



Why Bind? Emotional, Physical, and Cultural Considerations for Trans and Gender Non-Binary Individuals

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Reshaping the body through the use of structural undergarments is an equivocal practice that has a range of implications for mental and physical health, and many different demographic groups use varying body-shaping strategies. For trans and gender non-binary (TNB) people, dress and body modification are used to develop and maintain an identity (Catalpa & McGuire, 2019) and may vary by situation (McGuire et al., 2016). In this study, we focus on chest binding among TNB individuals whose gender identity and physical expression often do not align with the cultural expectations of their sex assigned at birth (Teti, et al. 2019). Chest binding (binding for short) is a common practice undertaken by TNB individuals who were assigned female at birth but have not undergone breast reduction surgery (Peitzmeier et al., 2017). The compression of chest tissue flattens mammary tissue, which may enable an individual to achieve a silhouette that more accurately reflects their gender identity (Jarrett, et al. 2018). Negative physical health outcomes occur from binding (Peitzmeier, et al., 2017; Jarrett et al., 2018), yet researchers have acknowledged the positive mental effects because binding enables TNB people to have greater control over their physical appearance expression, and in turn, feel safer and correctly gendered by the public (Teti, et al. 2019). In this paper, which is part of a larger study, we examine the socio-cultural, emotional, and physical aspects of chest binding. We interpret findings from a survey of 61 TNB individuals who actively practice chest binding through the symbolic interaction theory of fashion, which enables us to consider the connection between “macro-level cultural forces and micro-level appearance processes” (Kaiser, et al. 1995, p. 172) to show how TNB individual’s everyday emotional and physical experience of binding connects to larger cultural discourses around appearance (Kaiser, 2012).

To achieve our purpose, we recruited TNB individuals who actively practiced chest binding, were 18 years or older, lived mostly full time in the United States over the past 10 years, and have not had breast-reduction/removal surgery. We collected data between October 2019 and February 2020 through an IRB approved cross-sectional 120-item questionnaire where we gathered both quantitative and qualitative data. The questionnaire was developed from the literature on binding that addresses health implications (e.g., Peitzmeier et al., 2016), Lamb and Kallal’s (1992) work which addresses the functional, expressive, and aesthetic needs when binding, in addition to popular

press articles. We advertised the study on Facebook, through LGBTQ organizations, word-of-mouth, and snowball methods. After completion of the survey, we paid participants a \$40 incentive. Descriptive statistics were used to analyze the sample demographics and inductive coding (Saldaña, 2016) was used to develop a preliminary codebook based on the participants' qualitative responses. We coded 20% of the data and checked interrater agreement, resulting in 95%, which exceeds the recommended threshold. We reconciled the differences and coded the remainder of the data. We identified key emergent themes in the data and then interpret those themes with past literature (Saldaña, 2016).

A total of 94 participants began the survey and 61 people completed the survey (completion rate: 65%). Participants indicated 19 unique gender identity descriptors within the inclusion criteria parameters and all had been assigned female at birth. Gender identities categories of participants included non-binary/genderfluid/agender/nonconforming/genderqueer (30%, $n = 18$), transmasculine nonbinary (18%, $n = 11$), transmasculine (6%, $n = 4$), transgender male/male (39%, $n = 24$), female (5%, $n = 3$), and one participant was unsure. In addition, 17 unique sexual identity descriptors were indicated, with the most common being queer (34%, $n = 21$), bisexual (21%, $n = 13$), pansexual (15%, $n = 9$) and gay (10%, $n = 6$). The average age of participants were 25 years old, and ranged from 18 to 37 years old. They resided in 21 different states in the United states and identified as white (80%, $n = 49$), mixed race (8%, $n = 5$), Black (5%, $n = 3$), Asian (3%, $n = 2$), and Hispanic (3%, $n = 2$).

We asked participants to explain why they choose to bind, which revealed complex and tenuous articulations between the individual and the collective—that is, between everyday appearance management techniques and larger fashion trends and cultural expectations around appearance. Participants' responses fell into three non-mutually exclusive themes: (a) positive emotional feelings (56%, $n = 34$), (b) aesthetics and visual appearance (51%, $n = 31$) and (c) gender expression and satisfaction (69%, $n = 42$). Within each of these larger themes we identified for more specific subthemes. For example, positive emotional feelings ranged from feeling comfortable (30%, $n = 18$), safer (16%, $n = 10$), more confident (11%, $n = 7$), and attractive (5%, $n = 3$). Some participants chose to bind for aesthetic reasons because the binder helped to improve the fit of menswear clothing (8%, $n = 5$) or generally made the participant “look good” (7%, $n = 4$). The most common response was related to the binder's role in achieving greater satisfaction with gender expression, which could mean alleviating gender dysphoria (41%, $n = 25$), better expression of gender identity (30%, $n = 18$), or the role the binder played in visually coding the participant as masculine (31%, $n = 19$). While nearly all respondents (92%, n

= 56) believed the binder helped them to connect with or express their gender identity, the majority (75%, $n = 46$) did not feel that binding helped them to connect with their sexual identity.

In addition to understanding why people bind, we also were interested in the emotional aspect of binding. We asked, “how does the binder make you feel emotionally?” Participants indicated a range of physical and emotional sensations that resulted from binding. Feelings of ambivalence (30%, $n = 18$) – that is, of both loving and hating the practice – was a common response. Many indicated that binding brought them extreme happiness, even euphoria (28%, $n = 17$), while others stated it gave them mental comfort (30%, $n = 18$). However, one quarter of the participants indicated that binding made them sad, anxious, or upset (25%, $n = 15$). With regard to the physical impact of binding, participants described feeling physically uncomfortable in their binder (26%, $n = 16$) or in pain (23%, $n = 14$). More specifically, they felt constrained by the binder (23%, $n = 14$), had difficulty breathing (20%, $n = 12$), and experienced pain in the back (23%, $n = 14$), chest (11%, $n = 7$), ribs (8%, $n = 5$), and shoulders (7%, $n = 4$). A small number of participants had positive physical associations with binding, believing it improved posture (5%, $n = 3$), was physically comfortable (8%, $n = 5$), and enjoyed the feeling of compression (8%, $n = 5$). The practice of binding helped participants to achieve a visual appearance reflective of larger cultural expectations around gender.

Through this work we add to the growing body of research on the everyday lived experiences of TNB individuals by focusing on the emotional, physical, and aesthetic impacts of chest binding. Similar to past literature, we found that despite the negative health effects (Peitzmeier, et al., 2017; Jarrett et al., 2018), our participants related positive emotional feelings towards binding. We found these the emotional feelings towards binding were often times influenced by both macro and micro level appearance negotiations (Kaiser, 1995, 2012). Overall, binding for TNB individuals is experienced in numerous ways depending upon the context in which the individual experience. Future research will continue to work with this rich data set to understand the physical and emotional health effects of chest binding, and how individual practices connect to larger social and cultural forces.

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