



## Why Bind? Public, Private, and Secret Self Chest Binding for Trans and Gender Non-Conforming Individuals

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In the United States, about one percent of the population, or about 1 million adults, identifies in the trans and gender non-binary community (TNB) (Meerwijk & Sevelius, 2017), meaning their gender identity does not align with the cultural expectations of their sex assigned at birth (Tate et al., 2014). One common way trans men or trans masculine individuals negotiate their gender identity through dress (Kaiser, 2012) is via chest binding, which involves compressing the chest tissue to achieve a flattened, masculine aesthetic (Jones et al., 2015; Peitzmeier et al., 2017; Teti et al., 2020). TNB individuals use varying materials or garments to bind their chest such as duct tape, plastic wrap, bandages, in addition to commercial binders (Peitzmeier et al., 2017), which are available on the market from numerous brands (Reddy-Best & Goodin, 2019). Binding the chest for TNB individuals can result in mild to severe negative physical health effects, yet at the same time chest binding can provide positive mental and emotional experiences (Cole & Han, 2011) such as alleviating gender dysphoria (Peitzmeier et al., 2017) or increasing feelings of safety in public spaces (Ekins & King, 2006; Lev, 2004). Some TNB individuals feel chest binding is necessary (Cole & Han, 2011) until they can obtain top surgery or surgical removal of the chest tissues (Factor & Rothblum, 2008). In our work, we build upon past literature by examining the spaces where people bind their chest. That is, we seek to unearth why TNB individuals do or do not bind in relation to their situation and what influences these decisions. To guide our work, we drew upon the public, private, secret self model (Eicher, 1981; Eicher & Miller, 1994), which is a useful taxonomy to categorize situational dress into one of nine classifications based on the self (public, private, secret) by dress reason (reality, fun, fantasy). Our work in this paper is part of a larger study, and we only report a portion of the findings.

Using peer-reviewed literature and popular press articles focused on chest binding, we developed a comprehensive 120 item cross-sectional questionnaire including demographic, open-ended, closed-ended, Likert-type scale, and multiple-choice questions. For this paper, we analyzed responses to 9 questions from the larger survey about how often people bind, where they bind, and for what occasions they choose to bind or not and why. To be eligible for the study, participants could not have had top surgery; were required to be actively binding their chest; must have been 18 years of age or older; and must have been living mostly full time in the United States for the past 10 years. After approval from the Institutional Review Board, we administered the survey through Qualtrics, an online survey software program. We recruited participants online through social media, LGBTQ organizations, and word-of-mouth. Participants were instructed to complete the survey in one sitting, and could skip any question they did not feel comfortable answering. Each participant received a \$40 incentive.

We collected data from October 2019 until February 2020. In total, 94 people began the survey, yet 61 surveys were usable, meaning they completed at least 90% of the questions. Both descriptive statistics and a constant comparison thematic analysis (Saldaña, 2016) were used to analyze the data. Checking intercoder agreement for thematic analysis resulted in 95% agreement, which is an acceptable agreement. After checking intercoder agreement, we negotiated disagreements, finalized the codebook, and then completed data analysis.

Participants were all assigned female at birth and reported 19 different gender identity descriptors including: non-binary/genderfluid/agender/nonconforming/genderqueer (n = 18, 30%), transmasculine nonbinary (n = 11, 18%), transmasculine (n = 4, 6%), transgender male/male (n = 24, 39%), female (n = 3, 5%), and one participant was unsure. Ages ranged from 18 to 37 (average = 25). Participants were mostly white (n = 49, 80%), followed by mixed (n = 5, 8%), Black (n = 3, 5%), Asian (n = 2, 3%), and Hispanic (n = 2, 3%). Participants resided in 21 different states throughout the United States' four regions (Midwest, west south, and north east) in addition to Washington D.C. and Hawaii.

We asked participants how often they bind. They reported binding their chest for an average of 3.65 years (SD = 2.40 years). Participants reported binding their chest an average of five days a week (M = 5.07, SD = 1.67), with some (n = 16, 26%) binding seven days a week. The participants in this study, on average, bound their chest for 10 hours per day (M = 9.89 hours, SD = 4.39); about half (n = 29, 48%) reported binding their chest for 6-10 hours per day, followed by 11-15 hours (n = 19, 31%), 1-5 hours (n = 9, 15%), 20-24 hours (n = 3, 5%), and 16-20 hours (n = 1, 2%).

We asked participants when they bind, where they bind, and for what occasions they choose to bind or not. Most of the participants (n = 55, 90%) indicated that their home was one space they mostly choose not to bind; however, more than half (n = 32, 52%) of the participants indicated that even at home they sometimes chose to bind. Almost all of the participants (n = 58, 95%) reported that they chose to bind when leaving the home and entering the public sphere. Almost half (n = 28, 46%) of the participants reported they bind all the time outside of the home, whereas others only choose to bind for specific occasions like work (n = 45, 74%) or going out with friends, family, and acquaintances (n = 55, 90%).

We identified numerous themes for decisions influencing chest binding practices in the public, private, and secret sphere. In the *public sphere*, we found participants bind their chest to pass as a man or align with the social expectations of masculinity. For example, participant 54 said, "I have to pass 100% of the time for work." Alleviating gender dysmorphia or to reduce self-conscious feelings were other reasons to bind the chest in public: "Social dysphoria and to avoid being misgendered" (participant 16). Other themes included to feel confident or good about one's self: "It makes me feel more confident/content with myself" (participant 6); for safety reasons: "To hide my identity from those who would put me in danger" (participant 15); to create well-fitting clothes: "For my clothing to fit properly" (participant 39); and to look or feel attractive. Some participants always wore a binder in the presence of others. For example, participant 8 said, "I don't allow anyone to see me without my binder under my clothes."

In the *private sphere*, we identified why participants did or did not practice binding. These practices largely depended on the comfort level around family or close friends. It was also dependent upon whether the family or close friends knew they bound their chest. For example, participant 13 said, “[I don’t bind around] close friends because they don’t care or judge.” Participants also did not bind due to health reasons (e.g. “Give my body a rest,” participant 27). In the *secret sphere*, participants took a break from binding to give their bodies a rest (e.g., participant 32 mentioned “breathing break”), for comfort, or when performing physical activity.

Through our research, we add to the small, but growing body of literature on binding and TNB identifies situational reasons for binding. While we cannot generalize to the entire TNB population, we demonstrate that TNB individuals in our study practice chest binding to create and negotiate the public, private, and secret selves. Movement between private and public spheres is sometimes facilitated by the secret practice of binding, thus for some TNB individuals, chest binding via the secret-self is used to negotiate the public-self. Future researchers can build upon our study by exploring other situations and dress practices where the secret self is used to facilitate the public self for TNB individuals.

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