

Exploring Body (Dis)satisfaction in Transgender Emerging Adults

Emily Weatherspoon
Anthropology and Sociology
The University of North Carolina Asheville
One University Heights
Asheville, North Carolina 28804 USA

Faculty Advisor: Dr. Megan Underhill

Abstract

“I think after coming out and realizing that I was trans, I attempt[ed] to make my body shapeless. I was accepting the message that the skinnier you are, the more androgynous you look. And so my attempts to use those behaviors was... about making my breasts as small as possible, making my hips as small as possible and making my thighs as small as possible. Because doing all those things would mean that I would get to wear clothes from the men's section without feeling like I stood out.”
Elliot, Asheville, NC

Elliot's statement demonstrates an underreported but widespread phenomenon that is the subject of this research project. Research indicates that high levels of body dissatisfaction are present in young adult populations; however, limited research has examined the body image experiences of transgender and nonbinary young adults. In addition to the social influences on body image experienced by all young adults, transgender individuals must navigate unique gender- and body-based concerns. Transgender people additionally face interpersonal and institutional discrimination, and are an understudied and underserved population. This qualitative study explores the subjective experiences through which gender dysphoria and non-cisgender identity contribute to body dissatisfaction among ten transgender and nonbinary young adults (18-22) from North Carolina. Interview questions address topics including participants' body image, gender dysphoria, weight- and shape-control behaviors, and interactions between gender identity and body dissatisfaction. Findings indicate that gender dysphoria and body dissatisfaction are mutually constitutive in the experiences of transgender and nonbinary young adults. Study participants described how gender dysphoria triggered disordered eating behaviors, and how body size influenced the salience of dysphoria. Thinness was viewed as a tool to aid them in navigating a society structured by both transphobia and anti-fat bias. Like Elliot, multiple participants highlighted the role that body size and shape play in the ability to embody one's gender identity. This study contributes to the literature by expanding analysis to nonbinary young adults, an understudied population, and focusing on the intersections of gender minority status and body image.

1. Introduction

Body image is a significant concern for young adults as they navigate physical, mental, and social transitions while engaging in identity formation^{12,13}. While there is a breadth of empirical evidence showing that negative body image and disordered eating are prevalent within young adult populations, most of this research has focused on cisgender females (i.e., young adults assigned female at birth who identify with their natal sex). Studies examining the unique body image experiences of transgender individuals, people whose gender identities do not align with their sex assigned at birth, are limited.

Existing research on this topic suggests that transgender persons exhibit poorer body image^{2,11,19,23} and more frequent disordered eating behaviors^{1,3,11} than the general population. Due to the discordance between their gender identity and natal sex, trans individuals are expected to experience body dissatisfaction in unique and complex ways^{3,13,22}. For

instance, research suggests that transgender people have difficulty differentiating between gender dysphoria, the distress a person feels when there is a mismatch between their sex assigned at birth and gender identity, and general negative body image^{3,13,19}. This study explores the mechanisms and subjective experiences through which gender dysphoria and non-cisgender identity contribute to body (dis)satisfaction among transgender and nonbinary young adults. This knowledge will inform targeted body image interventions and effective eating disorder prevention and treatment for the trans community.

Trans and nonbinary individuals' disordered eating behaviors are symptomatic of the habitual and systematic discrimination that trans and nonbinary people experience interpersonally and institutionally. Trans and nonbinary Americans face discrimination in every sector of society, leading to substantial and detrimental effects. Trans people are more likely to live in poverty, to have suffered physical and emotional abuse, and to have attempted suicide than cisgender people⁷. A lack of legal protections for this population also means that the burden of navigating oppressive social structures falls on the individual. Seen from this perspective, disordered eating may be something that trans individuals pursue as a protective measure-- to enhance their feelings of personal safety and protect themselves from discrimination.

2. Literature Review

2.1 Body (Dis)satisfaction and Disembodiment

An emerging body of literature has documented the body dissatisfaction and associated distress experienced by transgender adolescents and adults. In a cross-sectional quantitative study, trans individuals were found to have poorer body image and lower self-confidence than the general population on three of four scales utilized to assess self-image². These results are consistent with findings from other quantitative studies. Vocks and colleagues²³ found that results on six independently validated quantitative scales from their sample of male-to-female (MtF) and female-to-male (FtM) trans individuals indicated significantly low body satisfaction compared to cisgender controls. These findings indicate a need for qualitative research beyond the few studies conducted to date. Although quantitative research provides essential information about body image and gender dysphoria, qualitative analysis complements this data by elucidating trans individuals' subjective experiences, information that is necessary for creating effective interventions for this population.

There are several factors that may contribute to the poor body image and self-esteem of trans people, including pervasive discrimination and stigma associated with this minoritized identity. Chronic stress induced by experiences of marginalization has been shown to impact the functioning of multiple body systems and has been linked to mental illnesses including anxiety and depression, which are frequently comorbid with eating disorders²¹. Additionally, fear of discrimination and negative experiences with healthcare providers deter trans individuals from seeking needed health services^{8,17}. The underutilization of healthcare and stress-related illness intersect to diminish the mental health of transgender people. Research suggests that these mechanisms are most harmful to individuals who are perceived by others as transgender or gender nonconforming. For example, Paine¹⁶ found that gender nonconforming patients report more instances of discrimination in medical settings and avoid healthcare more often than cisgender individuals and transgender people who are not socially recognized as trans. Visibly transgender individuals additionally face more major and everyday events of discrimination than those who "pass" as cisgender. In turn, members of this population are more likely to attempt suicide and suffer from substance use disorder¹⁵. These findings highlight the linkages between discrimination and negative mental health outcomes for transgender individuals.

Body dissatisfaction among the trans population has been shown to correlate with higher levels of gender dysphoria, or the distress experienced by individuals for whom sex assigned at birth and gender do not align¹¹. Research exploring the intersections of gender dysphoria and generalized body image indicates that it is difficult to separate the two in the subjective experiences of trans individuals^{3,13,19}. While transgender people have significant dissatisfaction with primary and secondary sex characteristics, body-based distress among this population extends beyond body parts assumed to connect to natal sex²². Qualitative studies suggest that trans individuals have difficulty identifying when negative thoughts related to the body stem from gender dysphoria versus concerns about body weight, shape, and muscularity^{3,13,19}. This is a key theme of the literature and is illustrated by a trans participant in a qualitative study who described their understanding as "still trying to unpack how much of my uncomfortableness[sic] with my body...was related to my weight and how much of it was related to repressed feelings of being trans"³. Another study found that gender dysphoria manifests as disembodiment and avoidance of gendered physical characteristics¹³. For example, trans individuals may wear layered or baggy clothing in order to minimize the visibility of gendered body parts to

themselves and others. In addition to body hatred, transgender people experience alienation and lack a sense of ownership of their bodies⁹. Negative body image among trans persons is of great concern, as research has established poor body image as a critical risk factor for the development of disordered eating^{2,19}.

2.2 Gender Dysphoria and Disordered Eating

Numerous studies have concluded that diagnosable eating disorders and subclinical disordered eating behaviors are more prevalent among transgender individuals than the general population^{5,11}. In a case study of nine trans adolescents, all participants reported consistently using at least one disordered behavior to control their weight or shape¹⁹. Similarly, fourteen of twenty trans adult participants in a qualitative study reported disordered eating¹. While small sample sizes limit the generalizability of these statistics, increased prevalence is corroborated by a quantitative study of 289,024 U.S. college students conducted as part of the National College Health Assessment II⁵. In this research, 15.82% of transgender students sampled reported a past-year eating disorder diagnosis compared to 1.85% of cisgender heterosexual females, long considered the typical eating disorder patients.

Additional research has sought to understand the underlying causes of disordered eating in the trans community. It has been suggested that trans individuals engage in disordered eating behaviors such as caloric restriction, bingeing and purging, and excessive exercise in order to be socially recognized as their gender and decrease gender dysphoria³. Trans individuals “view weight and shape as key to how they are gendered by society”³. Weight loss can be used as a tool to suppress or accentuate one's gender. Dependent on sex assigned at birth and gender identity, trans individuals may pursue weight loss to minimize secondary sex characteristics and gendered weight distribution^{1,19}. In addition to minimizing curves and breast size, FtM young adults have been found to restrict nutritional intake in order to stop menstruation¹³.

Additionally, it has been suggested that MtF individuals may engage in disordered eating due to a perception that thinness is an essential component of femininity^{6,20}. Gordon and colleagues found that trans women adopt femininity-linked disordered eating behaviors such as caloric restriction in order to affirm their gender identities⁶. Trans women experience hyper-awareness of their bodies and the bodies of other women as they retrain themselves to embody feminine patterns of speech and demeanor²⁰. Comparison with the bodies and diets of cisgender women may contribute to increased disordered eating among the MtF population. Eating disorders and disordered eating behaviors have been associated with cardiac abnormalities, osteoporosis, and gastric rupture, among many potentially fatal medical complications¹⁸. These findings highlight the importance of understanding how gender dysphoria and non-cisgender identity contribute to experiences of body dissatisfaction among transgender individuals.

2.3 Mediating Factors

Extant literature has demonstrated that outside factors may mediate the relationship between non-cisgender gender identity and body dissatisfaction. Receiving material, emotional, and verbal support from friends, family, and community members has been shown to positively reinforce gender presentation and reduce disordered eating³. Additionally, medical interventions including hormone use and gender affirmation surgery have been shown to alleviate distress associated with gender dysphoria and poor body image^{1,2,11}. Transgender individuals who have undergone medical transition report better body image on non-sex-related measures than trans people who have not transitioned via these interventions^{2,11}. Gender affirming medical interventions may additionally reduce disordered eating behaviors among this population¹. However, these findings are disputed by van de Grift and colleagues²², who did not find statistically significant differences in body image between participants who received hormonal treatment and those who had not.

In order to access gender affirming medical treatment, trans people must navigate a medical system characterized by prevalent anti-trans discrimination and stigma. The American Psychiatric Association classified gender dysphoria as a mental disorder in its 2013 edition of the *Diagnostic and Statistical Manual of Mental Disorders*, a decision that focuses analyses of the transgender experience on individual-level clinical distress¹⁰. The portrayal of gender dysphoria as a medical phenomenon minimizes consideration of the “social determinants of mental health,” including discrimination and transphobic ideology. Through qualitative and ethnographic study of a transgender community organization, Johnson¹⁰ found that the medicalization of gender dysphoria created frustration and distress for trans individuals. Study participants expressed the necessity of being strategic within medical settings, as one must describe a medically-sanctioned experience of gender dysphoria in order to access transition-related care¹⁰.

Body dissatisfaction, gender dysphoria, and disordered eating are significant and intersecting concerns relevant to the physical and psychological health of transgender individuals. Contemporary research has shown a correlation

between non-cisgender identity and negative body image^{2,11}, and the few existing qualitative studies on this topic suggest ways in which these characteristics mutually interact^{13,19}. However, further research is needed to understand the ways in which gender dysphoria produces body dissatisfaction that is not limited to sex-based physical characteristics. Further, many studies focused their analysis only on transgender people who identified as MtF or FtM, a decision that upholds binary notions of gender and obscures the experiences of individuals identifying as genderqueer or nonbinary. This study expands analysis to this group with the goal of identifying broader linkages between gender identity and body image.

3. Methodology

3.1 Participants

Study participants consisted of ten young adults between the ages of 18 and 22 years who identified as transgender or nonbinary. Participants were recruited from three mid-sized cities in North Carolina. Demographic information of participants is displayed in *Table 1*. Participants were invited to select their own pseudonyms. All study participants identified as white, a limitation of this study and reflection of the racial-ethnic demographics of UNC-Asheville, where most participants were recruited. Efforts were made to incorporate representation of several gender identities.

Interview participants were recruited through network referrals and social media. An invitation to participate statement posted on Instagram invited interested young adults to message or email the primary researcher for more information about the research study. Then, the researcher scheduled interviews with individuals who were eligible and interested in participating in the study. Following the interview, many participants aided in snowball sampling by providing their peers with information about the study.

Table 1. Participant Information

Name	Pronouns	Age	Self-Reported Gender Identity	Self-Reported Sexuality
Benny	They/Them	21	Nonbinary	Queer
Elliot	He/Him or They/Them	22	Nonbinary	Queer
Jasmine	She/Her	18	Trans Woman	Bisexual
Jonas	He/Him	19	Trans Man	Bisexual
Leo	They/Them	18	Genderqueer	Queer
Maggie	She/Her	21	Transfemme	T4T
River	They/Them	22	Nonbinary	Queer, gay or lesbian
Jay	He/Him or They/Them	20	Agender, Nonbinary	Bisexual
Moose	They/Them	22	Genderfluid	Pansexual
Forrest	They/Them	19	Agender, Nonbinary	Bisexual, gay or lesbian, queer

3.2 Procedure

Interviews were conducted between October 2021 and March 2022. Prior to interviewing, participants reviewed an IRB-approved informed consent form and provided written consent. Participants also completed a short demographic

survey, on which they reported their age, pronouns, sex assigned at birth, gender identity, sexuality, race/ethnicity, and ability status. Participants were encouraged to ask questions prior to and during the interview, and were informed that they could refrain from answering an interview question at any point in time.

This project involved in-depth, semi-structured qualitative interviews with ten respondents. A semi-structured format containing prepared questions and follow-up probes allowed for the building of rapport and natural conversation between researcher and participant. The interview schedule addressed topics including participants' body image, embodiment, gender dysphoria, weight- and shape-control behaviors, and interactions between gender identity and body (dis)satisfaction. Questions were developed based on previous body image and gender identity research^{14,19}.

Interviews were largely conducted via Zoom, although some participants preferred to meet in-person at a private location, such as their home or a study room on the UNC-Asheville campus. Interviews were audio-recorded after participants provided informed consent. The interview lengths ranged from 24 to 59 minutes, with an average duration of 39 minutes.

3.3 Data Analysis

All interviews were transcribed and reviewed shortly after their occurrence. Interview transcripts were then uploaded into NVivo Student, a qualitative software program, and inductively coded using a grounded theory approach. Grounded theory was chosen for its utility in creating explanatory theory⁴. The first stage of qualitative data analysis involved initial, line-by-line coding. Initial codes were open, provisional, and grounded in the data. Next, focused, conceptual coding was used to synthesize data and test the applicability of initial codes⁴. Significant codes were refined and organized into a hierarchical structure with subcategories. Conceptualization and operationalization occurred alongside data analysis; body image was continuously operationalized through the integration of ideas posed by research participants. Additionally, an inductive codebook was generated and refined through data analysis. Following the coding process, participants' responses were compared based on attribute codes. The final phase of analysis involved selecting themes most relevant to gender dysphoria, body image, and their complex intersection.

4. Findings

4.1 The Experience of Gender Dysphoria

In describing their gender identities, all participants reported gender dysphoria as a distressing feature of daily living. As Leo (18, genderqueer) explained, gender dysphoria “is this very strong sense that you are being misrepresented by yourself, which is an incredibly out-of-body feeling. It’s a weird disconnect between what you know to be true about yourself and what you see back in the mirror.” Other participants spoke about dysphoria as a mismatch between their authentic selves and the gendered nature of their bodies. This unsettling experience impacted the lives of transgender and nonbinary young adults in several ways. Dysphoria prevented respondents from maintaining social connections, attending school or work regularly, and forming a positive self-concept. Jonas (19, trans man) often left college classes after being misgendered by instructors and classmates, an experience that diminished his desire to attend at all. In general, trans young adults experienced gender dysphoria as a pervasive dissatisfaction with their bodies and the ways that society genders them.

Although one trans man reported feeling dysphoric in early childhood, most participants began to experience gender dysphoria during puberty. As secondary sex characteristics emerged, gender- and body-based discomfort was heightened. Elliot (22, nonbinary) described puberty as the catalyst for persistent body dissatisfaction: “When I hit puberty, and I started to get curves and gain weight, it just felt like I turned on the light and there was no way to turn it off. From that time, I don’t think there was a day that went by that I didn’t think about my body.” Like Elliot, many trans young adults found body changes associated with puberty to be incredibly disconcerting. For participants assigned female at birth, the growth of breasts contributed to dysphoria and generalized body dissatisfaction. Eight out of ten participants interviewed attempted to combat the effects of puberty through disordered eating behaviors including significant food restriction and excessive exercise. Jasmine (18, trans woman) recalled learning from a peer that caloric restriction could delay the physical changes associated with puberty. Disordered eating was a strategy that she employed to reduce the masculinization of her face and shoulders.

For trans and nonbinary young adults, the experience of gender dysphoria contributes to disembodiment, a state in which one is unaware of or unresponsive to their body’s cues and needs. All participants endorsed disembodiment, and this experience was most impactful prior to social and medical transition. While embodied individuals view their

bodies as integrated with their cognitions, Leo explains that “for people who have this disconnect with their bodies, you almost don’t realize that it’s something you need to be taking care of.” As evidenced by Leo’s comment, it was common for participants to neglect physical self-care and hygiene, particularly during periods of intense gender dysphoria. Showering was an especially challenging act for those attempting to avoid reminders of their corporeality. Jonas expressed a desire to be “like an orb,” a reflection of his frustration with the centrality of his body in daily life.

In the absence of institutional support and widespread knowledge about gender minority identities, transgender and nonbinary young adults initially navigated gender dysphoria alone or with the aid of social media sites. While online resources for trans youth are more prevalent today than in previous years, participants often felt isolated and perplexed at the onset of their dysphoria. Forrest (19, agender/nonbinary) explained that during adolescence they “felt a general discomfort with [my] body shape. And I didn’t know why. Because at that point, I didn’t know that I was trans. And so I didn’t identify it as gender dysphoria. I just knew that I was uncomfortable, all the time.” For many participants, it was difficult to distinguish between gender dysphoria and generalized negative body image. Leo said that hindsight has provided them with a greater understanding of how their adolescent body image was connected to gender dysphoria:

I think a lot of it, truthfully, had to do with dysphoria. And I didn't even realize it at the time. I wanted to be small and incomprehensible. I didn't want to be perceived. And so I was trying to lose weight and I always wanted to lose weight in my hips and my stomach. And looking back now, that wasn't about being thin. It was never about being thin, it was about the way my body represented me in a gendered way.

Leo’s intersecting concerns have factored into their decisions about medical transition. When they noticed they felt excited about the fat redistribution effect of testosterone, they spoke with medical and therapeutic professionals to determine whether the emotion was based in dysphoria or weight- and shape-based insecurity. While medical decisions are sometimes complicated by the interplay of dysphoria and poor body image, many trans young adults reported that transitioning has helped them distinguish the two. All participants noted that their understanding of thought patterns has been deepened through acknowledgement of their trans and nonbinary identities. While gender transition may alleviate the distress associated with gender dysphoria and negative body image, medical interventions including hormone replacement therapy and gender affirmation surgery are cost-prohibitive for many trans young adults^{1,2,11}.

4.2 Managing Dysphoria

Gender dysphoria in trans and nonbinary young adults can be mitigated through social and medical transition. Each participant in this study had transitioned socially by selecting a name and pronouns in line with their gender identities and informing loved ones of their transition. Some trans young adults pursued medical interventions in addition to social transition to align their bodies more closely with their gender. Of ten interviewees, four were currently undergoing hormone replacement therapy or using hormone blockers to delay the effects of puberty. Two participants had received gender affirmation surgery, while several were exploring the option. Trans young adults cited several concerns related to medical transition. Hormone replacement therapy and gender affirmation surgery are expensive and often not covered by insurance companies. Jonas shared that he would need to pay \$9,000 out of pocket in order to receive surgery. This creates a barrier for many transgender individuals, and is especially burdensome for young adults and those without familial support. Participants also managed physical health concerns throughout their transitions and decision-making processes. Multiple participants had chronic medical or mental health conditions for which they were prescribed medication. This led to the concern that hormone replacement therapy may negatively interact with other forms of healthcare. Maggie (21, transfemme) was hesitant to initiate hormone treatments because she hoped to have biological children later in her life. The inability of many trans individuals to access medical interventions, coupled with the side effects of these treatments, means that transgender and nonbinary young adults must manage gender dysphoria through additional means.

While relaying the ways they coped with dysphoria, participants described clothing as both a stressor and an outlet for expressing and affirming their gender. Shopping for clothing was an unpleasant activity for some trans young adults, including Elliot, who shared: “Women’s pants are too tight and are meant to accentuate curves, and men’s pants are not meant for curves. Clothes are the hardest thing.” In a system where clothes are divided into men’s and women’s sections, nonbinary and genderqueer individuals often felt that they were marginalized within the fashion industry. However, several participants cited clothing as a primary strategy for managing gender dysphoria. Leo and River (22, nonbinary) found thrift shopping and creating outfits to be liberating, as they could use these tools to express

their individuality and gender identities. Before coming out as a trans woman, Jasmine often wore oversized hoodies and other baggy clothing to hide her figure from others. This strategy was common among participants experiencing high levels of dysphoria. However, she now enjoys wearing articles of clothing including dresses and high heels that affirm her identity as a woman.

Like the transgender individuals in earlier studies of dysphoria and body image, participants reported engaging in disordered eating behaviors to assert control over their bodies and reduce gender dysphoria³. For participants assigned female at birth, disordered eating behaviors including food restriction, purging, and excessive exercise were utilized to minimize secondary sex characteristics including breasts and curves. Participants distressed by body parts associated with femininity believed that “the skinnier you are, the more androgynous you look.” Elliot explained how their eating disorder and gender dysphoria intersected:

Starting in early high school, I consistently went through phases of dieting, some more extreme than others. I've gone through long periods of restricting my intake. I've gone through periods of counting calories. As a result of restricting, I've binged, and because of the fear of how the binge would make my body look, I would purge. I think after coming out and realizing that I was trans, I used those behaviors to attempt to make my body shapeless.

Elliot's narrative reveals the complex interplay between gender dysphoria and disordered eating behaviors for many transgender emerging adults. Nonbinary and transmasculine individuals assigned female at birth found that the weight loss associated with disordered eating decreased the prominence of body parts labeled by society as “female.” Participants also cited media portrayals of nonbinary people as a contributor to weight- and shape-based concerns. Despite calls within the LGBTQ+ community to recognize body diversity within queer spaces, the dominant image of nonbinary individuals as thin persists. As River explained, “The way that nonbinary people are represented is so specific, and unachievable for most people. It's this skinny, white, androgynous person.” Nonbinary people who do not conform to this stereotype must navigate internal gender dysphoria and body distress as well as external appearance pressures.

Maggie's experiences highlight how the pressure to be thin also impacts members of the trans community who do not identify as nonbinary. Maggie told me that “you can't be trans and plus-sized. Even in the trans community itself, you don't get talked about a lot, you don't get represented a lot, you kind of get swept under the rug.” The assertion that “you can't be trans and plus-sized” illuminates the prevalence of fatphobia and the stigmatization of larger bodies within trans communities. It is important to note that fatphobia and size bias are not unique to queer spaces, but are perpetuated by society at large. For trans women, dominant views of acceptable femininity heighten body-based insecurity. As Jasmine relayed, “being skinny is something that's traditionally feminine.” The experience of being perceived by others as male pre-transition and female post-transition has allowed her to see how expectations related to food and body are gendered. She explained that,

When I went to restaurants when I was young [pre-transition], sometimes I would order a large meal. When I started my transition, and I started to pass, I remember I had a few waitresses talking to me like “if you eat like that, you're going to get fat.” And that's not something that ever happened to me when I was pre-transition.

As evidenced from the comment above, trans women perceived as women are subjected to social interactions wherein dieting and striving for thinness are normalized. Additionally, expectations of women based in cisnormative society complicate transfemmes' understandings of dysphoria. As Maggie described,

It's hard to tell if I was made uncomfortable with my body because of society. For some transfemmes or trans women, our dysphoria doesn't really lie on our own bodies. It lies in how our bodies are perceived by cisnormative society...Some parts of my body don't look like a woman "should." We're told what a woman should be; we actively pursue that. And then, we ignore or ostracize people who either don't want to or don't fit in those roles.

The desire to pass as a woman and achieve an “acceptable feminine body” has contributed to Maggie's disordered eating. Despite the prevalence of eating disorders among trans and nonbinary emerging adults, medical and psychological professionals are often unequipped to treat transgender disordered eating patients. Multiple participants reported interactions with providers who were transphobic or unaware of the complex intersections of gender dysphoria and negative body image. Benny (21, nonbinary) received inpatient treatment for an eating disorder and

stated that “there were never conversations about how eating disorders, depression, all of these other issues can stem from unidentified gender issues.” This experience should be concerning; so should the fact that only two participants out of eight struggling with disordered eating had ever received formal treatment.

5. Conclusion

This study reveals the interactional processes through which gender dysphoria and negative body image impact the experiences of trans young adults navigating a transphobic society. Disordered eating is prevalent among transgender young adults, and is connected to gender dysphoria and the experience of being trans or nonbinary. For participating young adults, thinness is associated with both androgyny and femininity. Transgender individuals with differing identities experience similar pressures to lose weight in order to embody their gender according to societal norms. While social and medical transition aid trans people in reducing gender dysphoria, these interventions are frequently inaccessible due to cost and discrimination within medical settings. Disordered eating is often the most accessible tool for managing dysphoria when gender affirming medical and therapeutic care are out of reach.

Further research should expand analysis to larger and more diverse samples of transgender and nonbinary individuals. It would be useful to learn whether trans young adults’ body image and disordered eating behaviors vary by racial group and, if so, how. Additionally, as a cross-sectional study, this research could not explore developmental processes or life course variations which may have impacted participants’ weight- and shape-control behaviors. This project sheds light on how and why transgender and nonbinary young adults manage gender dysphoria, but study data cannot tell us the implications of these practices in young adulthood for the adult lives of trans individuals.

6. Acknowledgements

The author wishes to express their appreciation to Dr. Megan Underhill for her endless support, guidance, and encouragement. This project would not be possible without her mentorship. Additionally, appreciation is extended to Dr. Shawn Mendez and Dr. Sarah Judson for their assistance and feedback throughout the research process.

7. References

1. Ålgars, Monica, Katarina Alanko, Pekka Santtila, and N. Kenneth Sandnabba. “Disordered Eating and Gender Identity Disorder: A Qualitative Study.” *Eating Disorders* 20 (2012): 300-11. doi:10.1080/10640266.2012.668482.
2. Becker, Inga, Matthias Auer, Claus Barkmann, Johannes Fuss, Birgit Möller, Timo O. Nieder, Saskia Fahrenkrug, Thomas Hildebrandt, and Hertha Richter-Appelt. “A Cross-Sectional Multicenter Study of Multidimensional Body Image in Adolescents and Adults with Gender Dysphoria Before and After Transition-Related Medical Interventions.” *Archives of Sexual Behavior* 47 (2018): 2335-2347. <https://doi.org/10.1007/s10508-018-1278-4>.
3. Bowman, Mary Katharine. “The Lived Experience of Transgender Individuals with Eating Disorders.” PhD Dissertation, DePaul University, 2018.
4. Charmaz, Kathy. *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. London: Sage Publications, 2006.
5. Diemer, Elizabeth W., Julia D. Grant, Melissa A. Munn-Chernoff, David A. Patterson, and Alexis E. Duncan. “Gender Identity, Sexual Orientation, and Eating-Related Pathology in a National Sample of College Students.” *Journal of Adolescent Health* 57 (2015): 144-149. <http://dx.doi.org/10.1016/j.jadohealth.2015.03.003>.
6. Gordon, Allegra R., S. Bryn Austin, Nancy Krieger, Jaclyn M. White Hughto, and Sari L. Reisner. “‘I Have to Constantly Prove to Myself, To People, That I Fit the Bill’: Perspectives on Weight and Shape Control Behaviors among Low-Income, Ethnically Diverse Young Transgender Women.” *Social Science and Medicine* 165 (2016): 141-49. <http://dx.doi.org/10.1016/j.socscimed.2016.07.038>.
7. Grant, Jaime M., Lisa A. Mottet, Justin Tannis, Jack Harrison, Jody L. Herman, and Mara Keisling. 2011. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

8. Hughto, Jaclyn M. White, Sari L. Reisner, and John E. Pachankis. "Transgender Stigma and Health: A Critical Review of Stigma Determinants, Mechanisms, and Interventions." *Social Science and Medicine* 147 (2015): 222-31. <http://dx.doi.org/10.1016/j.socscimed.2015.11.010>.
9. Jessen, Reidar Schei, Ira Ronit Hebold Haraldsen, and Erik Stänicke. "Navigating in the Dark: Meta-Synthesis of Subjective Experiences of Gender Dysphoria amongst Transgender and Gender Non-Conforming Youth." *Social Science and Medicine* 281 (2021): 1-13. <https://doi.org/10.1016/j.socscimed.2021.114094>.
10. Johnson, Austin. "Rejecting, Reframing, and Reintroducing: Trans People's Strategic Engagement with the Medicalization of Gender Dysphoria." *Sociology of Health and Illness* 41, no. 3 (2018): 1-16. doi:10.1111/1467-9566.12829.
11. Jones, Bethany Alice, Emma Haycraft, Sarah Murjan, and Jon Arcelus. "Body Dissatisfaction and Disordered Eating in Trans People: A Systematic Review of the Literature." *International Review of Psychiatry* 28, no. 1 (2016): 81-94. doi:10.3109/09540261.2015.1089217.
12. Kaufman, Peter. "The Sociology of College Students' Identity Formation." *New Directions for Higher Education* 166 (2014): 35-42. <https://doi-org.proxy177.nclive.org/10.1002/he.20093>.
13. McGuire, Jenifer K., Jennifer L. Doty, Jory M. Catalpa, and Cindy Ola. "Body Image in Transgender Young People: Findings from a Qualitative, Community-Based Study." *Body Image* 18 (2016): 96-107. <http://dx.doi.org/10.1016/j.bodyim.2016.06.004>.
14. Menzel, Jessie E., and Michael P. Levine. "Embodying Experiences and the Promotion of Positive Body Image: The Example of Competitive Athletics." In *Self-Objectification in Women: Causes, Consequences, and Counteractions*, edited by R. Calogero, 163-86. Washington, DC: American Psychological Association, 2011.
15. Miller, Lisa R., and Eric Anthony Grollman. "The Social Costs of Gender Nonconformity for Transgender Adults: Implications for Discrimination and Health." *Sociological Forum* 30, no. 3 (2015): 809-31. doi:10.1111/sof.12193.
16. Paine, Emily Allen. "Embodied Disruption: 'Sorting Out' Gender and Nonconformity in the Doctor's Office." *Social Science & Medicine* 211 (2018): 352-58. <https://doi.org/10.1016/j.socscimed.2018.06.039>.
17. Paine, Emily Allen. "Fat Broken Arm Syndrome': Negotiating Risk, Stigma, and Weight Bias in LGBTQ Healthcare." *Social Science & Medicine* 270 (2020): 1-8. <https://doi.org/10.1016/j.socscimed.2020.113609>.
18. Rome, Ellen S. and Seth Ammerman. "Medical Complications of Eating Disorders: An Update." *Journal of Adolescent Health* 33, no. 6 (2003): 418-26. <https://doi.org/10.1016/j.jadohealth.2003.07.002>.
19. Romito, Madelaine, Rachel H. Salk, Savannah R Roberts, Brian C. Thoma, Michele D. Levine, and Sophia Choukas-Bradley. "Exploring Transgender Adolescents' Body Image Concerns and Disordered Eating: Semi-Structured Interviews with Nine Gender Minority Youth." *Body Image* 37 (2021): 50-62. <https://doi.org/10.1016/j.bodyim.2021.01.008>.
20. Schrock, Douglas, Lori Reid, and Emily M. Boyd. "Transsexuals' Embodiment of Womanhood." *Gender and Society* 19, no. 3 (2005): 317-35. <https://www.jstor.org/stable/30044596>.
21. Spindler, Anja and Gabriella Milos. "Links Between Eating Disorder Symptom Severity and Psychiatric Comorbidity." *Eating Behaviors* 8, no. 3 (2007): 364-73. <https://doi.org/10.1016/j.eatbeh.2006.11.012>.
22. Van de Grift, Tim C., Peggy T. Cohen-Kettenis, Thomas D. Steensma, Griet De Cuypere, Hertha Richter-Appelt, Ira R. H. Haraldsen, Rieky E. G. Dikmans, Susanne C. Cerwenka, and Baudewijntje P. C. Kreukels. "Body Satisfaction and Physical Appearance in Gender Dysphoria." *Archives of Sexual Behavior* 45 (2016): 575-85. doi:10.1007/s10508-015-0614-1.
23. Vocks, Silja, Catharina Stahn, Kerstin Loenser, and Tanja Legenbauer. "Eating and Body Image Disturbances in Male-to-Female and Female-to-Male Transsexuals." *Archives of Sexual Behavior* 38 (2009) :364-77. doi:10.1007/s10508-008-9424-z.