

Obstacles to Forming a Positive Body Image and Strategies for Overcoming those Obstacles: A Qualitative Study of Nonbinary Individuals' Experiences

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Positive body image research has shifted our understanding of body image trajectories, especially how body image progresses across time (Alleva et al., 2023). Research has suggested that positive body image may be achieved and is attainable, even among those who have experienced negative body image earlier in their lives (cf., Wood-Barcalow et al., 2010). However, limited work has explored body image trajectories among diverse populations, including gender expansive individuals who identify as nonbinary, genderfluid, and/or genderqueer (including other nonbinary identities and henceforth referred to in this work as “nonbinary individuals”). Previous research has revealed distinct features in developing and maintaining body image among nonbinary individuals (Heiden-Rootes et al., 2023). In the present work, we build upon prior research by considering *obstacles to forming positive body image* and *coping strategies for overcoming those obstacles* among nonbinary individuals who were assessed as having a positive body image. This work is critically important at the current cultural moment given the increased institutionalized intolerance nonbinary and LGBTQ+ individuals are facing (Miller, 2023; Peele, 2023). To inform our work, we looked to the minority stress framework, a valuable tool for understanding the stresses (i.e., obstacles) and coping activities of members of minority or stigmatized groups (Meyer, 2013).

Fifteen individuals who self-identified as nonbinary, genderfluid, and/or genderqueer “most of the time” participated in this study. All participants demonstrated positive body image, as indicated by their scores on the Body Appreciation Scale-2 [BAS-2] (Tylka & Woold-Barcalow, 2015), which served as a pre-screening measure. Participants ranged in age from 18-54 years (mean = 27.5 years), were predominantly White ($n = 12$), and were categorized as “normal weight” based on their body mass indices ($n = 11$). Open-ended interviews were conducted to explore participants’ body image experiences. Interviews were transcribed verbatim and were analyzed using Braun and Clarke’s (2006) reflexive thematic analysis approach.

Findings revealed eight key *obstacles to forming positive body image*. First, among participants, the most frequently discussed obstacle was *confining and dangerous anti-LGBTQ+ narratives*. These narratives – including oppressive cultural rhetoric about what nonbinary bodies should look and be like and anti-LGBTQ sentiments and legislation (e.g., bans on hormone therapy, book bans) – often left participants unable to feel secure in their bodies. Second, several participants shared that *a lack of representation and (LGBTQ) community* served as a barrier to forming psychological well-being and a subsequent positive body image. For instance, Gray noted that “not knowing that you have community...can be very detrimental in just tearing your image down.” Third, some participants faced a barrier in cultivating a positive body image owing

to *gender dysphoria*, characterized by the anguish arising from the misalignment between their internally felt gender identity and the sex/gender assigned to them at birth. Fourth, participants articulated how *familial and religious narratives* hindered their ability to form and maintain a positive body image. These experiences were predominantly centered on their nonbinary identities and fostered feelings of body shame and a lowered capacity for body/gender expression. Fifth, several participants also described *restrictive societal attitudes about body size and weight* (e.g., disapproval of increased weight, hypervigilance around weight) as barriers to forming and maintaining positive body image. These negative narratives originated from various sources, most notably from mothers, medical professionals, strangers, and media representations. Sixth, participants also articulated how *social comparisons with others* – particularly those judged to be better aligned with heteronormative appearance and gender ideals – served as a barrier to the development of positive body image. Seventh, participants’ *health conditions or disabilities* emerged as a barrier to forming positive body image, including as related to their body’s physical functioning, their body’s alignment with embraced body/gender ideals, and social acceptance of their body and health condition/disability. Lastly, participants addressed several ways in which *finances* served as a salient barrier to forming a positive body image. For instance, participants identified financial barriers to cultivating their desired gender expression through the purchase of a wardrobe of clothing and accessories that reflected their nonbinary or transgender identity or through the acquisition of gender-affirming surgeries.

Participants invoked six key coping strategies as they sought to overcome the aforementioned obstacles to forming a positive body image. First, the majority of participants articulated the integral role of *seeking therapy* in their coping processes and body image trajectories. In working with their therapists, participants gained “conceptual feedback” (Sarah) about their bodies as well as messages of validation and reassurance, both of which supported positive body feelings. Second, some participants coped with obstacles to forming positive body image by *recognizing that the journey to positive body image was unique to each individual*, who was “pioneering it and figuring it out for [themselves] so that they could do “what makes sense to [their] body and what makes [them] feel good” (Gray). Third, several participants also articulated how they practiced *selective attention and discernment*. Here, participants mindfully filtered out negative thoughts about the body and redirected their mental and affective attention towards positive aspects of the body. Fourth, selected participants *disengaged from social comparisons*, including with individuals who were not perceived as sharing their body or gender identity, and therefore, were perceived as inappropriate comparison targets. Fifth, several participants *nurtured inner kindness and self-consideration* through acts of self-compassion and bodily self-care. Lastly, many participants actively *sought representation, community, and support* – face-to-face and virtually – as means of coping with challenges in forming a positive body image, particularly the perceived lack of representation and community.

These findings expand understanding related to the minority stress framework. Specifically, findings illuminate several stressors (i.e., obstacles) that complicated participants’ efforts to develop positive body images. Of note is how specific external stressors (e.g., socio-cultural discourses, lack of representation/ community, interpersonal interactions, social comparisons, health conditions) contributed to internal stressors (e.g., fear of discrimination or harm, lack of self-worth, feelings of underrepresentation, identity confusion, gender dysphoria, lowered capacity for body/gender expression, body shame), which in turn, served as

impediments to the formation of positive body image. Further building on the minority stress framework, findings identified how participants engaged in coping and resilience activities that ameliorated minority stressors (i.e., obstacles) to enhance health and support the development of positive body image. This work yields insights into the nuances and complexities of the body image trajectories of nonbinary individuals who have achieved positive body images. In the future, it will be important to replicate the present work adopting a more racially and ethnically diverse sample, which would allow for consideration of how participants' intersectional identities contribute to their trajectories toward positive body image.

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