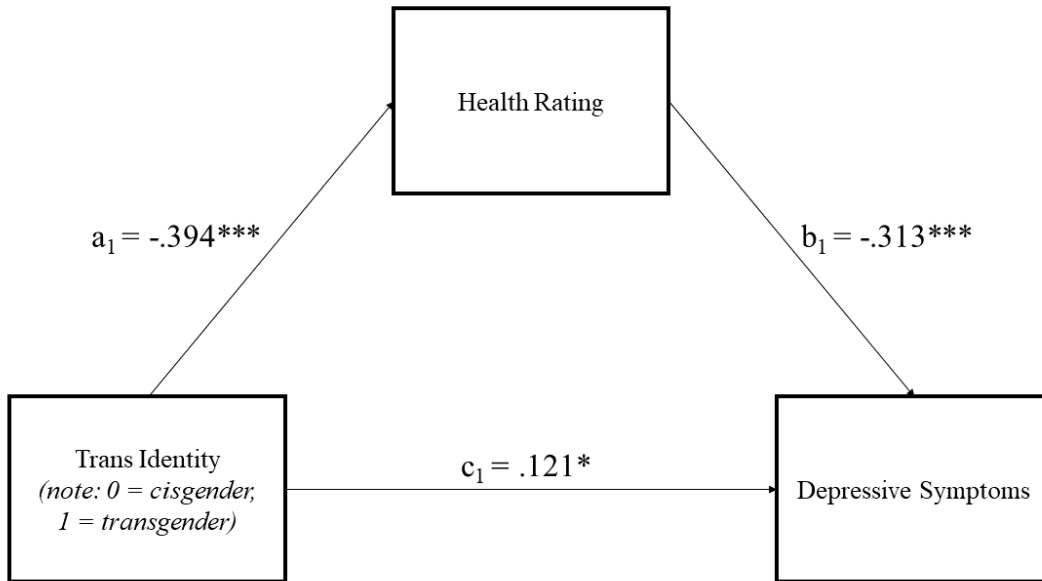
Health Rating	<i>Self-Compassion</i>
Poor	$M = 2.34, SD = .66$
Fair	$M = 2.49, SD = .61$
Good	$M = 2.62, SD = .71$
Very Good	$M = 2.79, SD = .71$
Excellent	$M = 2.98, SD = .72$

Next, I analyzed the impact of intersecting gender and sexual minority identities on health. I ran an Independent Samples T-test to examine the relationship between transgender identity and chronic illness. Results indicated that there was not a statistically significant difference in number of chronic illnesses between Transgender ($M = .26, SD = .52$) and Cisgender ($M = .30, SD = .55$) individuals, $t(695) = -.953, p = .17$.

An Independent Samples T-test on the relationship between transgender identity and health ratings was significant, $t(661) = -5.157, p < .001$. On average, individuals who identified

as transgender ($M = 2.62$, $SD = 1.020$) had lower self-reports of health than individuals who identified as cisgender ($M = 3.01$, $SD = .936$).

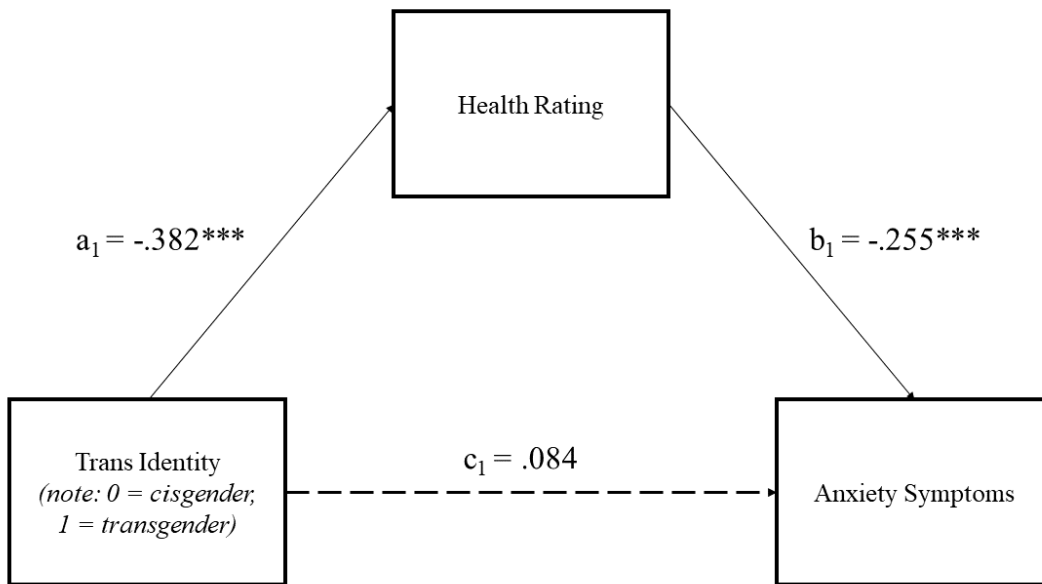
I investigated the relationship between physical and mental health in sexual and gender minorities via a mediated regression model on self-reported health and depression in transgender individuals. I controlled for age, education, and employment status. In the model, the impact of transgender identity on health was significant, $a_1 = -.394$, $t(646) = -5.1$, $p < .001$. In the second step, health ratings had a significant impact on depressive symptoms, $b_1 = -.313$, $t(645) = -11.08$, $p < .001$. These results indicate that through an indirect effect transgender individuals report lower health scores and higher rates of depression than their cis counterparts. There was also a significant positive direct effect of transgender identity and depression, $c_1 = .121$, $t(646) = 2.15$, $p = .032$. The bootstrapped indirect effect of transgender identity on depressive symptoms through health ratings was significant ($a_1b_1c_1 = .192$, $se = .054$, $95\% CI = .0905, .3028$). (See Figure 1).



* p-value equal to less than .05 ** p-value equal to less than .01 *** p-value equal to or less than .001

Figure 1. Simple Mediation Model of Transgender Identity on Depressive Symptoms.

I then ran a mediated regression model to examine the relationship between transgender individuals and anxiety symptoms through physical health ratings when controlling for age, education attained, and employment status. The first step of the model indicated that transgender identity significantly predicted self-reported health ($a_1 = -.382$, $t(653) = -4.94$, $p < .001$). Next, health rating significantly predicted anxiety symptoms ($b_1 = -.255$, $t(652) = -7.82$, $p < .001$). Finally, the direct effect from transgender identity to depressive symptoms was non-significant ($p = .201$). The bootstrapped indirect effect of transgender identity on anxiety symptoms through health ratings was significant ($a_1b_1c_1 = .098$, $se = .023$, $95\% \text{ CI} = .0559, .1455$). This model indicates that transgender individuals report lower health ratings and thus higher anxiety symptoms than their cisgender peers and that the model significance is solely through the indirect effect (See figure 2).



* p-value equal to less than .05 ** p-value equal to less than .01 *** p-value equal to or less than .001

Figure 2. Simple Mediation Model of Transgender Identity on Anxiety Symptoms.

CHAPTER 4. QUANTITATIVE RESULTS DISCUSSION

One aim of the present study is to examine how physical health can change the way SGM individuals feel about themselves. Results indicated that there was a significant correlation between internal and external health factors. People who experience worsened physical health were more likely to report experiencing worse mental health symptoms. Further, as reported in previous research, individuals who experience increased depressive symptoms are also more likely to experience higher rates of anxiety (Mendels et al. 1972). Self-compassion was significantly related to physical health ratings.

The present study hypothesized that individuals reporting worse physical health would also report worse feelings about themselves. The results overwhelmingly supported the hypothesis, with significant differences in self-compassion between those who reported higher and lower health ratings. Individuals who have better health may better separate their failures from personal shortcomings compared to their peers in poor health. This internal expression may be exacerbated by societal views of disability and chronic illness. Prior research has examined the impact of self-compassion on mental health; other studies find that the relationship with self correlates with mental and physical health (Davis et al. 2015). Through the present study, I posit that physical health may affect self-compassion due to the pathologized treatment of individuals with poor physical health. Future research may benefit from a self-compassion measure that focuses on physical health.

In the next round of tests, I examined the hypothesis that individuals with multiple minority statuses (i.e., sexual and gender minority status) may experience an increased relationship between their physical and mental health compared to those with a singular minority

status. It is important to note that examining the responses of people who are gender and sexual minorities may show differences in part due to the emphasis on mind and body connection in transgender individuals' lived experiences. It is likely that studies that examine minority groups with physical stigma – such as racial minorities – may also show similar findings. Results from these tests indicated that transgender individuals did not report more chronic illnesses than their cisgender peers but did rate their health lower. These results suggest that individuals who identify as transgender may experience general negative health effects that are not tied to specific chronic illness diagnoses. Negative health experiences for transgender individuals support previous scholarship (Drabish and Theeke 2021). From a sociological perspective, this may also relate to the availability of medical care for marginalized communities, which may result in lower reports of chronic illnesses due to the lack of formal diagnosis. Further, health differences within the transgender community may be in part due to experiences related to medical transition or the lack thereof.

My PROCESS regression model indicated that transgender individuals experienced greater negative mental health effects (depression and anxiety) through physical health than their cisgender peers (Hayes 2022). Increased depression and anxiety symptoms may be in part due to the uncertainty and negative effects that physical health difficulties can have on quality of life. Further, transgender individuals may experience heightened consequences of this relationship between physical and mental health due to the importance of their body (via transition, presentation, etc.) for their mental health. These findings contribute to existing research by providing a mechanism for the importance of bodily health in transgender individuals.

CHAPTER 5. QUALITATIVE RESULTS AND DISCUSSION

“Why do I even care what my body looks like?

*The only reason that I can experience the universe
is by having a body”*

– Adam

As Chapter 2 explained, I conducted 20 in-depth interviews with people who identified as gender and sexual minorities. All participants but one identified as sexual minorities and approximately half identified as transgender or gender non-conforming. Participants were predominantly white. A majority of participants identified as having bodies that did not align with cultural ideals (See Table 4). Major themes regarding the interplay of oppression and ownership impacting the mental and physical connection arose throughout the interviews.

Table 4. Participant Demographics

Pseudonym	Age Range	Gender Identity	TGNC status	Sexual Orientation	Romantic Orientation	Race
Adaline	18-24	Nonbinary	No	Bisexual	Biromantic	White
Adam	18-24	Male	Yes	Bisexual	Gay	White
Alexa	25-34	Genderqueer	Yes	Pansexual	Demiromantic	Pacific Islander
Bethany	18-24	Nonbinary	Yes	Pansexual	Panromantic	White
Dawson	18-24	Male	Yes	Asexual	Biromantic	White
Em	25-34	Female	No	Lesbian	Lesbian	White
Ezra	18-24	Nonbinary	Yes	Gay	Gay	White/Asian/Latino
Faith	18-24	Female	No	Demisexual	Biromantic	White
Jamie	25-34	Nonbinary	Yes	Queer	Lesbian	White
Kenneth	18-24	Male	Yes	Gay	Gay	White
Logan	25-34	Butch Trans Guy	Yes	Queer	Queer	White

Meredith	18-24	Female	No	Queer	Biromantic	Asian
Nicole	18-24	Female	Yes	Asexual	Biromantic	White
Olivia	18-24	Female	No	Bisexual	Biromantic	White
Sarah	18-24	Female	No	Pansexual	Queer	White
Sophia	25-34	Female	Yes	Pansexual	Lesbian	White
Sylvan	25-34	Female	No	Lesbian	Lesbian	White
Toby	35-44	Male	No	Gay	Gay	Black
Vel	25-34	Female	No	Bisexual	Biromantic	White
Zoe	18-24	Female	Yes	Straight	Straight	White

Culture as Context

To contextualize my findings from the interviews, I will begin this chapter by describing the cultural framework of my participants' lives. Participants discussed American culture's body ideals, queer culture body ideals, and their own personal body ideals.

Cultural Ideals

Individuals described to me what they perceived to be the American ideal body. Every participant was able to identify what would be considered an American cultural ideal. Some participants also criticized the ideal for being vague, or narrow, which contributed to them being unattainable. Bethany spoke on this by saying: "Skinny, but not too skinny. Curvy, but not too curvy. Big boobs, but not too big for their frame."

After sharing this she laughed and admitted that it sounded a little ridiculous to say aloud. She suggested instead that we look at the cast of the Marvel movies as a reference point. I think that while it did sound ridiculous, it wasn't wrong. The constraints individuals face, especially in the modern age, are often difficult to achieve and maintain. Women especially experience these

constraints on a daily basis. These ideals leave room for criticism from either direction, too little or too much, and seem to further the oppression of feminine and women-identified bodies.

Sarah spoke with me about how fat bodies are held to another set of standards in addition to experiencing discrimination for not meeting the original set:

When you think of the plus size spectrum there's like different types of fat, and when I used to call myself fat people would get upset. It's not a bad word, it's just a descriptor for me. So, there's different levels of fat, and I'm happy being a small fat, because it is a lot more comfortable as you are more socially acceptable and you can find clothes in the 16 to 18 size fine, but as soon as you start hitting 22 to 24 plus... No one likes that, they get real weird about that.

My conversations with Sarah and other individuals who struggled with their weight suggested that there were expectations about how to be more acceptably fat. People who were larger than acceptable faced another level of stigma. Individuals who are larger than "small fat" may have difficulty finding clothing they like or feel restricted socially in their daily life. Overall, individuals were very aware of the expectations put on their bodies and the consequences of not meeting them. Many individuals continue to strive for and compare themselves to these ideals which are marketed to them.

Competing cultural contexts. Individuals who experienced multiple minority contexts, specifically those who are racial minorities, faced competing ideals and heightened expectations. Every racial minority I spoke to disclosed that their racial identity led to additional pressure regarding their appearance. They openly shared how they felt these pressures inside and outside

their household. Meredith described how these pressures were exacerbated by her Vietnamese culture growing up.

I come from an immigrant family from Vietnam and so their beauty standards and American beauty standards are both extremes. They fit together, but they are extremes... But my parents have always, like even when I was in third grade (that's when it started), they've told me that I'm fat. It's just so drilled in my brain that, even though I recognize I can be beautiful whether I'm fat or not, it's just always there – my parents thinking I'm not beautiful because of it.

American and Vietnamese body expectations complement each other in an insidious way for individuals like Meredith who feel pressure from both sides to be thinner at the expense of health. These competing cultural standards have contributed to lifelong issues with body satisfaction. As Meredith and others I spoke with shared, being mixed-race or mixed culture means missing the mark in different ways. Individuals who experience this are stuck in between a rock and a hard place when choosing what part of their cultural identity they may disappoint by answering the other. Ezra spoke to me on this experience through the lens of an individual who is mixed race.

I got a very interesting kind of outlook on what features are most attractive, and growing up, especially in like a very white American society. With the exception of the fact that for being mixed, I'm very, very pale, I was taught that any sort of racialized features were very much undesirable.

Alexa told a similar story of growing up as a visible minority in a largely white area and not realizing that she was unable to meet these ideals.

I remember saying that I wanted to look like some white celebrity on Tiger Beat and my friends looked at me and laughed. I was really confused like, ‘What, I know I’m not that ugly?’ They responded by explaining that I wasn’t white so how did I expect to look like that. It hit me in that moment that I would never look the way that [I wanted].

The white standard that is reflected by the American ideal excludes the diversity in actual American society. With no diverse models to draw on, individuals may feel pressured to uphold the standards that exist in their racial or cultural background. In some cases, the alternative expectations may be freeing from unattainable standards. In others it may worsen an individual’s self-esteem by creating unattainable standards in multiple cultures. These individuals may then experience stigma and discrimination from multiple directions.

The Queer Community

While nested within American culture, sexual and gender minorities still experience additional standards from their LGBTQIIA+ (or queer) community. My original question was broad and asked individuals to describe how their community would describe an ideal body, but participants quickly pointed out that there were many subcultures within the SGM community. Adaline commented on this directly by saying, “There are so many subsets within the queer community, I don’t think there’s just one ideal.”

Many individuals reported that they felt their subculture in the queer community did not have any body ideals. The communities were so diverse, that it was nearly impossible to have a single ideal. A lot of conversation in the queer community focuses on radical self-acceptance, so it may then make sense that individuals within the queer community find it difficult to define an ideal. The ideal becomes very individualized and self-focused. Kenneth similarly reported that he felt like a lot of queer people in his community got body modifications and would see their body

as a canvas for self-expression rather than viewing beauty as something prioritized. Belonging to these subsets of the queer community may be beneficial for individuals who experience pressure from American culture. Many individuals reported feeling secure and comfortable in their body when in queer spaces compared to daily life.

Some subsets of the queer community appear to have more rigid standards for the ideal body, especially gay cisgender men. Participants noted that the white, gay, cisgender male community frequently had limitations regarding race, weight, and gender expression in their dating habits. Because white cisgender men, as the dominant cultural group, often shape the social and cultural ideals, it may then make sense that gay men from this similar category continue to uphold the status quo. Sarah, who does not identify as a gay white man, but has many friends who belong to that community, discussed the standards she seemed to notice compared to her own queer subculture.

There's a different vibe with like gay white men and maybe people of color. Or maybe gay men versus the other queer community. I know it's a different vibe when I'm with each. With gay men it's a standard with like 'skinny queens' and small people culture.

Sarah's reflection indicated that, in her experience, gay male culture is rooted in these more hegemonic standards of beauty. Zoe reflected on how her experience in the gay male community shaped her experiences as a woman.

I was part of the gay community, but there's very rigid beauty standards on what is being too fem and what is not fem enough. I gathered pretty early in transition that the only real way to be trans was to be passable in all aspects, all walks of life.

Others voiced similar feelings as transgender individuals, expectations of high passing ability or beauty. Participants in transgender communities expressed similar concerns about meeting binary ideals of transfemme and transmasculine attractiveness. Ezra noted that there was often pressure to get the right medical procedures done and to strive for passability. Being in these subsets may have an adverse effect as they added pressure to follow a correct way to have a body. Other individuals suggested that despite these pressures, being around other transgender individuals can provide comfort. Transgender individuals feel better understood by their trans peers. Adam explained this by saying that:

If I am around other trans people, I am way more comfortable instantly because any problem I have with my body, I know that they can at least try to relate to me or understand me. I just don't feel like there's so many expectations for me to look a certain way or act a certain way.

A rigid ideal for bodies, especially along gender lines, lends itself to discrimination. Dawson told me about how he was denied access to a gay bathhouse unless he presented in a way that was deemed acceptable.

Gay spaces don't always include trans men, because it's like unless you look how they want you to look you can't go. Which is, you need to have top surgery if you want to have your top off, and you have to have bottom surgery if you don't want to have your bottoms on.

As news media in recent years have focused on where gender diverse individuals belong in gendered spaces, people might assume that queer spaces are welcoming. Transgender individuals

may feel an increasing sense of not belonging due to being ostracized from multiple identity groups.

The Ideal Body

I asked individuals to describe their own definition of an ideal body. A few individuals (n = 5) declined to comment on an ideal body, citing that they did not believe that an ideal body existed. Individuals typically focused on the areas of health and appearance, as when discussing their actual bodies.

Health. Individuals in the health category often reported moving past an appearance based ideal and instead prioritized health. Kenneth spoke on this evolution by saying:

I have grown to be okay with my body as it is physically, in the sense of appearance. I don't need my body to be the fittest person out there with washboard abs. I just want my body to be functional so I can get through the day.

Individuals like Kenneth prioritized the function of the body as an ideal. Other individuals shared this sentiment of having a pain free body that was able to complete daily necessary tasks. A lot of the participants that had this ideal also experienced chronic pain and limits to their day to day lives. It then may make sense that in their ideal form they are free from these limitations.

Another subset of individuals talked about the performance of their ideal body. Em described this ideal by saying: "The ideal body is a strong and resilient body, one that can adapt to a situation and serve you and get you through the situations you need to be in and still have energy left over and build stronger."

In this perspective, the body appears to act as a tool to perform tasks and interact with the outside world. Rather than focusing on a body free of limitations, it instead focuses on how the

body can serve the individual. Other individuals focusing on health as an ideal discussed the process of meeting their body's needs. Zoe discussed her version of the ideal as a body that gets enough sleep and is well taken care of. Zoe prioritizes the ideal feeling for her body as the overall ideal. A well-taken-care-of body is the best kind to inhabit and more it readily performs functions.

Appearance. Other individuals prioritized appearance in their ideal body. Many of these individuals noted that their ideal body was not the same as the ideal they held for others. This connected to a recurring theme where interviewees were often reluctant to share their opinions about other's bodies. As previously mentioned, individuals felt that the queer community prioritized self-discovery and self-love which may lend itself to the lack of concrete ideals. Further, participants seemed to prioritize the concept of ownership over the body. This was represented in the individualized ideals because many felt that your body should be "whatever serves you." While they may personally feel there is no ideal body, it is hard for them to let go of their desires for their appearance. Adam told me about this dissonance between his ideal self and his sentiments for others: "I think the ideal body for others is whatever serves them, but when it comes to my own ideal body, it's just very vain and like picking an avatar on a video game and just making it perfect."

Similarly, Olivia noted that distinction between her body positivity toward others and her harsh standards for herself: "It's the kind of thing where it's like every body is a bikini body, but in my head I'm like, 'except mine.'"

These individuals often recognize that they hold themselves to higher standards than their peers but are unable to disconnect the desire for the "perfect body." This relationship denotes that ideals may not always be at the whim of the individual, but are heavily influenced by

external social factors. Many people may be aware that certain cultural ideals are unattainable or unrealistic, but they continue to strive for them. Participants also reported striving to disconnect their value from their physical appearance, as noted by Faith: “Well, in my low moments, I’d probably say that [my ideal is the] perfect hourglass: tall, slender, curvy. My goal, eventually, is to feel that it’s as long as you’re healthy.”

When asked what would change if these participants could be completely confident in their body despite experiencing no physical change, they suggested that they would experience increased confidence and a decrease in social anxiety. The most common response was that individuals would wear and do whatever it was they wanted. Other individuals reported that if they felt more confident, they would still expect no change in their body relationship. This was typically attributed to the fact that they were already confident or because they felt that they would never be fully satisfied with their body. Body dissatisfaction appears to hold substantial space in the lives of the participants, as often they struggled to think about how their life would differ without it. Olivia spoke on the way that her preoccupation with her body dominates her life by saying:

If I was ever perfect, I would literally have nothing else to think about. I think my brain would be blank. I would have so much more free time to think about things and do things rather than to worry about what I’m going to eat and where I’m going to go to the gym.

Body Socialization through the Life Course

Social Awareness of the Body

A majority of participants reported first becoming aware of their body as a social object around puberty, when their body began to change in ways that could be criticized or sexualized by their peers or adults. Some individuals reported becoming aware of their bodies in childhood

if they had a visible stigma. For example, Alexa noted that they first became aware of their body as a social object when other students started teasing them for being taller and fatter than all the other students in class. Others became more passively aware when they were taught the rules of conduct in the formal education system. Em noted this realization that there were certain rules of conduct in kindergarten: “That’s when I became aware that you have to clothe yourself in a certain way in certain situations, and that, depending on who you are, you have to wear different kind of clothes, because before that there was no concept of any of that.”

Participants’ reflections echo the social awareness literature on grade school children developing an understanding of social norms (James 2000). Children are likely to be made fun of by their peers or chastised by their teachers for breaking unspoken rules about presentation. This form of socialization was a more innocuous teaching mechanism than those experienced by other participants.

Beyond childhood, people told me that they often became aware at different points throughout the life course. Nicole noted that she becomes aware over and over that people can see her when she’s doing things without concern for what others think. Transgender individuals may experience heightened level of awareness due to concerns of safety and how they are treated by others. Zoe talked about how being consistently aware is paramount to ensuring that she is not in danger.

There’s that fear component to where it’s like, if I did get clocked at work or if somebody was able to perceive that I was trans, what would be the response? Because I do work in a fairly liberal environment, but it’s also in a conservative company, so I rely a lot on my image with obstacles that could cause me to lose employment or could lead to some anti-trans violence.

Transgender individuals have to constantly be aware of how they're presenting to be considered valid in their gender. They are constantly aware of the scrutiny their gender is placed under and how that extends to their body as a social object. Alexa discussed this idea by sharing how they had to resist crying at their grandmother's funeral out of fear of being perceived as a woman by their family. Existing as a trans person in a world that is critical and at times dangerous for trans people requires a careful balancing act of presentation. Ezra explained this concept by saying:

I do feel kind of self-conscious about the fact that there's always a conflict between my physical comfort versus how I'm going to want people to perceive me and what I need to look like in order for them to perceive me in a way that's more comfortable for me.

Transgender individuals may have to forgo their personal comfort and present in ways that feel less natural (e.g., hyperfeminine) to ensure that they are being respected by others. Many gender stereotypes are especially salient for transgender people who are simultaneously encouraged and discouraged from embodying these ideals. Failure to meet these marks may result in microaggressions, discomfort, or even violence.

The Male Gaze. Many participants reported the impact that the male gaze and sexualization had on their body relationship as well as their connection with self. Em discussed finally feeling at home in her body and feeling confident after she came to terms with being a lesbian and stopped presenting to appeal to men. Similarly, Alexa discussed how masculine ideals are considered the standard in a male-identified society and are focused on the concept of power in ways that are unattainable to most regardless of trans identity. No matter their gender identity, individuals feel the pressure of male expectation of bodies. This is especially true for individuals who experienced sexualization from a young age either directly or indirectly. Even

without direct sexualization, many participants shared that they knew their body was perceived as a sexual object from a young age: “From an early age, like 8, my body was supposed to be something for the male attention, for the male gaze” (Sarah).

Sarah talked throughout our interview about how she was taught that she had to present herself in ways that were attractive, smaller, and more acceptable to men. Many individuals shared this sentiment even if they were unaware of the concept of the “male gaze.” Their concept of self was thus developed under this understanding that they had to present for a male audience. Beyond this, some individuals could remember clear moments where they realized they were being sexualized without their control or consent. Adam recalled one of these instances when he started developing during puberty.

The first thing that comes to mind is being 11 or so, when I started growing boobs. I remember being at the gas station and going inside with my parents and this guy was holding the door and eyeballing me in a sexual way. I was very, very aware of it. Also, aware that it didn't used to be that way. Or maybe it was, and I never noticed it because some people are just freaks, but definitely once I started noticing the male gaze, I was like ‘Holy shit, I’m being perceived at all times.’

Bethany similarly spoke about a precise moment with a male individual when she realized she was perceived sexually beyond her control. Her experience was more inherently violent and took away agency from her own body.

When I was six years old, I was molested by my uncle and it was very odd for me to be in that position, having not experienced a lot of comments on my body up until that point. It

was definitely jarring and it kind of started my journey of people's perception of my body.

After these experiences, respondents reported being hyper-aware of their presentation and how it may be perceived by men in their lives. Considerations extended to how they dressed, moved, and spoke in their life. This level of vigilant awareness appears to be common for many individuals who have identified or were perceived as women at some point in their life.

As one of the earliest sources of socialization, families were frequently mentioned as having major impacts on participants, both positively and negatively. Some individuals reported having healthy lessons as they grew up, focused on fueling the body and taking care of themselves. These individuals were also those that I noted reported less disordered eating and feeling better about their body overall. As prior research noted, self-talk from mothers significantly predicted the self-talk of children as they grew up (Domoff et al. 2020). Many participants shared stories about their parents', especially their mother's, participation in diet culture. Olivia brought up how her mother was frequently changing her body, which resulted in Olivia doing much of the same throughout life.

She was always going to the gym, and she got a tummy tuck and breast reduction. So, I could obviously see her working on her body. I think that made me conscious of my body and what I can proactively do to be healthy and present my body in a certain way.

Olivia shared similar sentiments with me, as written in an earlier section, that suggested she similarly tries to improve herself, but her relationship with her body has not yet substantially improved. Sylvan described this pattern as unavoidable by saying:

I think that's definitely almost a universal experience for most women in America, especially through life if you were raised a girl in your traditional family and you had a mother who had those kind of body image issues, it gets projected onto and passed down to a lot.

Other participants shared similar thoughts that their mothers often saw their daughters' bodies as an extension of themselves. If these behaviors are socialized from a young age and continue into adulthood, it may create a self-fulfilling loop in which every child that grows up with negative influences becomes an adult that perpetuates the cycle. Similarly, learning to break these habits may also break the cycle. Faith discussed how her mother was able to instill healthy eating habits and self-talk despite having struggled with her own:

She's always been supportive of my body and she's never pressured me to do anything. I grew up with the rule of eat when you're hungry and stop when you're full. It wasn't a diet so you can be skinny or eat more. She's always struggled with obesity a lot of her life, so she emphasized that she wasn't doing that to me.

Family members similarly contribute to this process through comments intended to be "helpful" or "funny." Multiple participants noted that their family made comments on their body their whole life, but often in ways that were not intended to cause harm (even if that was the end result). Participants were told from ages as young as six that they had started looking fat, were the ugly duckling amongst their siblings, or that their body was developing in ways that were disgusting. While these comments were not intended to be harmful, many participants remember them clearly decades later. Adam talked about having his body scrutinized by his family and how that created a level of social anxiety that he previously didn't experience: "I didn't know [I

should be aware of my body] until other people pointed out those things about me or until I noticed other people paying attention to my body, I didn't pay attention to my body.”

Participants (n = 12) discussed being forced to focus on their body during times where there was already pressure from peers and natural growing phases. Puberty was shamed within families for causing bodily change. Dawson works with children and says that this issue was common.

Unfortunately, it's still that standard rooted across cultures too, it's not just uniquely my white, suburban family. It shows up everywhere, so I definitely think it wasn't unique to me, but I also think that I didn't get the worst of what other people have.”

He continued by noting what he has seen working in his field: “I have worked with children that are seven years old and talk about diet pills... and I've seen their guardians and I can put two and two together about where it came from.

Often, children learn concepts from their parents that they carry into adulthood. While these issues persist in childhood, they can also worsen in adulthood when the patience and compassion of family members fades. Dawson noted that he had freedom to express his body how he liked up until he came out. After coming out his father was no longer okay with how he dressed and presented his body. Alexa similarly noted that their family never really talked about their body until they got older, and it didn't meet the body expectations of gender-conforming adults: “I was told that it was cute to be a chubby kid, but it was time to get serious.”

Parents may also contribute without ever verbally acknowledging their bias. Vel spoke to me about how her family responded differently to her and her sibling, who has a more conventional body type.

[My parent's ideal body] would probably be like how my older sister is where she is definitely more busty, on the skinnier side, versus me or my younger sister. When I try on an outfit that's a little bit tighter, I can see my mom's expression in the background.

Participants are aware of how their families perceive their body and carry a level of shame from that judgement into their everyday life. In social support models, family often act as a buffer from societal pressure, but by upholding standards that interviewees fail to meet, families instead apply social pressure.

Friends and Peers

In childhood, friends and peers were reported to have more negative impacts on body image. Many of the individuals I spoke to reported feeling bullied by their peers for having physical differences. Similarly, being physically different from friends caused some individuals to be more aware of how their body types or features were different from others. Olivia shared her experience at sleepovers was different than many of her peers.

When you're little you don't think anything about, but ever since I remember being aware about my body and other's bodies, it's been negative. I specifically remember my first memories in middle school when all of my friends would have sleepovers and they were all smaller than me. So, if I forgot my pajamas they would be like 'Oh you can just borrow some of mine' and it's like no I can't. Instead, I would have to wear their older brother's T-shirt.

Individuals like Olivia were made to feel different from a young age. Feeling like an outlier in a peer-related social context may lead to negative feelings about self. Many individuals reported blaming themselves for not looking like their peers. During a time where so many

changes are occurring in the body, being made to feel shame about these changes from multiple angles (friends, family, peers), may result in decreased body satisfaction. Kenneth supported this thought by discussing how at times he still viewed himself as the “awkward” teenager despite being an adult. “Despite being a young adult, I still look at my peers and feel like I am behind them, even though physically I know I am done growing. I look like an adult man, and I know people think I am attractive, but it feels weird. Like... Me? Are you sure?”

In adulthood, friends and peers appear to have a positive impact on participants’ bodily relationship. Individuals tend to surround themselves with people who have similar bodies or outlooks on bodies. For example, people who are more athletic may surround themselves with peers who push them to achieve. Friendship-wise, people tend to gravitate toward those who make them feel most comfortable. Sarah exemplifies this idea, shared by others (n = 8), as she told me about her friendship dynamics. “When I am with my friends, I am just me. We’re just each other when we are together. I noticed when I’m with them I just feel really safe and I can be myself and I almost never think about what I am wearing and what I look like.”

When around chosen groups of others who feel safe, participants reported decreasing their social awareness and just existing. Having friends, peers, partners, or family act as a protective buffer to this expectation about appearance seemed to greatly benefit the individuals I spoke to.

Religion

Religion is a major aspect of American culture and has a long-rooted history in how people treat their bodies from circumcision to tattoos. Most of the individuals I spoke to mentioned being raised Christian in some regard (n = 14). The phrase “The body is a temple” came up multiple times (n = 5) when referring to how individuals were taught to think about

their body growing up. Participants who grew up under a female identity reported that they often received increasingly negative messages about their body that related to men. Alexa, amongst others, noted that growing up in the Church, their body was blamed for leading men astray. Interviewees had to think not only about their own relationship with their body, but also how their body affected men and how it could prevent their salvation. Jamie talked to me about similar experiences and the pressure that comes with carrying that weight and said that, “In school and in church, I think I was kind of taught to be afraid of my body.”

Adam spoke to me on another aspect of organized religion that he struggled with growing up: “I had to go to Catholic Church of years... during your bible study, there was a paraphrase that was: God created your body and God has total ownership of your body and anything you do with your body has to serve him.”

As Adam got older this idea of serving God with the body he (Adam and God) owned became increasingly salient. He was expected to birth children, to refrain from body modifications, and most importantly not transition because it would disrespect the body that God created. The Adam I spoke with was a transgender male who had an occupation as a tattoo artist. Adam, and other individuals I interviewed, expressed that they were uncomfortable with not having ownership of their body (n = 9). Religion may act as a form of social control, but as people’s beliefs shift, it may also result in more individuals rejecting religion on the path to create a body they feel at home in.

Social Media

Most individuals had used social media at some point in their life (n = 19). Those that reported not using social media stopped using it due to negative mental health effects (n = 5). While individuals reported not comparing themselves to celebrities -- as they recognized

celebrities' appearances were supported by large makeup, fitness, and other teams -- they still struggled with comparisons via social media websites. Em mentioned that she also struggled with separating Instagram from reality despite knowing that people use social media to put forth the best versions of themselves. Logan described why he believed that many individuals struggled to separate social media from reality:

Social media creates what is perceived as a more personal connection and makes it then feel like there is this false intimacy. The people seem more relatable and therefore their bodies are more attainable even if you don't know what's going on in the background.

Social media influencers portray themselves as everyday people and despite being backed by brands and paid to post their best angles, they do so in a way that often seems “natural” to the undiscerning eye. People may recognize that social media influencers are not showing the whole truth, but nevertheless experience dissonance in that they believe the posted ideal is still achievable. When individuals fail to achieve these ideals, they may feel worse self-esteem and make negative comparisons.

Beyond influencers, individuals reported that they also struggled with comparing themselves to their friends on social media. They trust their friends to be posting an accurate reflection of self and thus, when they fail to meet standards against peers, they feel worse. Faith said that despite shaping her social media around her friends, she still made negative comparisons.

I used to have a really bad habit of just scrolling through my prettier friends' Instagrams and being jealous. I mean it's not great. This situation doesn't help me any mentally and it

doesn't help me physically. It does absolutely nothing good it just makes me hate myself more which is not the goal.

Other individuals noted that having predominantly friend-based social media was beneficial for their mental health and self-comparisons. Logan told me that, while he worried it sounded bad, having friends on social media helped him make positive comparisons about his own progress in his transition. Similarly, Adam said switching to using Facebook rather than impersonal social media (e.g., Instagram, TikTok, etc.) helped him have social media that did not have negative impacts: “I don’t care what anyone looks like [on friend-based social media] because, if I see someone that’s really attractive and beautiful, I’m happy for them because they’re my friend.”

Beyond the presentation of appearance-based body ideals, individuals whose chronic illnesses that restrict their movement also struggle with seeing individuals living their (best) lives. This may be especially salient during the Covid-19 pandemic in which a number of people continued to live their lives as normal and post on social media, while other individuals were restricted to their homes. Adaline talked to me about the process of trying to accept the differences between her life and the lives of others.

I’m a little more accepting of it, I guess, now, but obviously that’s not one hundred percent because that’s always going to be... Like you see people [on social media] doing these things you know you’ll never be able to do and yeah I would definitely say that makes me feel almost resentful.

Transgender individuals around the world use social media to interact. Some groups are especially tailored to post different surgery and transition results. In these forums, comparisons

are almost encouraged and facilitated by users. Social media for transgender individuals acts as a place to make sure that you are trans enough. Transmasculine participants mentioned this concept of people making posts specifically to check whether or not they “pass” as male. Disconnecting from these forums means disconnecting from information and community. Zoe described this comparison early in her transition.

I think that when I was particularly early on in my transition, there was a lot of social comparison with going on Twitter or YouTube and seeing the [transition] timelines and being like, ‘Am I meeting the mark? Am I meeting this parameter?’ I think that I spent a lot of time rigidly analyzing my face like ‘Is this aspect of my face masculine or feminine?’

In the transgender community, comparisons occur even on social media spaces that were not intended to induce comparison. Adam spoke on how TikTok impacted his relationship with his body to the point he deleted the app.

On TikTok there are really, really attractive trans people and people that have more symmetrical faces than me, or people that are skinnier than me, pass better than me, or have full beards, or got surgery way younger than me. I just found that instead of being happy for those people I was jealous and bitter.

Some people I talked to suggested that social media could have positive impacts, even if it is focused on an unknown other. Further, they said that social media was evolving to be more inclusive and focus on body positivity. Olivia talked about how social media culture has changed within her lifetime.

Being in a social age growing up with social media everything was like ‘hate your body’ but there were just so many ideals that my body didn’t fit that it was like, okay, well why is this the ideal? I don’t look like that. Now, there’s a whole lot more acceptance, with all the body positivity and everything that goes on now. There is a more positive presence on the internet.

Zoe commented on this when she was telling me that the fat liberation movement, or the idea of health at every size, has greatly improved her relationship with self. She feels less disconnected than she ever has because she feels represented and heard where she previously wasn’t. Meredith similarly stated that while parts of social media that had negative impacts still exist, it became more about “curating” the content you were seeing by being mindful about who you follow or “training the algorithm” to show you certain content.

I have gotten on the side of TikTok that is very supportive of people with curves and stretch marks and things like that, so that’s been nice, that’s made me feel really good... I get to see people that look like more or appreciate the type of body I have, so that’s definitely nice.

Individuals who experience the body positivity movement via social media, are experiencing an active reframing of their own bodies. Instead of just saying that certain bodies are attractive, the movement appears to empower each individual. Several participants in my study often shared similar “body positive” perspectives, at times sounding almost political (along the party line) in their responses (n = 13). As I recruited via social media, I believe many of my participants were involved in body positive culture. Social media use inspired an active shift in perspective for these individuals. Despite these changes, there are still limitations. Certain types of bodies are still prioritized over others based on their proportionality or acceptability. Vel

talked to me about how despite trying to benefit from this movement, she still encountered roadblocks: “I’ve been inspired to accept my body because I follow these plus size TikTokers, but all of them are still... Their weight is focused in areas that is approved on, where mine is not.”

Participants may still feel societal pressure about how they should look even in spaces that claim body positivity if their body type isn’t commonly presented. If people become part of the movement when seeing bodies that don’t look like theirs, there is a limiting factor in the success of the movement, despite the success we’ve seen. The Body Positivity movement may still reward more palatable bodies as its face while others remain on the sidelines waiting for representation.

Pornography. Pornography is the other digital space where people said they found themselves making the most appearance-based comparisons. While only three individuals referenced this topic, I imagine that the actual number is greater, though they may be embarrassed or less aware of the standards portrayed by pornography. Bethany discussed the role of pornography in presenting a beautiful and sensual form of sex, and how that may define who has the right to be sexual.

I do sometimes watch porn and that obviously promotes a specific body type. I try to watch websites that gear their porn more towards women rather than Pornhub. They still promote white, really skinny women with no pubic hair and tiny boobs. Like, not at all a real person. They’ve had so much cosmetic surgery and waxing.

Appearance wise, I think it is important to think about how porn consumption may affect how people, especially young men, perceive the bodies of women. From the age they view porn,

they are shown that sexual bodies should be hairless, young, thin, and perfect. Further, men in porn are rarely the focus outside of gay pornography, and this could also have impacts on how men view themselves as sexual beings. Mechanically, porn can also create a lot of confusion about how sex should work, as Alexa mentioned in our interview.

I struggled a lot with porn because I felt that's how sex should be. It really isn't that. Sex can be good, but also awkward and uncomfortable. Uncomfortable isn't sexy. It isn't marketable. But real sex shouldn't have to be marketable or perfect. The awkwardness makes it human.

Pornography may contribute to people feeling more distanced from their bodies during sex. In their most intimate moments, individuals may feel that their bodies don't look right or are performing poorly compared to commercialized sex. While these instances were reported by fewer participants, they still impact how people feel about themselves and make comparisons to unachievable goals.

Feelings About the Body

Individuals had a variety of responses to summarizing their body satisfaction. Many of the individuals I spoke with reported positive feelings about their body (n = 7). Em explained about her relationship with her body by saying:

I would say that I have a pretty good relationship with my body. I feel fortunate to have good health. I know that's not something to take for granted. Most days I wake up in the morning and feel good in my body both physically and mentally. My body does all things I want it to, and it looks the way I'd like it to look for the most part.

Participants who reported being satisfied with their bodies often noted satisfaction with both physical attributes as well as their health. Conversely, individuals who reported negative feelings about their body (n = 6) usually reported more intense feelings about either their appearance *or* their health. This may suggest that both physical health and physical attributes are important features of bodily relationships. One of these factors being negative can outweigh the other. Meredith, for example, reported being thankful for her health, yet shared that: “I have a very negative relationship with my body. I hate it a lot. On good days, I’m just okay with it, I don’t think there’s really often where I’m happy with it.”

Other individuals struggled to boil their relationship down to being solely negative or positive, citing that they viewed their relationship with their body as a journey. I coded these individuals as having a neutral sentiment (n = 7). Dawson, described this feeling of changing satisfaction: “I take that with how I’m feeling in my current stage of life because I firmly believe that we are always changing and may not always be happy with how we present or how we look. I have no idea what’s going to change in the future.”

Individuals in this category often reported feeling content about their bodies in the present moment, but shared that satisfaction could vary on the hour, day, or in various contexts. These individuals may be more hesitant to claim a positive relationship with their body due to past negative feelings. Many of the people I spoke to that were coded this way referenced intense feelings of dissatisfaction in the past, but actively trying to “heal” that relationship. “We’re working on loving ourselves,” was how Bethany explained her bodily relationship as a sense of teamwork. This appeared to be a shared sentiment across my interviews. My conversations with these individuals suggest that body satisfaction is a spectrum, and that self-love must be actively practiced for most individuals.

Positive Sentiment

To further examine what factors of the body relate to satisfaction, I asked interviewees to describe their favorite body part. Some respondents (n = 6) appeared to struggle with answering this question more than others, as it was the only question people asked to come back to later (n = 3). When prompted that the answer did not have to be about a physical feature, most participants were able to find a response (n = 19). All responses fell into one of two categories, physicality, and ability, though the nature of these sentiments varied.

Appearance. Approximately half of the participants told me that their favorite aspect of their body was an easily visible attribute. The most common answer was eyes (n = 5), as participants noted that they often received the most compliments on this feature. One person, Faith, admitted that this answer was a neutral answer they often gave in formal settings. “So, the answer that I most often give people is my eyes because the people that ask are like my mom and grandmother, but if I am being perfectly honest... probably my butt. Just because it’s a nice shape and size”

Faith’s response suggests that eyes may be a safer answer compared to others, such as sexualized features. Participants may have felt too embarrassed to tell me their response, but I also posit that eyes often carry the least amount of shame, especially for individuals with European backgrounds. While many aspects of the body may change with time, the eyes often stay the same.

Another common theme in the responses were aspects of the body that could be changed or enhanced. Vel referenced using make-up to augment her favorite aspects such as using lipstick to draw attention to their lips. Similarly, hair was often cited in this section as something that individuals took pride in due to the amount of time and effort they put into through styling and

hygiene. Even if other aspects of the body were dissatisfying, they could count on their hair to maintain their ideal. Dawson discussed how his relationship with his hair changed over time: “It’s interesting because I used to hate [my hair] especially when it was very curly. It’s because I can change it and it’ll come back and it’s all okay. I can be expressive with it, and I get compliments on it.”

When participants expressed positive sentiment about their body, their evaluation of self then began to draw on social aspects of the body. . Individuals may use the perceptions of their peers to value themselves, as supported by Cooley’s Looking Glass Self (1983 [1902]).

Ability. The other half of individuals gave answers related to the way that their body helps them navigate the world. Many individuals reported that their hands were their favorite part of their body. Despite being a physical attribute, none of the answers focused on appearance. Rather, these answers centered around the various things that hands do. Sylvan discussed how her hands were important to her as an artist, “My hands are the one thing that I am proud of. I like to create and they’re how I connect to the world.” Similarly, Sophia reported that her eyes were her favorite aspect of her body, but because they allowed her to read and enjoy her favorite things.

People who reported appreciating their ability for the way it allowed them to navigate the world showed pride in their interests and passions through the corresponding body parts. Some individuals also shared these sentiments more generally, that they were thankful for being able-bodied. Similar to the prior reports, they said that their body allowed them to interact with the world around them. Individuals that made these connections may also struggle with finding aspects of their appearance that they favor, as Olivia explained: “My body does everything for

me every single day – I am fortunate enough to have every part of my body working, but I dislike everything else about my physical appearance.”

For individuals like Olivia, focusing on ability may be a compromise where other aspects of the body are disliked. This may also act as a protective factor by allowing individuals with lower body satisfaction to cope by amending it with gratitude towards their body. The Body Neutrality movement (Horn 2021) has created a large-scale push towards focusing on the body as a mechanism for moving through the world rather than radical self-love.

Individuals also lauded aspects of themselves that best served others. Like the social emphasis on physicality, the people I spoke with often reflected on how their abilities benefited loved ones and made them feel better about themselves. Individuals reported loving their arms because of the hugs they were able to give (Toby) and their smile because it caused others to smile back (Alexa). Logan shared with me that his favorite part of his body was his ability to make others feel good. These responses continue to support the idea that individuals develop self-concepts based on how they view their relationships with others.

Negative Sentiment

I also asked individuals to describe their least favorite aspects of their body. Every individual was able to cite a least favorite part, but many added qualifiers to soften the statements such as, “but I know I shouldn’t care” or “I still know my body serves me.” Given the combination of social media body positivity and the self-positive perspective of the queer community, my participants were especially aware of how they “should” feel about their bodies. This may prevent sexual and gender minorities who are involved in social media from being honest about their self-perception. This lack of honesty could have clinical implications if individuals avoid treatment for negative thought patterns due to shame. Like the section on

positive sentiments, interviewees referenced issues of their appearance or their ability. Uniquely, in this section, individuals also discussed their experiences with chronic illness, which may impact their ability.

Appearance. When asked about their negative sentiments towards their bodies, participants predominantly referenced their struggles with their physical appearance (n = 13). Often these issues did not dramatically decrease quality of life but did impede mental health and body satisfaction. Individuals most commonly told me about their struggles with cellulite, their stomach shape, or their body hair. Many interviewees could not recall the last time they wore a two-piece swimsuit or swam without a t-shirt out of fear of exposing their bodies or wearing something unflattering. Sarah was among others who told me about her struggles with her *weight:*

I actually had a panic attack because I was sitting in a booth and I was just so aware [of it pressing into my stomach] and I just had so many negative thoughts like, ‘They think you’re a total fat ass, you look disgusting,’ and then I googled for recommendations for the situation. There was a whole page of waitresses saying that if you’re so fat you can’t sit here you shouldn’t eat out.

My conversations suggested that a lot of these dislikes were reinforced by societal expectation and punishment if not met. When asked, no one said that the aspect they disliked about their appearance was totally exempt from social influence, most referenced specific instances or larger cultural themes (magazines, celebrities, etc.) that led to the negative sentiment. Similarly, a lot of these issues seemed to be rooted in cultural expectations of gender, as exemplified when talking to transgender individuals about their dysphoria. “I would say my

height [is my least favorite part], I think society looks down a lot on short masculine presenting people” (Dawson).

These individuals talked about how dysphoria was exacerbated by cultural expectations of how binary genders should present. Expectations for men are exceptionally unattainable for most individuals who are assigned female at birth. Similarly, Zoe explained to me that transgender individuals are often held to hyper feminine or masculine standards that are difficult for any person to achieve. Almost all the transgender people (n = 11) I spoke with mentioned their dysphoria and how societal treatment impacted their relationship with their body.

While gender expectations are more visible within transgender populations due to the nature of socially and physically transitioning, discussion of gender norms was pervasive throughout the sample. Participants (n = 5) often described learning to shave from television and magazines (Em) or that body hair was disgusting on women from media and family (Nicole). From a young age, people absorb gendered information about their body that persists to this day. Supporting prior research, only individuals who identified as women cited their hairiness as something shameful (Fahs 2011), and similarly only those who identified as men referenced feeling as though they were failing to meet masculine expectations, such as having muscles (Adam). Nonbinary individuals often stated feeling these pressures in the past or some pressure due to being feminine or masculine presenting, but often cited that their identity was freed from gendered expectations on a personal level.

Ability and chronic illness. Some individuals spoke about how their body prevented them from participating in physical activities (n = 4) due to body type, physical ability, and other factors. Bethany (18 – 24 nonbinary) discussed how after breaking her ankle she began to gain weight due to being unable to participate in activities she enjoyed. After breaking her ankle,

Bethany could no longer hike or ride her bike, and like the other three individuals I spoke to, she struggled to keep up with her friends who were more physically fit or had body types that lent themselves to physical activity. Interviewees emphasized that there were different type of athleticism and being athletic in one metric (running or weightlifting) didn't mean you would be athletic in every setting (Em). Not being able to equally compete in all activities could lead to feelings of inadequacy.

Six participants specifically disclosed and discussed their struggles with chronic illness as their least favorite part of their body. At times their negative feelings about chronic conditions were more directly related to physical appearance, such as in the case of eczema (Toby), but often the factors were more limiting physically. Alex explained that their chronic illness made it harder to be compassionate about their body on some days because what they learned from the body positivity movement (appreciating your body for its functions) just didn't work. Similarly, chronic illness appeared to act as dominant status as it greatly outweighed qualitative feelings about the body's appearance in body satisfaction. Adaline talked to me about how their answers to questions often pivoted between positive and negative sentiments: "I like the aesthetics about my body, but my body itself... I don't like it at all because it feels like it betrays me. I have an autoimmune disease so it's like my body just feels like it's making life harder." Toby similarly talked about how other people often failed to recognize the effects of his chronic illness due to his physical appearance.

People say you won the genetic lottery and I'm like, not really. Asthma – it's in the family – I've had it my entire life. Skin issues and bone disease. It's more annoying that anything, people tend to diminish these things. Their hearts in the right place, but at the same time...

In this way, individuals may experience further difference between their physical appearance and physical health. Where there may be dissonance on the personal level, it may be increased by external influences that fail to recognize how chronic illness can be a major aspect of an individual's life. Adaline further expressed the idea that chronic illness defines an individual's life as they spoke on whether they ever wished they didn't have rheumatoid arthritis: "It's hard to imagine living without rheumatoid arthritis. It's hard to know [how things would be different] because it affects so much of your life it becomes part of your identity in a way."

These findings support prior research on chronic illness as a master status (Hughes 1945; Bury 1991). Not only does chronic illness define the relationship, but it also inhibits how people are able to participate in everyday activities. Jamie similarly talked about how their relationship with their body was impacted by their chronic illness.

For a long time, I felt very disconnected from my body and there was a bit of resentment of my body. I have endometriosis, so my body causes me a lot of pain. It's especially frustrating on days where mentally I am ready to go, and I am ready to get to work and then my body kind of gives out on me.

Jamie talked about the process of reframing their relationship with their body from resentment to compassion:

Recently I have been trying to not think of my body as an enemy because that's kind of how I have been thinking of it as something that is just undermining me; and rather thinking of it as something that's trying to protect me and is warning me when I need to take a break.

Individuals who expressed more compassion for their chronic illness often reframed their conditions. These participants relied on their connection to their body to reframe the connection to a neutral or positive orientation. Rather than focusing on being unable to keep up with peers of a similar age group, they instead focus on what their body is communicating. Redirecting this relationship may be key to improved relationships between the external and internal self.

Body in a Social World

While interviewees' feelings about their body may be socially motivated at times, this theme was especially apparent when talking about their self-perception in a social context. As a social object, individuals may get treated differently for their bodies and appearance. In this section, I will explore some of the ways that people reported feeling different from others based on social interaction. Some individuals discussed never experiencing being treated differently due to their appearance. Em felt this specifically regarding their privilege as a white, cis individual: "I think like oftentimes like I'll walk into a store or some business or whatever and usually people are nice to me and smile at me and are kind, they say nice things. So, I don't think everybody in the world is getting the same experience."

Often, physical attributes carry social meanings that others used to make assumptions about the individual. Sarah told me about how her weight and gender intersections cause her to be treated differently by men.

Men think I'm stupid because I'm fat, and that is very, very obvious and I can't tell if it's a woman thing because... You know. Or if it's the intersectionality of it all, but I'm just constantly ignored or spoken over by men, and that has gotten more intensive as I've gained more weight

The intersection of gender and weight here may be evident as women are frequently valued for their attractiveness in the workplace. Where women are often ignored and treated poorly, fat women may experience higher levels of discrimination due to not meeting their “perceived purpose” of attractiveness to their male colleagues. Alexa similarly spoke on their weight changing the way that individuals treated them regarding their intelligence.

I’ve always felt like I was looked down on because of my weight. In high school, I was the only fat person in my Advanced Placement classes. I always felt like I stuck out. People always questioned my thoughts and answers. People like, looked at me like I didn’t belong. I don’t know if that’s how other people felt, but I felt it. Now I know that I belonged in that space as much as anyone else. Education shouldn’t be a club that’s based on something so complex like weight or body size.

In a society where weight is connected to factors such as socioeconomic status (Ball and Crawford 2004), weight is also seen as an indicator of the negative factors associated with other stigmatized groups. Further, weight and fluctuations in weight are considered moral and motivational issues across cultures (Tauber et al. 2018). These experiences may contribute to discrimination for overweight individuals. Olivia talked about how she noticed the way she was treated by others changed when she lost approximately 80 pounds after working a physically intensive job.

I got so much more attention when I had lost weight versus before, and I stayed the same person. I’m very extroverted, I’m going to talk to you if I want to talk to you. So, it wasn’t a lack of trying on my end. It was genuinely people receiving my body different because I was skinnier than before.

Olivia got firsthand experience on how her body shaped the way that others interacted with her. Alexa similarly noted that after losing almost 200 pounds their weight became a ruling factor of their daily interactions. They discussed how they were constantly aware that if they gained the weight back, they would be “plunged back into social exile, just like that.” Weight for these individuals has positive social impacts, but also reflects how larger bodied individuals are stigmatized.

Other individuals still cited how their piercings, tattoos, and visible body modifications caused people to treat them differently. Adam described how even if no one said anything he could feel eyes on him and tell that people were viewing him negatively. Similarly, Ezra talked about having to manage the way they presented to be treated kindly by others while also meeting personal comfort regarding gender expression. Overall, a majority of individuals had been treated differently at some point in their life, as long as they didn’t pass as cisgender, white, thin, and heterosexual.

The Mental and Physical Self

When talking to individuals about their connection to their body, many participants needed prompting to fully understand the concepts. Yet, when explaining that prior research indicates that individuals either identify their mental and physical being as one or as being within their physical body, participants were surprised that any individual could experience physical embodiment differently than themselves. Some identified as being “one” with their body or having mastery over their body and mind connection (n = 6). Most other participants felt some level of distance (n = 14), with a smaller subset identifying as extremely disconnected (n = 5). Even with these distinctions, participants reported a nuanced variety of connections between these two extremes (n = 9). Em, who identified mostly with her own body, noted some of this

nuance in her reflection: “I think it’s a part of me. I feel pretty closely tied to my body, but I also feel like I’m more than just my body.”

Kenneth noted that his chronic illness led him to identify these nuances in his connection as well: “I don’t tend to think of my body as a separate actor – it’s more like a part of me that just does things I don’t always ask it to.”

These examples, and other reports from participants who felt at one with their body, suggested that individuals in this category viewed their body as one facet of themselves rather than identifying the body as their whole being. While they identify themselves as their bodies, they also identify as more. Similarly, disconnection can happen in a variety of ways, and a majority of participants reported some level of disconnect between their mental and physical self. Adam, who experienced one of the more distinct separations, told me:

When I think about myself and a lot of time when I talk about myself in third person I would weird people out. I will say we instead of me because I think about myself and my body as two inherently separate things. Obviously, it’s a symbiotic relationship – one is within the other – but it’s still two totally different things.

My conversations with people who experienced more significant disconnect showed me that disconnect was not always a bad thing, some individuals were happy with their bodies and still experienced a divide. Overall, strong disconnect usually indicated some dissonance between the mental and physical self that often related to negative feelings of self in the present or past. A few individuals suggested that this disconnection may be a coping mechanism (for negative comments, misgendering, and overall body dissatisfaction) and was remedied by building a better relationship with their body. Sylvan, for example said that when you were a minority “you

needed to disconnect to survive.” Through this understanding, individuals whose bodies are more oppressed (or are perceived to be more oppressed) are more likely to disconnect from their bodies. Dawson, for example, shared how he now felt more connected with his body than he used to prior to medically transitioning. Dawson exemplifies how this connection is fluid and changing over time, as suggested by the previous literature. Similarly, Adaline shared how their chronic illness meant that a functional level of disconnection was important for daily function because being connected meant hyperawareness and pain.

Individuals with a strong connection similarly reported that at times they felt more disconnected from their physical body when they became over aware of their bodies (n = 5). This frequently occurred when participants were trying on clothes in clothing stores, receiving unsolicited comments, or staring in a mirror. Individuals appeared to largely connect to their body in a functional way, but less so to their given appearance. For example, participants may feel connected to their body movements and experiences, but do not connect to the reflection they see in the mirror.

Mental and Physical Health

Mental health is an example of extreme connections between the parts of self. Multiple individuals reported on how depression affected their physical bodies. Kenneth shared with me that his friends could often identify his mental health state by looking at his appearance due to the way he took care of his body. During these times Kenneth reported feeling increased disconnection as well as less favorable toward his body. Depressive symptoms may then directly relate to both how people feel about their body and how they relate to their body. Meredith described a similar narrative about the importance of mental health in her mind-body relationship.

So, if my depression is really, really bad I basically just feel like a floating head... And depression can be brought on more if my parents are really hounding me about my body or if there's a bunch of stressors happening in my life and everything is just becoming this giant ball of upsetting and negative feelings.

While depression was the most frequently discussed mental health factor that made people feel disconnected from their external self, some respondents who self-identified as having ADHD (n = 3) suggested that their disconnection was a part of their daily life. When asked what caused this disconnect, individuals responded that it was largely due to not thinking about their body unless it made them physically nauseous. Nicole joked with me about this looser connection: "I think I don't think about my body because I can only think so much before I start forgetting things. I do my best to just not worry about things I can't control. I can't control how my body works, so I just don't think about it."

Similarly, Logan discussed how having ADHD made it difficult to maintain a physical form by saying, "I'm a biological being and not a robot. Just those basic things of having to take care of your body and yourself is inconvenient. Especially with how often I have to eat." Logan further described how his disconnect from his body led to disordered eating due to frequently forgetting to meet his physical needs.

These comments indicate that mental health can decrease the mental and physical connection in some individuals. When individuals are preoccupied with their mental health, they may neglect their physical health. These results support previous research about the roles of depression and ADHD on self-awareness. Depression has historically been linked to lower levels of self-awareness (Goverover 2014). Individuals with these conditions may struggle to remember to take care of their needs due to an increased feeling of disconnection from their bodies.

Awareness of the Body

Individuals reported various levels of awareness regarding their physical self, revealing a stark spectrum ranging from hyper-aware to under-aware. A majority of individuals reported being aware what they felt to be a normal amount, checking in with their body multiple times a day, or being uniquely aware in awkward or uncomfortable situations. Participants who were conscious of their body were often aware in one of two ways: awareness of body or awareness of needs. They were aware of their body were aware of their physical senses, such as feeling the texture of their shirt against their skin. One participant, Meredith, told me about how overwhelming this awareness can be: “I am aware of it, like 100% of the time. I’m aware in the sense that I can feel myself in my skin. I feel like I take up too much room, or I can feel whether something is uncomfortable to me, and it preoccupies my thoughts a lot.”

Individuals who are aware of their body to this extent may be unable to disconnect from negative influences. For people who experience this awareness, it passes the point of functionality to being potentially detrimental to everyday functioning. In contrast to Meredith, Faith reported that she only felt physically present in herself when she was experiencing pain or sitting uncomfortably. Otherwise, Faith took little notice of her physical form. These two extremes on body awareness could potentially have consequences. Another participant with lower levels of body awareness noted that she frequently knocked things over because she didn’t have a good concept of the space her body occupies (Nicole). Em reported how her awareness was more functional and centered around her needs on a daily basis by saying: “I am aware of how I can best take care of my body and noticing how I’m feeling. If I feel thirsty, I should drink more water today.”

Individuals like Em were aware of their bodily needs and could easily tell when those needs were not being met. These participants directly contrasted with other individuals who were unable to differentiate their needs. Logan, for example, discussed that he often had to actively work to connect with his body to recognize his needs. Logan suggested, that physically, he was under-aware of his bodily needs. This lower level of awareness also fails to meet daily needs. Individuals in this category may not realize that they are hungry until they have extreme stomach pain or that they are cold until they are noticeably shivering. The functional level of awareness, for those who possess it, seems to be some combination of good habits and innate ability.

Changing the Body

In speaking with participants about changing their bodies, ownership arose as a strong theme. Participants often spoke about their body modification as a method to own or reclaim their bodies from cis-heteronormative society (n = 12). Individuals perceived weight loss, tattoos, and muscle gain as aspects of self they could control. Alexa noted that through body modifications, they could watch in real time as they changed their life. Participants discussed that they viewed their bodies in terms of ownership (n = 12) and control (n = 10) non-exclusively. For some individuals ownership was a way of maintaining control. Interviewees often struggled with the balance between doing what they felt was right and what felt good.

Body Modification

To start the conversation about body modification, I asked participants if they could change any aspect of their body without effort, surgery, or maintenance, would they and why? Individuals responded largely that they would make changes to their body focusing on appearance. Even individuals who said they wouldn't change anything were able to note that at times their answer might change, as noted by Zoe: "I think this question is something that is so

rapidly shifting. Like right now, I feel like I want to say no, but there's definitely times, where before I feel like – and maybe even in the future – I would probably say yes.”

Individuals who desired to make physical changes to their appearance often cited minor changes that they had mentioned throughout the study such as: stomach fat, chin definition, and butt size. Adam further said that if money weren't a limiting factor, he could think of two different ways that he would alter his body depending on whether he was thinking about his own desires or the desires of others. Socially, he would want to be taller, but for himself he would want to have a penis.

Body modification may matter for personal expression, health, or even safety. Zoe talked about this further, regarding her transgender identity, by saying that any changes she made would be mainly based on information control. “It's information control. It's like I don't mind people knowing I am trans as long as I can know they're not going to be [reactionary]. I don't know if anything major would change otherwise. I don't consider myself an insecure person.”

Other individuals said they wouldn't change anything if given the chance. These individuals often reported stronger connection with their body and similarly said that they felt like their body was their own even if they didn't love every aspect of it. Toby discussed why he decided not to make any changes to his body by saying: “This is my body, the only one I am getting. I have a soul and a consciousness. It's temporary, what's the point of changing it?”

Fitness and Diet

Outcomes from fitness and diet seem to be variable depending on the intention behind the change (whether it was done for appearance or health). Many participants who attempted to lose weight for appearance-based reasons reported that their physical and social health improved, but

their mental health decreased. Adam talked about his struggle with an eating disorder in his youth.

I was obsessed with making my body smaller in any way and the effect that it had was not good because physically I felt sick all the time and I was just not healthy. Mentally, it was like lighting my brain on fire because no matter how much weight I lost I always wanted there to be more that was gone. To not eat and then see the difference, being able to manipulate my own body, I was obsessed with it. The more weight I lost the better everyone treated me and treated me like I was attractive.

Similarly, Olivia talked about how being treated differently made her fear gaining weight and created a vicious cycle of weight loss.

I realized how that (losing weight) made people perceive me and then it was something I strived for. So then that is all I thought about was losing weight and looking better and it was never for a good reason. I wasn't doing this so that I can be healthy, it was purely vain and has resulted in this cycle in my head.

Failure to lose weight for appearance purposes, as mentioned in previous sections, can hold moral value. Bethany discussed her feelings of failure surrounding weight loss.

[While dieting] I did lose some weight, but I would lose very little. And most of the time, I wouldn't lose any at all, and sometimes I would gain weight. It felt like I was a failure every time I looked in the mirror. I'd be like you are failing at this. You're not doing it right. You're too weak to finish this. You're not doing a good job. You're eating too much. You're not eating the right things.

For individuals like Bethany, attempts at weight loss rarely amounted to anything beyond lower self-esteem. Weight loss and fitness attempts for social and aesthetic reasons often seemed to have a degree of negative impacts on mental health in my sample. This appears to be largely due to societal influence rather than innate dissatisfaction with weight.

Other individuals reported positive sentiments towards fitness, such as Logan who worked out with a personal trainer to become an EMT. He discussed the positive aspects of building muscle and working through a plan to better his health. Alexa similarly reported the benefits of fitness after they pivoted to focusing on health rather than appearance. Individuals who focused on fitness as a means to improve health may feel better about fitness because they feel less societal pressure to achieve certain aesthetic outcomes.

Medical Procedures

Individuals described multiple ways they altered their bodies through medical procedures. People who altered their bodies in these ways did so solely based on appearance rather than functionality of the body. Procedures had varying results regarding satisfaction, as Olivia indicated with getting a breast reduction.

I know that it's going to improve my life, like pain wise, and just like my quality of life in general, but it's like am I going to be happy with appearance after that? Because it's like every time I do something to my appearance, I think it's going to make me happy and then it's like ultimately, I'm just looking for something else to change.

For individuals like Olivia, having cosmetic surgery might not be a one-time fix as it can draw attention to other areas of the body that could be changed. While the breast reduction serves functional purposes, such as decreasing pain, Olivia's main focus remained on how it

would impact her appearance. Later on, I followed up with Olivia on how the surgery went. She confided in me that she was happier because her mobility had improved, but she was still equally dissatisfied with her appearance.

The other individuals who mentioned medical procedures predominantly discussed gender affirming medical care. People who undergo gender affirming treatment may do so in a variety of ways such as hormone therapy and surgeries. Gender affirming care was reported as overwhelmingly beneficial by the sample and resulting in positive feelings of self. Some individuals noted that there were some negatives that came with medically transitioning. While many of these procedures have standards, the results may vary. At times this contributes to increased comparison within the transgender community. These negative aspects were greatly outweighed by the positives. Dawson spoke with me about how he reflected on his medical transition, saying: “I like to think I will never regret [transitioning] because I just can’t. This is the one thing that I feel like I can’t see myself regretting”

Medical transitioning also offered reflexive positive effects on transgender individuals based on their work, time, and money. In this way, a transgender person’s body reflects their journey. Further, medical transition acts as a way to literally connect the body and mind. Adam spoke on this by describing his love for his chest post top surgery.

Right now, my favorite part of my body is my chest of course, because seeing it the way that I feel like it was supposed to be in the first place, it feels like that’s the only part of my body that I have ownership of. I went out of my way to create that for myself. It’s just a reflection of what I can do if I stick with it and don’t give up.

Aesthetic Changes

Participants I spoke to had made a variety of aesthetic-based changes to their bodies including dyed hair, piercings, and tattoos. People emphasized the importance of these decisions for expressing themselves. Individuals spoke to me about their tattoos (n = 10). While tattoos had obvious changes to the physical body, some individuals also noted that getting tattoos could increase their physical connection due to the pain both connecting physical sensation and also representing the effortful aspect of putting art on the body. Many individuals discussed putting tattoos on body parts they loved or needed help loving. Adam spoke on how tattoos helped him appreciate his body.

If I had to pick any part of my body, besides my chest, that would be my favorite part, it would be a part with my favorite tattoo on it. So actually, having something that is like nice to look at and I like on my body makes that part of my body more appealing to me.

Many participants also discussed that getting tattoos was a part of asserting ownership of their body. Meredith discussed how tattoos help her reclaim her body from her parents by saying:

The tattoos, in particular, make me feel better about my body. The tattoos help me feel ownership [of my body], because my parents also don't like the body modifications. So, in a way it's also like me reclaiming my body as my own, and it's like this is my canvas and I could put whatever I want on it, and it can look however it needs to look.

Tattoos also hold meanings for individuals and help tell their story. A number of participants reported having personal attachments to their tattoos or the stories behind them. Alexa told me about how their tattoos helped them navigate having a body: "I would say that like my tattoos carry my story and that is... that is important to me. I don't have tattoos that don't have like

something meaningful behind them even if that meaning is that I think it like represents my like aesthetic.”

Through this section it is evident that tattoos and traditional body modifications are important to individuals in the queer community. They support and enhance their bodily relationships and provide opportunities to express their individuality. Seeing the body as a canvas may be a way to disconnect from some of the heavier expectations of having a body.

Changing the Mind

All but two participants discussed going on journeys to improve their relationships with their bodies. Many individuals cited being inspired by the Body Positivity movement and the growing narrative of self-love and compassion. Faith talked about how making these changes improved her life: “My self-esteem has improved quite a bit over the past five-ish years, and I definitely think people have noticed that overall transition. I think people treat me differently because I’m less timid, because I’m more confident.”

Faith and other people I talked to reported that when they developed more confidence, others could notice. Not only did it improve their own relationship with their body, but they took more risks and put themselves out there. When individuals made intentional strides to connect and improve their bodily relationship, they also made more efforts to connect with other people. This created a positive feedback loop, unlike some of the other individuals discussed, in which better mental health led to better social health and so forth. These reports may indicate that though physical health is important, working on internal mindset is paramount to make choices that last. Throughout the study, individuals who reported more positive outcomes and sentiments also reported actively working on building their mental outlook.

Changing the Culture

Individuals also played a thought experiment where they considered what they wanted to see change in their culture regarding sexual and gender minority bodies. Many individuals called for more acceptance regarding gender expression, diverse bodies, and genitals. Some individuals, such as Adaline, said they would change things related to their chronic illness, such as more patience from able-bodied people. Other individuals made broader requests, considering that sexual and gender minorities are not the only people who are harmed by cultural ideals. Logan, for example said that he would change everything: “I would change everything about my culture’s expectations because the amount of harm that it does to people is just so significant from body image to very real healthcare and medical consequences.”

Other individuals mentioned the importance of changing culture to adjust the medical field. Nicole, for example, said that she avoided going to the doctor out of fear of mistreatment. These fears are echoed by many within SGM communities (Fredriksen-Goldsen et al. 2017). Interviewees stated the importance of making changes to cultural expectations as they had real, tangible, negative consequences for the lives of people with marginalized bodies.

Reclaiming Language and Labels

Individuals reported reclaiming a variety of labels relating to their physical being, including: chubby, fat, femme, butch, soft, hairy, tranny, and others. One participant joked that there were enough labels in the queer community to go around: “You got one, I’ve probably been called it!” (Alexa). Labels regarding weight were the most commonly reclaimed such as: fat, chubby, overweight, plus sized, etc. Individuals who reclaimed these labels reported doing so partially because they were factual. Zoe commented on this by saying that it was how she would

describe herself and how she would be categorized. Likewise, Meredith said that reclaiming the term chubby was an important step in “healing her inner child.”

It kind of spins them around where this isn't something that can hurt me anymore because I am this thing, so what's the point? Why does it matter? It's something I can just use for myself, so instead it's changing it cognitively where it was originally 'you're chubby' negatively to 'I'm chubby and I'm cute'.

Toby also discussed the concept of passively reclaiming his blackness as a mechanism for creating societal change:

My family was very visible in the community and that's what they push, visibility. It can be difficult for minorities, and they wanted us to have the best possible chance. Calling us little rich white kids was an insult. It affected some of my siblings and they took it as an insult. Now that I'm older I am trying to tear down those stereotypes that blackness does not equate to ignorance the same way that intelligence does not equate to whiteness

For Toby reclaiming this concept and reframing it within communities relates to a wide network of inequality that effects every aspect of life for black individuals. Reclaiming can be an indirect way to change larger structural issues that prevent equity and perpetuate stereotypes.

The majority of other individuals in my study reclaimed labels relating to gender and gender expression. By reclaiming these labels participants felt more comfortable in their bodies and it allowed them to adjust to changes in their bodies, identities, and overall to destigmatize their existence. Adam described his experience of turning insecurities into confidence:

I would get bullied for having thick eyebrows, and now I'm like yeah I got big old eyebrows and it's hot and I like it. It switched from a spot of insecurity to a spoty of

pride. People also used to make fun of my shoulders, but now masculinity is something I love about myself.

Through his transition, Adam was able to reclaim something that once made him feel out of place in his body. He now holds those labels as something that he loves about himself.

Similarly, Sylvan discussed the process of reclaiming being a butch woman. For a majority of Sylvan's life, she thought she may not identify as female but found that in her identity as a butch lesbian any feelings of dysphoria decreased. When I asked Sylvan how reclaiming womanhood and identifying as butch mattered, she said:

It matters to me, mostly because I want little girls who felt like me growing up to look at me and be like 'I'm allowed to look like that,' like that's something I can be. I want them to look at me and have them feel safe and like at least someone out there can understand their experience.

For individuals like Sylvan and Toby, reclaiming these aspects of self is about creating a better future for others. Despite their experiences and struggles due to the aspects of themselves that received harmful labels, they want to make sure that others never struggle because of who they are. Reclaiming labels then matters because it encourages others to do the same.

Body Talk Etiquette

In the final question in my interviews, I asked participants to describe what they viewed as the best way to talk about other's bodies. The biggest takeaway was that whether you should comment on someone else's body is largely related to context of the situation. For example, if the other person prompts the conversation, it is fine, but you should never comment unprompted. Further, comments are fine if ability-based, such as commenting on a gymnast's ability at a

gymnastic meet but should still not be centered on physical appearance. Meredith imparted a rule of thumb that seemed to be shared amongst several participants:

I like the saying, or something, where it's like if you can't fix it in like 10 seconds, don't comment on it. I like compliments of someone's hair or makeup or their jewelry or their outfit. I don't think it's very appropriate for even some positives depending on how well you know the person.

Negative comments were deemed never appropriate unless requested directly by the individual. Participants said that unsolicited negative comments could be detrimental to an individual's mental health. Bethany shared this sentiment by saying: "Negative comments should always be kept to yourself. I know what my body looks like. I'm well aware. I look at myself in the mirror every day. I can notice when I'm gaining or losing weight."

People in my study agreed that they should be able to exist without fear of judgement or negative comments. Individuals were less clear on positive comments and some voiced that positives are not universal and can still spark body anxiety in some individuals. These results indicate that conversations regarding bodies may look different in queer spaces than they do in the rest of the world.

CHAPTER 6. CONCLUSION

Through the present study, I examined the role of societal forces on mental and physical health. My research found evidence that supported my hypothesis that mental and physical health were strongly linked through self-compassion. Transgender individuals also experienced increased negative physical and mental health through this relationship. The quantitative portion of the study informed the qualitative research by establishing a link between mental and physical health. Qualitative interviews further illuminated how mental and physical connection can interplay throughout people's daily lives and helped reveal mechanisms behind the quantitative findings. My interviews further highlighted how SGM communities handle issues of body image differently than majority communities. Interviewees emphasized themes of ownership, oppression, and journeys of self-love. While all individuals may struggle with body image, sexual and gender minorities expressed experiencing additional pressures and variances in social support. SGM people are expected to meet expectations of mainstream American culture, "queer" culture, and additional pressures to present in ways that are palatable to those who adhere to mainstream culture.

This research contributes to existing literature by providing in-depth accounts and analysis of the experiences of having a marginalized body in American culture. It also provides examples of how the mind and body connection may be impacted by stigma and external factors. While prior research has examined issues such as body-image in sexual and gender minority groups, little research has been done examining possible "meso-level" structural influences. Understanding social determinants of "internal" structures may be useful for creating clinical and policy interventions. Clinicians may want to work on helping individuals connect their mental and physical self when conducting therapy related to body-image and self-esteem. Clinicians

may also benefit from the knowledge of different support structures within the SGM community that may shape how willing clients are to discuss their bodies. These clinical and life implications are increasingly important as more individuals identify as a sexual or gender minority. Future researchers may want to create measures for quantitative research that better quantify congruence between the mental and physical self. Futures studies would benefit from a more diverse sample to examine the impacts of multiple minority stigma. Future qualitative work could focus on exploring the systems of oppression that underlay body-dissociation.

While this research contributes to the field, it is not without limitations. The samples for both quantitative and qualitative portions were predominantly white. While I was able to identify some intersecting identities, I was greatly limited by my sample demographics. I was also limited by my sampling method, as I recruited predominantly via social media. While this led to interesting data regarding social media use, it also may have limited the variety in my responses. The study was further limited by the lack of body-focused measures in the quantitative data set regarding body image, weight, and exercise. With the diversity of individuals' bodies, it may be difficult to encapsulate all experiences in quantitative measures. More advanced regression techniques would add more nuance to this discussion. While this limitation was answered largely by the qualitative portion, future research may benefit from using a variety of body/health related measures. I will continue this research throughout my career and hope to build on these ideas to create a more directed research model in the future.

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APPENDIX: QUALITATIVE QUESTIONS

Relationship with Body and General Questions

1. Please describe your relationship/connection with your body.
2. How much do you think about your body?
3. When did you first become aware that others saw your body outside of your control?
4. What is your favorite thing about your body?
 - a. Why?
5. What is your least favorite thing about your body?
 - a. Why (and if applicable, who taught you this)
6. What were you taught to think about your body?
 - a. Where'd you get this from?
 - b. Do you think this is different for other people?
7. Does your relationship with your body change depending on where you are or who you are with? Please explain.
8. Can you describe what you think to be an ideal body?
9. Can you describe what your overall culture considers an ideal body?
10. Can you describe what your community consider an ideal body?

Potential Negative Factors

1. Do you use social media or visit websites that focus on appearance? If so, what?
2. Do you find yourself comparing your body to celebrities and social media influencers?
3. Does it ever affect how you feel about yourself?
4. Describe a time that your body has prevented you from doing something that you wanted to do.
 - a. Was it because you were physically unable to or because you felt like you couldn't?

5. Please describe a time that someone has treated you differently because of how you looked.
 - a. How did this make you feel?
6. If you thought your body was “perfect” what would change in your life? (e.g. what could you do that you cannot do now)

Protective Factors

1. Describe an experience in which you felt a sense of connection to your body.
2. Can you describe an experience in which you felt disconnected from your body?
3. What kind of things make you feel more grounded within your body?
4. Some individuals attempt to “reclaim” or “reframe” body labels that originally had negative meanings. Are there any labels you have reclaimed?
 - a. When you first heard those labels what did they mean to you?
 - b. How does reclaiming these labels matter to you?
5. Describe a time you attempted to change your body.
 - a. What happened?
 - b. Did it change the way you felt about yourself?
 - c. Did it change the way others treated you?
6. Describe a time you attempted to change the way you thought about your body.
 - a. What happened?
 - b. Did it change the way you felt about yourself?
 - c. Did it change the way others treated you?

Hypotheticals

1. If you could change anything about your body, would you?
 - a. (If yes) What and why?

2. If you could change anything about your culture's expectations of your body, would you?
 - a. (If yes) What and why?
3. Can you describe how an ideal conversation or compliment about other's bodies would to be like?
 - a. (Prompt) Focused on ability, physicality, etc. Or should people just not talk about the bodies of others?

Lastly, is there anything you would like to add that we haven't talked about yet?

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