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Experiences of body image in the gender non-binary community: A qualitative analysis

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ABSTRACT

Body image concerns are prevalent within transgender communities – many transgender people engage in disordered eating to suppress or accentuate secondary sex characteristics and reduce gender dysphoria. However, this research has mostly been conducted with binary transgender people. Here, we examine how non-binary people experience and relate to their bodies. Semi-structured one-on-one interviews were conducted with 13 gender non-binary individuals living in Australia. Photo elicitation techniques were utilised, and the transcribed interview data were analysed using reflexive thematic analysis. Six themes were identified: *Expansive Understandings of Body Image, Body Image can be Linked to Gender Dysphoria, Cultivating a Preferred Body can Lead to Gender Euphoria, Appreciating Diversity in Non-Binary Body Ideals, The Androgynous Body Ideal is not Universally Accepted,* and *Experiencing the Body as Functional rather than Aesthetic.* The present findings highlight the diversity of experiences of body image for non-binary people. The non-binary concept of body image was found to be expansive, stressing various physical attributes involved in social gender recognition and physiological sources of gender dysphoria. Some participants valued gender-affirming medical intervention, others were accepting of their bodies as they are, attributing their body confidence to the process of affirming their non-binary gender.

1. Introduction

In the past decade, the Western world has seen a marked increase in the visibility of transgender and gender diverse identities (Jones et al., 2019). The umbrella term *gender non-binary* encompasses a broad spectrum of gender diversity, including those who identify with both binary genders (*bi-gender*) or as outside the constraints of the binary gender system (non-binary), no gender (*agender*), different genders at different times (*gender-fluid*), and those who disrupt the gender dichotomy altogether (*genderqueer*; for a review of terms, see Richards et al., 2016). Non-binary gender identities are distinct from *binary transgender* identities; those who identify within the gender binary, while transitioning across it (i.e., transgender men and transgender women; Vijlbrief et al., 2020).

There is a well-established and growing evidence base for prevalence, morbidity, and risk and protective factors of the psychiatric and subjective wellbeing of binary transgender people, and the same is beginning to emerge for non-binary people. Both groups are disproportionately impacted compared to cisgender people (Bradford & Catalpa, 2019; Ciria-Barreiro et al., 2021), and some research has reported that non-binary people experience higher rates of serious psychological distress, anxiety, and other measures of well-being than binary transgender people (Lefevor et al., 2019; James et al., 2016; Thorne et al., 2019). Of note, the social and societal stressors experienced by non-binary people are different to those experienced by binary transgender people, due in part to the social intolerance of non-binary gender identities (Jones et al., 2019). In this paper, we will argue that non-binary wellbeing is likely to be impacted by the relationships that non-binary people have with their bodies, including their preferred body ideals, and that this is an under-explored area that warrants further investigation.

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1.1. Non-binary body image and gender dysphoria

One aspect of non-binary people's mental health that is likely to be affected by their gender diversity is their *body image* – a multidimensional construct that involves evaluative thoughts, feelings, and behaviours relating to the body (Tabaac et al., 2018). Indeed, much of the distress associated with *gender dysphoria* (clinically significant distress resulting from a marked incongruence between one's gender and sex presumed at birth; American Psychiatric Association, 2013), is related to a dissatisfaction with primary and secondary sex characteristics (Van de Grift et al., 2016). Primary sex characteristics are those present at birth, including external and internal genitalia, while secondary sex characteristics are those that appear during puberty, such as breasts for those presumed female at birth (PFAB), and facial hair for those presumed male at birth (PMAB; Rabelais, 2020).

Of note, transgender body image research has largely been limited to binary transgender populations - that is, transgender men and transgender women (e.g., Gordon et al., 2021; Tabaac et al., 2018; Van de Grift et al., 2016). This body of research has typically focused on body dissatisfaction through the framework of disordered eating (Ålgars et al., 2012; Vocks et al., 2009) and gender dysphoria (Galupo et al., 2021). Qualitative findings suggest that an over-focus on weight loss or gain may be strategies for transgender men and women to suppress or accentuate secondary sex characteristics (e.g., weight loss to reduce an hourglass figure) and reduce gender dysphoria (Hepp & Milos, 2002). Further, gender dysphoria is a risk factor for disordered eating and anorexia nervosa in binary transgender populations (Hepp et al., 2004). This research highlights the importance placed on striving for thinness amongst transgender women (Brewster et al., 2019) and muscularity amongst transgender men (Amodeo et al., 2022).

Gender dysphoria might impact non-binary and binary transgender individuals differently. For instance, some studies report that non-binary people report less gender dysphoria than their binary transgender counterparts (Galupo & Pulice-Farrow, 2020; Kennis et al., 2022), and are at higher risk of eating disorders (Diemer et al., 2018) and purging (vomiting) after eating (Watson et al., 2017), suggesting there may be differences in their experiences of body image. Very few studies have explored non-binary body image exclusively (e.g., Cusack & Galupo, 2021; Galupo & Pulice-Farrow, 2021). Rather, non-binary and binary transgender people are frequently studied as a homogenous population, despite the knowledge that significant mental health disparities exist between these groups (James et al., 2016). In a qualitative study (85.53 % non-binary participants), Galupo and colleagues (2021) found that androgynous body ideals were endorsed by participants to attain a neutral gender appearance and manage gender dysphoria, describing their gender-neutral body ideal as pre-pubescent (e.g., prior to the development of secondary sex characteristics). Furthermore, participants described feeling affirmed when their appearance challenged other's ability to read their gender within binary constructs. In another study from Cusack and Galupo (2021), non-binary participants who endorsed an androgynous body ideal engaged in unique body checking and modification behaviours that were unrelated to weight concerns. These included evaluating shape (e.g., flatness of chest, size of pant bulge) and drawing hair on the chest and arms with makeup, to reduce the likelihood of being misgendered (i.e., identified based on sex presumed at birth). Taken together, there is currently a very limited body of evidence exploring non-binary body image and a need for an expanded evidence base. This paper aims to develop qualitative knowledge regarding how non-binary people experience and relate to their bodies, how body ideals are conceptualised by members of the non-binary community, and how sex-typed features influence non-binary experiences of body image.

1.2. The current study

To address this significant gap in the literature, the current study presents a thematic analysis of the lived experiences of non-binary people's relationships with their bodies, with secondary interests in non-binary body ideals, and how sex-typed features (e.g., breasts) influence non-binary experiences of body image. Specifically, the present study utilised in-depth interviews that featured *photo elicitation*, a qualitative research methodology using existing images (in this case, mostly photographs) chosen by the participants to stimulate discussion, elicit richer narratives, and introduce dimensions not otherwise conceived by researchers (Bates et al., 2017). Photo elicitation has proven advantageous for studying marginalised groups, including transgender people, due to participants' active role in the research process, selecting personal images that help them tell their stories (Austin et al., 2022).

2. Method

2.1. Participants

Participants were a sample of 13 gender non-binary individuals aged 18–50 years ($M = 29.62$, $SD = 8.53$). Eleven were PFAB and two were PMAB. Any participant demographic information that was collected is presented in Table 1. The recruitment strategy involved advertising across various LGBTQ+ Facebook groups and personal social media networks, explaining the purpose of the study and the nature of the interviews. Participants received an AUD$25 e-gift-card as thanks for their participation.

2.2. Interview details

The qualitative interview method chosen to explore the experiences of body image for non-binary people was a semi-structured 'purposeful conversation' (Kvale & Brinkman, 2015). This flexible approach was deemed most effective for acquiring an in-depth understanding of participants' lived experiences and the meaning they ascribe to them. Indeed, understanding the issues of importance to diverse populations is necessary for guiding future research (Cohen et al., 2001).

A semi-structured interview schedule was developed with the research questions in mind, following a review of the literature and consultation with researchers and practitioners in this area. The final schedule included five areas of interest: 1) *Gender History*; 2) *Body Image*; 3) *Mental Health*; 4) *Presentation Choices*; and 5) *Demographics*. In addition, based on the *photo elicitation* methodology described above, participants were asked to provide a photograph that would help them to describe their gender identity. Participants were encouraged to think creatively about the photograph they select and were told that this could be a photograph of themself, someone else, or anything at all. Participants were then asked a series of questions about the photograph provided, such as '*What made you choose this image?*', '*What do you like most about this image?*', and '*How often do you feel like this?*'. The complete interview schedule is available at https://osf.io/zywjv/. The interview protocol was piloted with other non-binary individuals known to the research team for feedback prior to its implementation.

Thirteen one-on-one, semi-structured interviews were conducted, lasting between 22.5 and 97 min ($M = 44.17$, $SD = 17.38$).

2.3. Procedure

Ethical approval was obtained from the Human Research Ethics Committee at Australian Catholic University (HREC: 2022–2659) prior to the commencement of the study. Interested persons contacted the researcher via email. Electronic copies of the participant information letter, outlining the research and confidentiality procedures, and consent forms, were provided to interested persons via return email, accompanied by a screening statement, reiterating the sensitive interview content. Interested persons were advised that participation was entirely voluntary. Those who subsequently expressed interest in being

Table 1
Characteristics of study sample (N = 13).

	Gender Identity	Sex Presumed at Birth	Pronouns	Age	Sexual Orientation	Relationship Status	Gender of Current Partner
1	Genderqueer, transmasculine	PFAB	He/they	26	Queer	Polyamorous relationship	Transfemme non-binary
2	Queer woman, non-binary, demigirl, genderfluid	PFAB	They/she	24	Pansexual	Single	-
3	Non-binary	PFAB	She/her	50	Lesbian	Single	-
4	Non-binary	PFAB	They/them	32	Asexual, Panromantic	Single	-
5	Non-Binary, transmasculine	PFAB	They/them, he/him	21	Asexual, Queer	Single	-
6	Agendered queer non-binary	PMAB	They/them	31	Queer, Gay	Single	-
7	Queer non-binary, genderqueer	PFAB	She/they	38	Queer	Married	Cisgender woman
8	Femme non-binary	PFAB	She/her, they/them	34	Bisexual	Long-term relationship	Cisgender man
9	Transmasculine non-binary	PFAB	They/them	24	Bisexual, Pansexual	De facto relationship	Cisgender man
10	Demiboy	PFAB	He/they	18	Trixic	Relationship	Cisgender woman
11	Non-Binary	PMAB	They/them	33	Gay, Queer	Single	-
12	Non-Binary	PFAB	They/them	32	Lesbian, Queer	Polyamorous relationship	Cisgender man
13	Non-Binary	PFAB	They/she	22	Unknown	Single	-

Note. Data are presented verbatim. PFAB: presumed female at birth; PMAB: presumed male at birth. See Table A1 for a glossary of gender and sexuality terminology.

interviewed were invited to participate. A mutually agreeable time to conduct the interview was arranged via email. Interviews were conducted via Zoom to address potential safety concerns. Signed consent forms were returned via email prior to the interviews, with informed consent obtained from all individual participants included in the study. Participants shared their chosen images with the researcher via email prior to commencement of the interview, with all participants consenting to their images being de-identified in the event that they are included for publication. The Zoom meetings were recorded to allow for accurate transcription and to improve quality of the data. During the arranged meetings, the consent form and confidentiality procedures were clarified before proceeding and commencing video and audio recording. Following the interview, participants were debriefed and thanked for their time. A debriefing statement was provided to participants via email, including contact details of the researchers and relevant psychological services, together with an e-gift card. Participants were e-mailed their transcribed data in a password protected format and provided a two-week period to modify their transcript or request that their data be excluded from the study (i.e., withdraw consent). All participants consented to their data being included for analysis without adjustment.

2.4. Data analysis

Qualitative data were analysed using reflexive thematic analysis, whereby themes and repeated patterns of meaning were systematically identified across the individual interviews. The thematic analysis of data was underpinned by an epistemological assumption of constructionism and theoretical perspective of phenomenology. Constructionism posits that knowledge and meaning are constructed through social interactions and cultural contexts – we believe that the reality of body image for all, but particularly non-binary individuals, is subjective, context dependent, and that there is multiplicity of meanings (i.e., that there are multiple valid perspectives and interpretations of reality rather than a single, objective truth to be found). We then adopt a phenomenological perspective as we wish to centre the lived experiences of our participants, and the meanings they ascribe to those experiences as their everyday worlds and daily experiences.

The transcribed interviews were uploaded into qualitative data analysis software *NVivo12* (2018), wherein a data-driven, bottom-up approach to theme identification was employed, based on Braun and Clarke's (2022) six-step framework: 1) The data immersive process began by conducting the interviews and transcribing the data,[2] wherein initial observations were made, before importing the data into *NVivo12* (2018) to manage coding; 2) Transcripts were read several times over to identify and code findings relevant to the research question; 3) Codes were analysed and consistent findings were clustered into meaningful patterns of data that were then identified as initial themes; 4) Themes were reviewed, revised, and further synthesised based on the research question; 5) Themes were clearly defined and labelled; 6) Themes were discussed in relation to the research question.

For example, participant #12 reflected "*I don't want people to look at me and just see a woman, you know, I want people to look at me and maybe wonder.*" This was coded as 'appearing confusing is something to strive for', and clustered into the theme *An Appreciation for the Diversity of Non-Binary Body Image Ideals*.

The photographs provided by participants as part of the photo elicitation methodology were not analysed themselves, however, interview data obtained from participants' descriptions and discussion of their selected photographs was included for analysis. More specifically, instances in which participants described or referred to the photograph in answering the interview questions, were transcribed and included in the data corps (and thus also coded and analysed as per all speech data).

Finally, we note here that there were several codes that did not make it into themes (see final portion of Table 2). These were often very relevant to the broad area of research, but after carefully trying to synthesise these into the data, it was decided that they were not relevant to the specific aims of this research paper, and thus were not integrated.

2.5. Data quality

Qualitative research should strive to establish data quality by adhering to systematic processes and the standards of qualitative rigour, including *credibility*, *transferability*, *dependability*, *confirmability*, and *reflexivity* (see Thomas & Magilvy, 2011 for definitions). *Credibility* was achieved by transcribing interviews verbatim, having participants review and validate their transcribed data, and supporting findings with participant quotes. *Transferability* was facilitated by providing detailed descriptions of participant characteristics and defining the geographic

[2] The Zoom recorded interviews were initially transcribed using automatic transcription software; *Temi* (temi.com), followed by a detailed process of dictation, to ensure accurate transcription of the data.

Table 2
Thematic analysis: data coding and themes identification.

Theme	Codes	Participants	References
Expansive Understandings of Body Image		12	57
	Positive and negative appraisals of diverse physical attributes (hands, limbs, neck etc.)	9	10
	Height is a valued attribute	3	3
	Voice is a source of gender dysphoria	7	9
	Awareness of gendered mannerisms	1	1
	Menstruation is a source of gender dysphoria	7	14
	Uterus is a source of gender dysphoria	6	13
	Gender expression as a political statement	1	6
	Taking up physical space since affirming gender (coming out)	1	1
Body Image can be Linked to Gender Dysphoria		13	201
	Breasts are a source of gender dysphoria	8	26
	Genitals are a source of gender dysphoria	3	6
	Hair (scalp, face, body) is a source of gender dysphoria	3	7
	Menstruation is a source of gender dysphoria	7	14
	Weight concerns and negative self-evaluations	7	17
	Disordered eating and purging behaviours	5	8
	Uterus is a source of gender dysphoria	6	13
	Endometriosis diagnosis impacts body image and gender	3	9
	Medical gatekeeping limits access to affirming hormones and surgery	2	4
	Suicidal ideation is a response to gender dysphoria	3	4
	Ill-fitting clothing a source of gender dysphoria	6	10
	Cis-normative gender roles and expectations	4	5
	Experiences consistent with gender dysphoria	9	36
	Facial features are a source of gender dysphoria	3	7
	Experiences of minority stress	2	9
	Experiences of gender fluidity	1	4
	Experiences of masculine and feminine energy	2	6
	Financial cost associated with affirming gender (clothing, presentation, medical transition)	6	11
	Health issues are a barrier to affirming gender (presentation, clothing)	1	3
	Misgendering (social, work, family) is a source of gender dysphoria	12	27
	Financial cost associated with affirming gender (clothing, presentation, medical transition)	6	11
	Self-harm as a dysfunctional coping mechanism for gender dysphoria	2	2
Cultivating a Preferred Body can Lead to Gender Euphoria		12	250
	Improved mental health since affirming gender (coming out)	2	2
	Breast binding is a source of gender euphoria	7	12
	Wearing a packer is a source of gender euphoria	1	3
	Hair (scalp, body, face) is gender affirming	11	21
	Body modifications are a source of gender euphoria	4	18
	Top surgery is a source of gender euphoria	4	9
	Hormone therapy is a source of gender euphoria	6	26
	Visualisation of self (imagined, post-surgery, photos) is a source of gender euphoria	3	6
	Body-mind connection	6	14
	Gender-affirming presentation choices	3	3
	Gender-affirming clothing a source of gender euphoria	12	32
	Presentation considerations (fear of being outed)	2	3
	Barriers to gender-affirming presentation choices (social, work)	4	7
	Experiences consistent with gender euphoria	8	28
	Experiences of gender fluidity	1	4
	Experiences of passing privilege	1	3
	Social groups are a protective factor	8	15
Appreciating Diversity in Non-Binary Body Ideals		13	112
	Discussion of non-binary body image ideals	9	27
	Pressure to conform to non-binary body ideals	5	17
	Media representation and diverse bodies	4	7
	Weight concerns and negative body image	7	17
	Body acceptance improved since affirming gender (coming out)	2	2
	Body acceptance improves body image	9	16
	Profound body confidence experienced since affirming gender (coming out)	6	14
	Appearing confusing is something to strive for	2	5
	Medical and surgical affirmation goals and personal preferences	4	7
The Androgynous Body Ideal is not Universally Accepted		7	19
	The costs and benefits of upholding androgyny as a body ideal	7	19
Experiencing the Body as Functional Rather than Aesthetic		6	26
	Gaining a sense of control over one's body is a source of gender euphoria	2	7
	Developing a functional relationship to one's body improves body image and mental health	4	21
Codes Excluded From Analysis		3	22
	Dressing for safety from transphobic violence	3	9
	Experiences of masculine and feminine energy	2	6
	Blending as binary to avoid microaggressions	3	4
	Experiences of internalised transphobia	3	4
	Medical advocates are a protective factor	1	2
	Social media promotes poor mental health and body image	1	1
	Transphobia and negative media portrayals	1	2

Note. Codes are presented by theme. Participants = number of participants with data related to the code or theme. References = number of individual references across the data, related to the code or theme.

boundaries of the study (although, transferability is not a focus of this study, given the diversity of non-binary experiences). *Dependability* was achieved by establishing and adhering to an interview schedule that was co-created with members of the non-binary community, and thoroughly documenting the research procedures. *Confirmability* and *reflexivity* were achieved by allowing participants to direct the interviews towards issues of importance to them, requesting clarification from participants regarding unfamiliar subject matter or terminology, and the research team maintained a bracketing journal.

2.6. Positionality statement

In the interests of reflexivity, we offer these findings as one possible interpretation of these individuals' experiences, based on our positions. The team is comprised of a combination of cisgender and non-binary researchers, who have varied ethnic and racial backgrounds. We are a combination of members of LGBTQ+ communities or allies who have research expertise in LGBTQ+ health, wellbeing, and body image, and use our research for advocacy when possible. We understand that our experiences and the outcomes of this research do not reflect those of all non-binary individuals or other in gender diverse communities, and thus acknowledge that our privileges shape how we understood and

interpreted the data.

3. Results

A wide range of codes were identified, with clusters of codes forming the basis of themes. Table 2 presents the codes by theme. Six meaningful themes were identified in the data: 1) *Expansive Understandings of Body Image; 2) Body Image can be Linked to Gender Dysphoria; 3) Cultivating a Preferred Body can Lead to Gender Euphoria; 4) Appreciating Diversity in Non-Binary Body Ideals*; 5) *The Androgynous Body Ideal is not Universally Accepted;* and *6) Experiencing the Body as Functional rather than Aesthetic*. Themes are described and evidenced by participant quotes below.

The data were dense and included numerous peripheral conversations relating to fear of being outed, the emotional labour associated with educating cisgender people, minority stress, safety concerns, transphobia, and negative media portrayals, which were deemed beyond the scope of the research question, and thus excluded from theme identification. As shown in Table 2, six codes did not meet the criteria for inclusion within meaningful themes.

3.1. Expansive understandings of body image

The non-binary concept of body image was found to be expansive, moving beyond narrow cis-normative notions of weight, muscle tone, height, facial features, wide or narrow hips, and breast or penis size, to encompass diverse physical attributes including hands, feet, limbs, neck, ears, body hair, voice, posture, mannerisms, menstruation, and reproductive organs:

> "I have always had these like ridiculously long lanky arms… I really like my arms. They are longer than my legs, which is really unusual for most people." – Participant #1

Additionally, participants described numerous perceptible aspects, emphasising the importance placed on characteristics that influence social gender recognition:

> "I do like certain aspects of my body…The fact that I have a deeper voice or like more body hair compared to the rest of my family members." – Participant #2

In fact, all 13 participants described their various gendered attributes as being scrutinised not only by the dominant cisgender culture, but also within the transgender community, contributing to a state of hypervigilance. Participant #6 described their struggle being agender and inadvertently passing as a cisgender man:

> "The way that I carry myself…my posture, gestures and everything [are] still very masculine and very straight bro-ish…There were times I kept trying to change my performance to appear more queer…Because I constantly felt invalidated." – Participant #6

Furthermore, the emphasis participants placed on internal, physiological aspects (e.g., menstruation, reproductive organs) throughout their discussions of body image, reinforces what is known about gender dysphoria, and the distress associated with primary and secondary sex characteristics:

> "My uterus was such a point of suffering for me, not even like just during my period, just like knowing I had one, feeling it…it just made me feel sick all the time." – Participant #12

However, equally positive consequences resulted from this diverse understanding of body image, as is highlighted by the distinct pleasure Participant #11 derived from their various body parts and the gender-affirming functions they serve:

> "This gorgeous body part of my ears, that I can slip an earring in or dangle an earring from, um, makes me feel fuzzy and warm on the inside…and my neck, because I can wear jewellery and I can accessorise as much as I like". – Participant #11

3.2. Body image can be linked to gender dysphoria

Participants' body image was determined by the complex interaction between aesthetic, physiological, and cognitive factors, contributing to experiences consistent with gender dysphoria. Gender dysphoria was reported by all 13 participants with 201 individual references to sources of (or experiences consistent with) gender dysphoria identified across the data. Sources of body image-based gender dysphoria included physical attributes (including body size and shape), genitals, menstruation, and reproductive organs, as well as related sources of dysphoria including vocal pitch, clothing, and being misgendered. Gender dysphoria was discussed as being associated with feelings of discomfort, disconnection from one's body, disgust, isolation, invalidation, depression, anxiety, and suicidal ideation, as well as avoidance behaviours, dissociation, disordered eating, and deliberate self-harm. Participant #10 describes their experience of gender dysphoria:

> "It's a bit of a trippy experience really - seeing yourself and then knowing that it does not match anything at all that you feel on the inside can be, well, depressing." –Participant #10

Physical attributes, including primary and secondary sex characteristics (e.g., breasts, genitals), facial features, and hair were sources of gender dysphoria and body dissatisfaction for all 13 participants. Eight participants reported their breasts as a source of gender dysphoria, and a constant visual trigger that continually contributed to feelings of discomfort and disgust:

> "It's mostly just that they're attached to me, I guess. And that they're part of me that sometimes I lose my shit over…. I forget it's there… I'm happy for a second or it's normal and then I'll look down, I'll be like, oh, shit, never mind…I'll just disassociate." – Participant #5

Similarly, genitals were an ongoing source of gender dysphoria for many participants, who reported the presence of their genitals as being constant contributors to feelings of self-loathing:

> "Feeling like my genitals…don't really match who I feel like I am…I just had a lot of hatred for my body for a long time… I don't know how to explain it, like this feeling that something was wrong." – Participant #12

Facial features were a source of gender dysphoria for three participants. Two participants described their faces as "*too feminine*", while one participant expressed discomfort with both masculine and feminine attributes, expressing desire for a more gender-neutral face:

> "What I don't like [is] where I see aspects of my Dad… And then sometimes I see aspects of my Mum. Both my Mum and my Dad are like stereotypical genders, I guess you could say…I don't like that reminder of that direct linkage to gender." – Participant #8

Hair was a source of gender dysphoria for many participants. Two participants expressed discomfort with facial and body hair, because they associated it with masculinity and incongruence with androgyny. Indeed, one participant described having breasts and chest hair as "*very uncomfortable*". One participant desired a more gender-neutral haircut but was uncomfortable making this change as they were not yet 'out' to their family and friends. Of note, three participants described the development of facial and body hair, together with male pattern baldness, as common side-effects of testosterone treatment. One participant described that for many non-binary people, losing hair in a manner consistent with male aging is gender-affirming. However, for them, this experience was deeply unsettling:

> "It was a real moment of like, oh this is too far in a masculine direction for me…I was like, no, no, no, this is wrong. I don't like it at

all. I contemplated going off testosterone because I was like…this is too much masculinity in my body for me." – Participant #1

Three participants described the pitch of their voice as a source of significant distress for its incongruence with their internal experience of gender, and for being a reminder that their intrinsic perception of how they present in the world is not always how they are perceived by others. Participants described their vocal pitch as being hard to control, requiring practice, and being somewhat painful to alter. Failure to adjust the pitch of their voice served as a constant reminder of their sex presumed at birth:

"Sometimes I'll just, as soon as I hear my voice, I'll dissociate or I'll go mute…I always sound so freaking female and girly and urgh…It's just really, really, gross. It's disgusting." – Participant #5

Menstruation was a source of gender dysphoria for seven participants, because participants associated it with womanhood and feminisation. Indeed, one participant remarked that even sanitary products were a source of dysphoria, due to their feminised packaging. Two participants reported a history of disordered eating to cease menstruation, while five participants no longer menstruated due to hormonal contraception, testosterone, or hysterectomy. Participants described the hormonal changes, migraines, and cramps associated with menstruation as especially distressing. In fact, three participants reported an Endometriosis diagnosis, with one participant describing the associated suffering as having shaped their gender identity:

"I think it probably contributes to the fact that I, you know, did not want to identify as female." – Participant #3

Likewise, the uterus was a source of gender dysphoria for six participants, with one participant describing persistent thoughts of suicide pre-hysterectomy. One participant described "*awful fantasies*" about removing their own uterus, while another described feeling deeply uncomfortable when confronted with family and societal expectations related to pregnancy and motherhood. Three participants had undergone hysterectomies, one was waitlisted, and a fifth desired the procedure:

"The whole uterus, get rid of it. Um, uterus, delete it, fuck it off. Um, leave the rest of it." – Participant #5

"My uterus…That's actually the big one for me. I don't even like saying the word…I am currently on a waiting list to talk to a gynaecologist. We think if I'm lucky, if I'm really, really, lucky, I will be able to get a hysterectomy under endometriosis. And that is my, like, screw top surgery. Screw all that… I want the hysterectomy." – Participant #4

Clothing was a source of gender dysphoria for six participants. Participants described feeling dysphoric when they were unable to present in the way that they intended or desired, due to ill-fitting clothing, or perceived pressure to present as their sex presumed at birth. Further, gendered clothing was a source of gender dysphoria, due to the accentuation of certain gendered physical attributes (e.g., breasts or wide hips). One participant described that in this way, body image and gender dysphoria go "*hand-in-hand*":

"I can feel limited, and I can feel small…[It] puts me in a very, uh, negative and depressive frame of mind…my mind to goes to places that I really don't want it to go." – Participant #11

Four participants described engaging in maladaptive behaviours to manage their experiences of gender dysphoria. Two participants described a history of deliberate self-harm:

"I had lots of issues with self-harm 'cause it was like the only way that I felt connected to my body at all." – Participant #1

Likewise, two participants described avoiding seeing their naked body while showering, either by closing their eyes or deliberately fogging the bathroom mirrors:

"I usually don't turn the fan on, so the mirrors fog up." – Participant #10

3.3. Cultivating a preferred body can lead to gender euphoria

Despite the severity of experiences detailed above, 12 participants described frequent occurrences of *gender euphoria*; the distinct comfort, connection, pleasure, or excitement associated with gender-affirmation. Two hundred and fifty individual references to sources of gender euphoria were identified across the data and included packing (i.e., wearing a phallic object to create a visible bulge), chest binding (i.e., flattening breasts using constrictive materials), presentation choices (e.g., clothing, makeup, hairstyles), body modifications (e.g., piercings, tattoos, dying hair), anticipated or active hormone therapy, anticipated or complete gender-affirming surgery, viewing gender-affirming images of oneself and gender-affirming social encounters.

Most commonly, gender euphoria was derived from a sense of comfort and satisfaction with one's body, achieved by physically affirming one's gender identity. One participant reported packing, while seven participants reported chest binding, as sources of gender euphoria:

"It sounds crazy to the average person, but like, us non-binary people, we just feel this sense of euphoria and happiness, just seeing your chest flattened." – Participant #2

Although, chest binding was less straight forward for two participants, who described their relationship with their breasts as being determined by fluctuations in gender:

"I'm torn because…the way my gender kind of fluctuates… sometimes I really like having a large chest and other times I really hate it…It can give me dysphoria and euphoria." – Participant #12

Conversely, another participant described how their breasts' natural fluctuation in size impacted their gender in a way that seemed counter intuitive:

"This might sound really, well, opposite, but when I have boobs, I feel more masculine and when I don't have boobs, I feel more feminine." – Participant #8

Adopting gender-affirming presentation choices was a source of gender euphoria for 12 participants, providing an outlet for self-expression and genderplay and evoking feelings of empowerment and validation, knowing that their gender is more perceptible:

"I put on the first pair of heels and really felt… that sort of euphoric feeling… this is where I'm meant to be." – Participant #11

Participant #11 went on to reflect on their chosen photo elicitation image and the euphoria associated with curating their wardrobe in anticipation of their 30th birthday party: .

"I created that whole outfit myself, and I think that's what I most love about… the journey… putting it together. And once I had it all on… just the most indescribable feeling." – Participant #11

Four participants described body modifications (e.g., piercings, tattoos) as providing a "*rush*" of gender euphoria. Body modifications were described as gender-affirming, often marking the beginning of gender transition, allowing transmasculine participants to 'pass' more easily, and affording participants a sense of connection to and control over their bodies:

"I was riding on a bit of a… euphoria high… I don't know what it is about body modifications, but anytime I get a piercing or tattoo, I just feel more control with my gender identity and with my body as a whole." – Participant #6

Of note, participant #6 described body modifications as being

integral to their recovery from anorexia nervosa and bulimia:

> "I started doing the body modifications and that's when my relationship with my body started turning around… I started feeling I could have control over it… Every time I got a tattoo, I wanted to see my body. Every time I got a piercing, I wanted to see my body… Doing anything that was gender-affirming made me start liking the meat vessel I was in." – Participant #6

Oftentimes, tattoos held deeply personal and symbolic meaning for participants, serving as important reminders of their gender identity. One participant described being unable to affirm their gender through clothing and presentation choices due to ongoing health issues, reflecting on the importance of their tattoo during this:

> "The symbolism of it just makes me feel connected with myself and more at peace with myself… I try to look at the tattoo every day and just remind myself… If I'm not feeling great in my body…If I can't dress myself up or whatever…I still know that inside, that's who I am."
>
> – Participant #12

Gender euphoria frequently manifested cognitively for participants, based in the anticipation or visualisation of their future selves, post-gender-affirming hormone therapy or surgery. Eleven participants described visualising their desired gender-affirming surgery or hormone results as a source of gender euphoria:

> "Sometimes I cry [thinking] about it. I'm like, fuck yeah, this is gonna be so good." – Participant #5

Six participants were either currently receiving or waitlisted for receiving hormone therapy and described this experience as a source of gender euphoria. Participants explained that a micro-dose or short-term course of masculinising hormones (i.e., testosterone) is common amongst non-binary people PFAB, while PMAB hormone therapy typically includes testosterone blockers (e.g., spironolactone) to achieve a more gender-neutral physical appearance. Participant #9 described applying Testogel (topical testosterone) for the first time and six months on:

> "Oh my God, the euphoria I felt… My life changed…Instantly I was calm… My mind was quiet, finally, after years of just screaming and anger, I was quiet, and I was happy… It's part of my self-care routine… I get the same feeling every single day as I did on the first day… It is so important to me." – Participant #9

Eight participants described either undergoing or visualising future gender-affirming surgery as a source of gender euphoria. Participants expressed excitement and pleasure describing gender-affirming surgery. Procedures included hysterectomies (5 cases), top surgery (i.e., the removal of breasts or chest tissue; 4 cases), bottom surgery (i.e., the reconstruction of genitalia; 1 case), and facial reconstruction surgery (1 case):

> "I'm excited for top surgery and um, the things that you can do, like take your shirt off at a beach and go swimming, which will be quite fun." – Participant #10

Viewing gender-affirming images of oneself was a source of temporary and lasting gender euphoria for seven participants, a finding that emerged from the photo elicitation component of the interviews. Viewing photographs that matched participants' mental image of themselves promoted positive body image, excitement, joy, pride, confidence, and a strengthened sense of self:

> "I just looked really, really, good. I looked happy and… more confident than I felt. After I'd seen it… I was just confident…I didn't see the old me anymore. I just saw me." – Participant #5

Notably, this effect extended to non-photographic images for two participants. Participant #10 described a computer-generated, illustrated self-portrait:

> "It represents… what I would want to see in the mirror… It gives me a lot of gender euphoria, just because there's some similarities between the picture and me…My partner also said that she thinks that it looks like, that's how she sees me, which gave me a lot of gender euphoria." – Participant #10

In addition to participants' self-perception, external perspectives, and interactions with one's social environment were a source of gender euphoria for five participants. This included being in romantic relationships, receiving compliments, and being gendered correctly:

> "I remember looking back and being absolutely euphoric when…a salesperson called [me a] dude, like he thought I was a guy." – Participant #4

3.4. Appreciating diversity in non-binary body ideals

Body image ideals varied considerably between participants, such that no one body ideal emerged as the most frequently endorsed. In fact, five participants described feeling challenged by the fact that there is no one way to look that is recognisably non-binary, in a society that is inherently binary. One participant described feeling greater pressure to conform to a prescribed body ideal since affirming their Demiboy gender:

> "Probably because while presenting female…there was less societal pressure to look a certain way. And like, I looked like society thought I should." – Participant #10

Two participants remarked that the lack of non-binary representation in the popular media contributes to a sense of confusion regarding how non-binary people perceive themselves. Although, four participants referenced a '*non-binary shorthand*' or '*non-binary uniform*' that exists within the community, describing various presentation choices (short hairstyles, coloured hair, piercings, tattoos) and physical attributes (flat chest, lean physique). Indeed, eight of the 11 PFAB participants strived to attain a flat chest, either through chest binding or top surgery (i.e., removal of breast tissue). Further, weight concerns were prevalent, with seven participants expressing a desire to be thinner and five participants describing a history of disordered eating or purging behaviours. One participant described their weight concerns as taking a significant toll on their mental health:

> "It's…like that annoying leech that just doesn't let go…It will suck a little bit of blood out of me each time…Sometimes I'll feel the pinch and sometimes I'll feel…the pain, the discomfort." – Participant #11

Conversely, three participants were accepting of their bodies, attributing their positive body image to their non-binary gender identity. Participants described feeling liberated as they were no longer conforming to binary notions of gender and associated cis-normative beauty standards:

> "Weirdly getting more accepting, especially with the weight thing…I wonder if having a non-binary gender identity…since there's no one ideal of how to appear physically, makes us…more satisfied with our bodies…Are we happier because…we don't conform to any norms." – Participant #2
>
> "I came out as non-binary… and then the confidence with my body and who I was as a person went up astronomically…It's just fucking skyrocketed…I feel really good now. As a fat person, there's actually a lot of confidence in that." – Participant #5

Although, the inverse was also true for two participants, who reflected that coming to terms with and accepting their bodies was the catalyst for exploring their gender:

"I had to accept the way that I looked before I could accept that…I wasn't a woman." – Participant #4

"It is a good body. Everything in my life happens in this body. It deserves respect and it deserves recognition and visibility. I think it was about three years ago that I had that moment. That's actually the moment that really opened up the doorway and the opportunity for me to explore gender…because I felt less attached to what a woman's body was meant to be and look like" – Participant #7

Curiously, the '*non-binary shorthand*' described a typically transmasculine appearance. Three participants described that this was something they strived for but had struggled to achieve '*successfully*', while one femme non-binary participant criticised the notion that there is any one way to present as non-binary, highlighting the diversity of experience and presentation within the community:

"[What] doesn't get thrown around enough, is that there are plenty of femme presenting people who still use she/her pronouns that are non-binary." – Participant #8

Two participants described their body ideal as one that is confusing enough to others, that their gender may be questioned. Although, neither participant defined the physical characteristics required to meet this ideal:

"I don't want people to look at me and just see a woman, you know, I want people to look at me and maybe wonder…but it's hard to convey that." – Participant #12

"I've always described my ideal version of myself is like, people can't really look at me and tell what my gender is." – Participant #1

Attitudes towards medical affirmation were disparate, with two distinct groups emerging from the data. Seven participants expressed no desire for medical intervention, accepting their bodies as they are:

"A common thing I've come across is that if you are trans, you have to undergo hormones and surgery to affirm your gender. And that didn't apply to me…I was very accepting of who I was." – Participant #2

Conversely, six participants described medical intervention as crucial for affirming their gender and promoting positive body image. Although, the surgical goals described were diverse, including hysterectomy, bottom surgery (i.e., genital reconstruction), jaw surgery, top surgery, breast reduction, breast implants, and customised procedures, reflecting unconventional body ideals:

"Let's go fucking cryptic…get rid of the whole thing. I don't even want nipples…if I'm completely flat, everyone will be like, you're an alien." – Participant #5

Two participants described gender-affirming procedures as ongoing, remarking that "*it never stops*", while others criticised the pressure that exists within the community to undergo some form of medical transition to be accepted:

"I think there was a period of time in the community where it was like, you're not a true non-binary person, if you don't do some kind of medical transition. And I think, I mean, I've met people who did, who now regret some of the decisions that they made because they felt like they had to make those decisions to be valid in some way." – Participant #1

Several participants emphasised that accessing affirmative care is not straightforward, as medical gatekeeping and public policy restrict non-binary access in several ways. Two participants described that surgeons frequently refuse non-binary patients, such that non-binary people are required to present as binary transgender to access gender-affirming healthcare. Three participants described that procedures are conducted privately in Australia, contributing to significant out-of-pocket expenses, while two participants noted that in Western Australia, there is currently only one surgeon performing top surgery for non-binary patients, contributing to lengthy waitlists.

3.5. The androgynous body ideal is not universally accepted

The androgynous body ideal was endorsed by four participants, while three participants referenced androgyny in the context of '*non-binary people don't owe you androgyny*', a social movement developed in response to the pressure non-binary people feel to present as androgynous, to be broadly perceived as non-binary. Despite this, most participants reported the belief that others (including other non-binary people) expected a level of androgyny in their presentation, including participants discussing others making comments that they didn't make enough effort to be gender-less or gender non-conforming in their appearance. Indeed, androgyny was a contentious subject, offering non-binary visibility on the one hand, and representing an unattainable physical standard on the other:

"I wish I had like a more angular, like lean body and face…I feel like I lean more androgynous, um, which, you know, isn't required to be non-binary, but, um, I do lean that way, so I just feel like I'm very round." – Participant #12

Androgyny was criticised for not being representative of the diversity of gender identities and expressions within the non-binary community. However, several participants described the androgynous body ideal as being the most frequently represented in the popular media, reinforcing the notion that in addition to expectations from other non-binary people, cisgender people also require androgyny from non-binary people:

"I know personally that's my goal. I would love to be androgynous and for people to not tell if I was one or the other." – Participant #4

The androgynous body ideal was described as tall, thin, angular-faced, flat-chested, and often featuring a strong, short hairstyle. An androgynous face was desired by three participants, for its ability to be manipulated as either more feminine or masculine presenting. The pressure to be thin as part of achieving androgyny was felt by most participants and generally contributed to weight concerns and a negative self-image:

"I challenge that in myself to be like, no, you don't have to be androgynous and thin to be valid in who you are…but that's easier said than done when like realistically, societally you do." – Participant #1

3.6. Experiencing the body as functional rather than aesthetic

Six participants described having developed a functional relationship with their bodies, in favour of an aesthetic attitude, since affirming their non-binary gender. This was found to be a protective factor for participants, particularly those with a history of disordered eating or purging behaviours. Developing a functional relationship with one's body included fuelling one's body with nutritious food and sufficient water, maintaining physical fitness and testing endurance through regular physical exercise, consistently taking prescribed medication, practicing gratitude for one's physical "vessel" and bringing an awareness to the joyful life experiences one's body affords them:

"It's about what my body can do for me…get me from place to place and experience the world in a way that is meaningful." – Participant #1

Participants described developing a functional relationship with their bodies as a positive experience, improving body image and imparting a sense of empowerment and control over their bodies. Participant #6 described their relationship with their body and how it had changed over time:

> "Body image played a huge part in my mental health…Starting to learn how to control my body, seeing what it can do and being happy with what it can do, despite what it might physically appear like, really, really helped my relationship with my body and actually wanting to see myself." – Participant #6

Participants also discussed that adopting an appreciation for the capabilities of their body helped to dissuade any negative ramifications of how they would prefer their body to look. For instance, one participant described:

> "For a long time I stopped exercising in case I started to build muscle, or in case I got stronger in my legs and they changed shape. But then I got sick of feeling weak and not sleeping well. Once I started exercising, I realised that people of all genders have bodies that can do all sorts of things, and they don't have to look a certain way to do it!"- Participant #7

Finally, participants described their improved relationship with their bodies as having positive repercussions in other aspects of their lives, including improved relationships, and increased academic and professional performance.

4. Discussion

The current study aimed to qualitatively examine how non-binary people experience and relate to their bodies, with secondary interests in how non-binary body ideals are conceptualised by non-binary people, and how sex-typed features influence non-binary experiences of body image. Analysis of the interview transcripts resulted in the identification of six meaningful themes present in the data: *Expansive Understandings of Body Image, Body Image can be Linked to Gender Dysphoria, Cultivating a Preferred Body can Lead to Gender Euphoria, Appreciating Diversity in Non-Binary Body Ideals, The Androgynous Body Ideal is not Universally Accepted,* and *Experiencing the Body as Functional rather than Aesthetic.*

The present findings illustrate the diversity of experiences of body image within the non-binary community. Non-binary understandings of body image were expansive, emphasising numerous physical aspects involved in social gender recognition (e.g., voice, mannerisms) as well as internal, physiological aspects (e.g., menstruation, uterus). Participants' focus on primary and secondary sex characteristics as determinants of non-binary body image is consistent with current understandings of clinical gender dysphoria (American Psychiatric Association, 2013). Of note, participants discussed a range of negative cognitions and emotions about specific body characteristics, as being bodily aspects that either did not align with their internal sense of self or with external expectations placed on them by society. We would note that the internal sense of self is likely to be inextricably linked to societal expectations, and that non-binary people (in addition to cisgender and binary transgender people) would benefit from having fewer gender identity-based expectations about their bodies.

In addition to experiences of dysphoria, participants' also described experiences of *gender euphoria*, a phenomenon largely overlooked in the academic literature (Austin et al., 2022; Beischel et al., 2022). The revelation that gender dysphoria and gender euphoria were experienced simultaneously, in response to a single antecedent (e.g., breasts), suggests they are independent constructs, contrary to common bipolar conceptualisations in the literature (see also Beischel et al., 2021).

4.1. Non-binary body ideals

Non-binary body ideals varied considerably between participants. Weight concerns were prevalent, and participants discussed expectations from other to strive to be thin, which aligns with broader ideals around striving for a thin body (e.g., Carrotte & Anderson, 2019; McComb & Mills, 2022). However, restrictive eating and excessive exercise were tools for suppressing menstruation and reducing gender dysphoria for some participants, which extending findings from studies with binary transgender populations to show that these tools are also used by non-binary people (e.g., Galupo et al., 2021; Ålgars et al., 2012; Vocks et al., 2009). Approximately half the participants described their body ideals in the context of numerous and often ongoing medical procedures, while others expressed no desire for medical intervention, instead opting for either non-medical affirming techniques (e.g., chest binding) or not engaging in body-shape based modifications (e.g., instead focussing on piercings or tattoos). Further, others reported becoming less concerned about the aesthetics of their body shape as they developed an appreciation of the functionality of their non-binary bodies.

Participants often discussed their ideal bodies in the context of gender affirmation. For some participants, gender affirmation involved modifying (permanently or temporarily) the physical shape or contour of the body, and for others the affirmation had a psychological component (reducing disgust or distress at unwanted bodily featured). A portion noted that after affirmation of their non-binary identity, they could appreciate the body as a functional tool in a way that superseded the need look a certain way or have any particular experiences of their body. This focus on functionality had a range of positive effects that mostly related to physical health and general satisfaction with life as well as contentment with their body.

An androgynous body ideal was endorsed by some participants with the aim of attaining a gender 'neutrality', be perceived as non-binary, and manage gender dysphoria, extending research from Galupo and colleagues (2021) and Cusack and Galupo (2020). However, the androgynous body ideal was critiqued by participants throughout, described as an unattainable physical standard that emphasises thinness and a flat chest. Others saw androgyny as unrealistic and noted that it did not necessarily protect them from pressures or expectations from within or outside the non-binary communities (including cisgender LGB, binary transgender, and cisgender heterosexual individuals).

4.2. Implications

The current findings have several important implications for researchers, clinicians, and policy makers. First, the findings suggest that having access to gender-affirmation (for those who want it) can play a key role in reducing gender dysphoria, facilitating euphoria, and shaping general positive wellbeing for gender non-binary people. To date, the literature has tended to focus on medical gender affirmation (e.g., hormones, surgery, etc., see Almazan & Keuroghlian, 2021; Leluțiu-Weinberger et al., 2020), and out findings concur that having access to such afirmation is vital. Indeed, for non-binary people who wish to pursue surgery or hormone treatment, these procedures should arguably be considered medical necessities, as opposed to cosmetic procedures, particularly for those who are distressed by (or experiencing dysphoria about) their gender. Action is required from the state and federal governments, to ensure these procedures are available and accessible through the public healthcare system. Further, the federal government have a social responsibility to improve health inequity for the non-binary community, by funding these procedures through Medicare.

In addition, our findings also add to the smaller and growing body of literature that argues the benefits of non-medical affirmation (e.g., chest binding, see Pehlivanidis & Anderson, 2024a, 2024b). This is particularly useful for participants who have fluctuations in how they experience their bodies (e.g., those with fluid gender identities or with shifting body ideals) or for those who cannot afford or access medical affirmation, or for who more permenant affirmation might be unsafe. In either case, given that gender affirmation is clearly a protective factor for non-binary people at risk of suicide, presents a strong argument for making gender-affirming healthcare financially accessible for non-binary people.

Second, these findings suggest there may be some utility in making 'pubertal blockers' available for non-binary adolescents experiencing

gender dysphoria. *Pubertal blockers* are hormones that suppress pubertal development, including potentially dysphoric secondary sex characteristics (Rew et al., 2021). Pubertal blockers are unique in that they offer a fully reversible treatment, affording non-binary adolescents the time to explore their gender identity and make informed decisions regarding the progression of their medical affirmation (Agana, 2019).

Third, the finding that menstruation was a source of severe gender dysphoria for most participants, presents preliminary support that there may be benefit to increased availability of hormonal contraception for non-binary people PFAB. Hormonal contraceptives come in various forms (e.g., oral, intrauterine) and are readily available through bulk billing general practitioners (Krempasky et al., 2020), suggesting they may be a suitable temporary measure for those awaiting specialist treatment and at risk of engaging in disordered eating to suppress menstruation.

4.3. Limitations and future directions

Several limitations emerged from the study that warrant discussion. First, data coding and thematic analysis of the data were conducted by one researcher. It is possible that important findings were overlooked or misunderstood, and thus excluded from coding, or that the thematic analysis of findings were biased by the individual perspective of the researcher. However, Braun and Clarke (2022) assert that engaging two researchers in thematic analysis is outdated and contradicts the assumptions of thematic analysis that assert coding as an inherently biased, reflexive process. Regardless, we acknowledge the need to address researcher subjectivity – and so attempts to reduce bias included: discussion with other members of the research team throughout the data collection and analysis process, to discuss the themes emerging from the data; discussion with non-binary individuals about the identified themes; and the maintenance of a *bracketing journal* (the author who coded them themes recorded their evolving perceptions, decisions, and introspections, to enhance methodological rigour).

Second, the sample were disproportionately representative of PFAB non-binary people, with only two PMAB non-binary participants. Findings should be interpreted with the knowledge that the sex-typed features of the sample were more representative of PFAB bodies. Further, PFAB participants were socialised into binary female gender and the associated cis-normative expectations of beauty that emphasise thinness and 'diet culture' (Homan, 2010). Taken together, the sample characteristics have the potential to bias the findings. Future studies should attempt to obtain a more diverse sample and assess any possible differences in body image or body ideals, between PFAB and PMAB non-binary people.

Third, the sample were disproportionately educated, and middle class, and we failed to collect racial and ethnic data - the findings should be interpreted with these demographic considerations in mind. Certainly, not all cultures value the same body ideals (Capodilupo, 2015), suggesting findings are likely to be different cross-culturally. Future studies should seek to understand the experiences of body image for non-binary people of colour, to broaden the current White-dominated and colonialist conceptualisations as typically reflected in the literature (e.g., Cusack & Galupo, 2021).

4.4. Conclusion

The current study revealed a diverse range of gender non-binary body ideals and highlights the expansiveness of the non-binary concept of body image. Importantly, these concepts of body image moved beyond aesthetic understandings of body image to include a range of perceptible attributes involved in social gender recognition (e.g., voice, mannerisms) as well as internal, physiological aspects (e.g., menstruation, uterus) associated with gender dysphoria.

Some participants valued medical and surgical affirmation as important sources of gender euphoria that simultaneously make their gender visible, other participants had gained body confidence since psychologically affirming their non-binary identity and described feeling liberated from cis-normative expectations of body image. Overall, the findings highlight the heterogeneity of gender non-binary experiences of body image and deepen current theoretical understandings of the conceptualisations of non-binary body, body image, and body ideals.

Ethical approval

All procedures performed in this study were conducted in accordance with the protocol approved by the Human Research Ethics Committee at Australian Catholic University (HREC: 2022–2659).

Public significance statement

The findings of this study reveal that gender non-binary individuals experience their bodies in different ways from both cisgender individuals and binary transgender individuals. These experiences varied widely, suggesting there is no 'one way' for gender non-binary people to experience their body, and dispels some common misunderstandings about what it means to be or look non-binary.

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CRediT authorship contribution statement

Joel R Anderson: Writing – review & editing, Supervision, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Kian Jin Tan:** Writing – review & editing, Project administration, Methodology, Investigation, Formal analysis, Conceptualization. **Xochitl de la piedad garcia:** Writing – review & editing, Supervision, Investigation, Formal analysis, Conceptualization. **Jaz Burstall:** Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

Declaration of Competing Interest

None.

Data Availability

The authors do not have permission to share data.

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