

# **Embodiment beyond transition: Psychometric evaluation of the Experience of Embodiment Scale with transgender women and transfeminine people**

**by**  
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## Ethics Statement

The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

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or

- b. advance approval of the animal care protocol from the University Animal Care Committee of Simon Fraser University

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## Abstract

Embodiment refers to the experience of living in one's body. Research on transgender peoples' embodiment has almost exclusively focused on gender transition, despite embodiment being relevant to all life stages. The Experience of Embodiment Scale (EES) has been used to measure this concept in cisgender people, but to date, has not been used with transgender women and transfeminine people. The current study evaluated the applicability of the EES with transfeminine people ( $N = 448$ ) by conducting exploratory factor analysis. EES scores were found to be distributed differently among those early in gender transition and those later in transition. Although slight differences were found in the factor structures between these subgroups, factor structures were similar between the current subsamples and previously-studied cisgender samples. Internal consistency was good for each subscale in both subsamples. Implications for mental health promotion in transfeminine people within research and counselling are discussed.

**Keywords:** Embodiment; transgender; transgender women; transfeminine; factor analysis; Experience of Embodiment Scale

## **Dedication**

This work is dedicated to all transgender people who have come before me and who will come after me, in honour of the struggles, the resilience, the joy, and the beauty that we hold. This work is undertaken and offered in support of the flourishing of all transgender people.

## Acknowledgements

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## List of Acronyms

AF	Agency & Functionality (from Piran et al., 2020)
AFF	Agency & Functionality with Feelings
ASC	Attuned Self-Care (from Piran et al., 2020)
BCC	Body Connection & Comfort
BUA	Body-Unencumbered Adjustment (from Piran et al., 2020)
CSC	Cultural Standards & Comparison
DTE	Developmental Theory of Embodiment (from Piran, 2017)
EE	Experience of Embodiment [construct] (from Piran, 2016)
EES	Experience of Embodiment Scale (from Piran et al., 2020)
EESD	Experience & Expression of Sexual Desire (from Piran et al., 2020)
-et	Suffix to denote factor belongs to early transition subsample
KMO	Kaiser-Meyer-Olkin measure
-lt	Suffix to denote factor belongs to mid / later transition subsample
PBCC	Positive Body Connection & Comfort (from Piran et al., 2020)
RO	Resisting Objectification (from Piran et al., 2020)

## Glossary

Cisnormative	Relating to “cisnormativity;” The dominant paradigm that states that being cisgender is considered “normal” and that transgender people, and their characteristics, are considered “abnormal” and “an exception.” The hegemonic collection of norms, presumptions, and expectations that privilege being cisgender.
Transfeminine people	An identity class of people comprised of transgender women and girls, as well as transfeminine non-binary people; Those who have transitioned away from an assigned sex / gender identity of maleness.
Transfeminine non-binary	A transgender person who has transitioned away from an assigned sex / gender identity of maleness and who does not strictly identify as a woman, but rather identifies their gender or sex as existing at a point on a continuum between “male and female” or “man and woman.”
Transition	A process of changing one’s sex and/or gender identity towards a more congruent or desired one. This can include changing one’s name, pronouns, legal status, appearance, and social roles, as well as pursuing hormone replacement therapy or gender-affirming surgeries. Transition is a highly personal process and transitioning involves different things for everyone.

1.

## Introduction

### Introduction to the research topic

Embodiment is a term used in psychological research that refers to one's experience of living in their body (Smith, 2017; Young, 1992). Embodiment encompasses a varied range of experiences, behaviours, and attitudes that relate to the body and can be summarized as one's relationship with their body (Gattario et al., 2020, Piran, 2016; Piran et al., 2020). This relationship is comprised of many different elements. For example, does one view their body - its appearance and its abilities - favourably, or unfavourably? How does one act in relation to their bodily needs and desires for nurturance, safety, comfort, and pleasure - are these allowed, or are they judged and ignored? To what lengths does one go to alter or mold their body to fit with cultural standards and expectations?

Many aspects of embodiment are gendered - that is, they can be understood through, and are influenced and defined by, the dominant social constructions and cultural ideals of gender (Gattario et al., 2020; Piran, 2016; Rubin, 2003). The ways in which a person comes to believe their body should look, behave, perform, and relate to others are all informed by the messages they receive and construct about what is appropriate for a member of their gender. Transgender people can be considered as a class of people with a particular experience of embodiment - a relationship with one's body characterized by the wish or need to alter aspects of their body and its behaviours to produce an experience of embodiment that is in line with that of a different gender (Rubin, 2003). Put another way, many transgender people feel the need to alter their body in order to attain a differently-gendered experience of living in their body. It follows

that this particular experience of embodiment is different from that of a cisgender person.

Very little exists in the literature about trans people's experiences of living in their bodies beyond those that are explicitly and directly related to gender transition. As I will explore later in this thesis, the majority of the writing on trans people's embodiment focuses on two subjects: how trans people transition by enacting body-related changes (e.g., changes to one's appearance, behaviours, and social practices; see Anzani et al., 2021; Schrock et al., 2005; Zimman, 2018), and the experience of gender dysphoria (see Austin et al., 2021; Martin & Coolhart, 2019). Gender dysphoria can be understood as a pervasive sense of discomfort or wrongness with one's gendered body or gender identity (Freitas et al., 2020). Generally speaking, this discomfort is centred in and around the body - both in one's personal experience of one's gendered and sexed body (Rubin, 2003), as well as the experience of the social / interpersonal phenomena of gender, which is intimately linked with the subject's body (Galupo et al., 2020; van de Grift et al., 2016). For those transgender people who experience it, gender dysphoria is an indelible part of their experience of embodiment.

While the interest in gender dysphoria and the transition process is legitimate, as a therapist and a researcher, I am curious about the range of experiences of embodiment that transgender people may have that include but also *go beyond* transitioning and gender dysphoria. I am interested in the everyday ways that trans people engage and interact with their own bodies. Embodiment, as the totality of one's relationship with one's body, is a rich and multifaceted concept, and is relevant in each stage of the lifespan. By limiting explorations of transgender people's embodiment to only those experiences or life stages related to transition, we are missing potential opportunities to gain a more comprehensive picture of trans people's embodied experiences. It is therefore my intention with this research to explore the patterns of transgender women's and transfeminine people's experiences of embodiment through the lens of Piran's (2016)

Experience of Embodiment construct and its associated measure; this will be done in service of learning more about how transfeminine people evaluate, feel comfort or discomfort with, tangibly take care of, and act in service of the needs of, their bodies.

### **Notes on my personal relationship with this topic**

I trace my academic interest in embodiment to my undergraduate studies, during which time I discovered and grew interested in academic writing concerned with phenomenology, perception, desire, and the body. Personally, my interest in embodiment is rooted in my own thinking and experiencing of my own body - professionally, as a dancer, but also existentially, as an inhabitant of a body that was confusing and not understandable to me until I was able to move towards my own queerness with open arms. My particular interest in embodiment is thus ultimately a queer one - an investment situated in queer and feminist theories both academic and colloquial. Like so many young queer people, I found myself in an environment where information that could have aided me in my understanding of myself and how to relate to my own body was not obtainable. I can only imagine how much lighter life would have been had this information been more readily available to me. Although there is more information about the trans experience now than when I was younger, even today, knowledge produced with the intention of supporting transgender people is primarily done by trans people ourselves - mutual aid networks of trans people providing practical advice, perspectives, and emotional support to one another. Information and resources for professional practitioners who aim to support transgender people is lacking, and that which does exist is either limited to the domain of "general competence for working with cultural minorities," or, if it is trans specific, it is lacking in practical guidance. For example, while there is research that describes what gender dysphoria is and how it is felt by trans people (e.g. Austin et al., 2021; Galupo et al., 2020), there is little information

about how to actually help trans people cope with this experience, which can be profoundly, even fatally, distressing. I have found that in shared settings with other counselors, I am usually the only one in the room with any amount of specific knowledge pertaining to the intervention and treatment of the unique mental health concerns common to transgender clients.

My motivation for approaching this topic is therefore situated in my own identity as both a transfeminine person and a therapist specializing in working with queer and transgender people. It is my hope that in producing more nuanced and comprehensive information about how transgender people experience their bodies, in domains inclusive of but not exclusively limited to transition itself and related issues, therapists will be better equipped to meet the unique concerns that trans clients bring to the therapy room. It is also my hope that this knowledge will spur the development of therapeutic interventions that can help trans people improve their relationships with their bodies in a global or comprehensive sense, thus contributing to greater mental and holistic health.

I myself am positioned as an insider within the participant identity category that I studied, which equips me with knowledge on how to effectively engage with participants (both logistically, as in where to advertise the study, as well as practically, as in how to conduct the study with integrity and respect in relation to participants). This insider positionality also influences how I interpret, make sense of, and discuss my data.

### **Purpose of study**

This study aims to contribute to the existing body of knowledge about transfeminine embodiment, which to date has predominantly focused on embodiment in relation to gender dysphoria and transitioning processes. It is a first step in a broader goal of gaining nuanced and comprehensive information about how transfeminine people experience their bodies. The specific purpose of this study is to determine if an established and comprehensive measure for assessing the embodiment of cisgender women - the

Experience of Embodiment Scale (Piran et al., 2020) - is applicable for gaining more information about the embodiment of transgender women and transfeminine people.

### **Theoretical / conceptual framework**

As described above, embodiment as a theoretical concept refers to that which is related to the experience of living in the body. Specifically, embodiment refers to the experiences a subject has of living *in* or *as* their body. This includes a diverse range of experiences, including behaviours, perceptions, attitudes, emotions, social interactions, and sexuality (Wilde, 1999). Central to the concept of embodiment is the ways in which it is shaped by social and cultural forces (see Gattario et al., 2020; Piran, 2016; Williams et al., 2013; Rubin, 2003). For example, there exists a rich literature concerned with the ways in which those gendered as women and girls in particular experience their embodiment (Bartky, 1990; Blood, 2005; Bordo, 1998; Chmielewski et al., 2020; Moradi & Huang, 2008, Piran, 2016). Authors writing in this area have often focused on ways of reducing or solving problematic embodiment-related issues, for example, disordered eating, self-harm, substance misuse, or the practice of sexuality with no desire or without the use of protection (Piran et al., 2020). This highlights how the embodiment construct is often employed as a valuable concept for therapy and intervention in distinct and discrete experiences related to the body, while simultaneously functioning as a kind of aggregate construct encompassing a vast range of experiences centred in the body.

In order to fulfill this study's purpose of attaining a broad and inclusive understanding of the features that characterize transfeminine people's embodiment, I make use of existing theoretical frameworks of embodiment from the literature in psychology and health. In particular, my research relies on the scholarly work of Dr. Niva Piran and her collaborators, who, over the span of more than two decades, have produced a rich array of interdisciplinary studies concerned with the construct of embodiment (e.g. Piran, 2002; Piran & Teall, 2012; Piran et al., 2023). Piran has outlined two overarching

goals of her research: “first, providing a conceptual understanding of the quality of the experiences of living in the body anchored in girls’ and women’s narratives, and, second, arriving at an integrated social theory of factors that shape the quality of living in the body” (Piran et al., 2020). Given these two stated goals, Piran’s work ideally serves as a conceptual framework for this study, which aims to gain a greater understanding of the embodied experiences of transgender women and girls and other transfeminine people.

This study is theoretically informed by the Experience of Embodiment (EE) construct (Piran, 2016), and specifically employs the Experience of Embodiment Scale (EES) (Piran et al., 2020). The EE construct offers a way of conceptualizing how cisgender women (Piran, 2016), and more recently, cisgender men (Kling et al., 2021), exist within their bodies that includes five domains of experience: “connection and comfort with one’s body, embodied agency, connection and expression of desires, attunement to self-care, and engagement in meaningful pursuits not focused on an objectified gaze upon one’s appearance” (Piran, 2016 p. 12.) This construct amalgamates other embodiment-related constructs that have often focused on particular and more singular elements pertaining to embodiment - for example, body appreciation or functionality appreciation (see Avalos et al., 2005; Alleva et al., 2017;). Piran’s (2016) EE construct posits a comprehensive quality to a person’s embodied experience that can be conceptualized as existing on a continuum ranging from a positive experience of embodiment to a negative experience of embodiment. By conceptualizing embodiment as an aggregate of multiple embodiment-related experiences, that are experienced on a continuum of positivity to negativity, the EE construct is useful for informing therapeutic assessments and interventions related to concerns of embodiment (Piran, 2016).

The Experience of Embodiment Scale (EES; Piran et al., 2020) is a psychometrically sound measure developed to quantify the EE construct. The EES exists as a 34-item measure, with each item belonging to one of the six subscales; the EES can thus

generate an overall score measuring embodiment in general, as well as scores in related but discrete domains of embodied experience. Development of the EES was informed by the original qualitative analysis out of which the EE construct was developed, as well as a four-part study to define, refine, and validate the items comprising the EES (Piran et al., 2020). Factor analyses conducted within these studies revealed a higher-order factor structure with six subscales. This model supports the existence of an aggregate or total experience of embodiment, as well as the subdomains that explain various facets of embodiment, as proposed by the EE. It is important to note the difference in the number of subdomains within the EE (5) and the number of factors assessed by the EES (6) is due to the splitting of the EE domain of 'Body Connection & Comfort' into two distinct factors, one positive and one negative, on the EES as suggested by factor analysis. Though the EES was developed to measure the experiences of North American cisgender girls and women, it has since been evaluated and found to demonstrate evidence of validity within samples of Swedish cisgender women and cisgender men (see Kling et al., 2021).

The EE and the EES are primarily informed by, and intended to capture, the experiences of cisgender women and girls. My study is concerned with the experiences of transgender women, as well as transfeminine non-binary people, which are adjacent but distinct gender identity groups. Although an unfortunate point of contention within political and cultural discourse at large, the statement "trans women are women," heard often in colloquial discourse, acknowledges that transgender and cisgender women share many of the social experiences of womanhood, even as other elements of their biological and social realities are unique. I assume sufficient overlap between the experiences of these two groups - cisgender women and girls, and trans women and transfeminine people - to warrant exploration of the applicability of the EE construct and EES measure to my population of interest, while remaining open to the likelihood that

the experiences of transfeminine participants may result in response patterns that are unique from participants of other gender identities.

### **Research question**

This study operates within the overarching research question of how transgender women and transfeminine people experience their embodiment. This study functions by employing the EES to determine if Piran's (2016) EE construct is applicable with transgender women and transfeminine people, a population in which the EES has not previously been used. Specifically, this study addresses the following research question: Does the factor structure of the EES (as found in samples of cisgender women) hold up in a sample of transgender women and transfeminine people? If the factor structure of EES is only partially supported, how do their experiences of embodiment align and depart from conventional understandings of EE?

### **Significance of study / rationale**

It has been consistently demonstrated that transgender people experience mental health distress at elevated rates as compared to the general population (Pinna et al., 2022; Becerra-Culqui et al., 2018). Therefore, there is an identified need for the development of interventions that are sensitive to the specific needs of this demographic. Embodiment-related issues have been shown to affect outcomes in mental health concerns such as eating disorders (Stice et al., 2011), depression (Stice et al., 2011), and self-esteem (Tylka & Wood-Barcalow, 2015). Accordingly, the EE construct and its related subdomains have been suggested as tools for health promotion interventions (Piran, 2016). There is existing evidence that suggests that the EES is able to meet this goal; the measure been successfully employed in research and intervention development with cisgender samples (Sundgot-Borgen et al., 2019; Gattario et al., 2020; Voica et al., 2021). Authors working with the EES have called for the application of this measure to

samples that include transgender people (Piran, 2016; Piran et al., 2020; Kling et al., 2021).

Current and historical research in the field of psychology exploring the experiences of transgender people's embodiment is predominantly concerned with explicitly transition-related issues – for example, how transition is enacted by embodied practices (see Williams et al., 2013; Schrock et al., 2005) or how gender dysphoria is experienced in the body (see Austin et al., 2021). Thus, while singular concepts pertaining to embodiment have been examined in this population, they have been considered only in relation to the process of transition itself, despite embodiment being a construct that is relevant to all life stages. This reduces the scope of knowledge of this population's experiences – and therefore limits the potential for research and clinical intervention – to one specific aspect of their lives. No research has been conducted to date with a transgender sample that considers a broad range of embodiment-related concepts in the way that is accomplished by the EE.

This study aims to fill these identified gaps in the literature. It will function to evaluate the EES in relation to transgender women and transfeminine people, adding to the existing body of knowledge on the applicability of the EE construct and meeting calls to apply the construct to more diverse populations. Simultaneously, by collecting comprehensive data on the embodied experiences of transfeminine people, this study aims to provide information that could inform the assessment and treatment of transfeminine people, and be especially useful for those clinicians and researchers working with the embodiment-related concerns of these under-studied and vulnerable individuals.

## 2.

### Literature Review

#### Overview of trends in psychological literature on embodiment

Over half a century ago, philosopher Maurice Merleau-Ponty (1962) discussed embodiment as the body and its material realities (physicality, perception, tangible behaviours) being the site in which subjective experience is situated. Subsequent feminist (e.g., Bartky, 1990) and queer (e.g., Foucault, 1979) scholars employed this concept to consider how dominant social forces influence the embodied experiences of women and queer subjects - crucially via Michel Foucault's writing on how social practices "discipline" bodies to act in particular ways (Foucault, 1979). Following this, scholars began to look at how these social forces were in relationship with psychological constructs - for example, how cultural expectations fueled the drive for thinness, resulting in disordered eating and anorexia (Bordo, 1988).

Psychological research concerned with women's embodiment has since typically concerned itself with problematic relationships that cisgender women have with their bodies - with the disruptions or barriers that inhibit cisgender women from having positive experiences of embodiment. (For the sake of brevity, it will be assumed that all of the subsequently-mentioned research is concerned with the experiences of cisgender and not transgender women). Much of this research initially centered around constructs such as body image (Becker, 2004; Cash, 2004; Frisén & Holmqvist, 2010), body esteem (Mendelson et al., 2001), and body (dis)satisfaction (Jaeger et al., 2002) - constructs concerned primarily with an individual's subjective (and often negative) evaluation of their body's appearance. These embodiment-related constructs have been studied in relation to problematic psychological conditions experienced by women. For example, negative body image has been shown to be associated with negative self-esteem (Tiggemann, 2005), eating disorders (Stice et al., 2011), and sexual difficulties

(Woertman & van den Brink, 2012). Researchers have considered how these constructs are influenced and informed by gendered social and cultural norms - for example, cultural messaging around fatphobia and the privileging of thinness - and how subjects will change their body-related behaviours in relation to these influences (Swami et al., 2010). Scholars have also conceptualized these social pressures as a kind of internalization of an objectifying gaze which impacts the psychological well-being of women (Fredrickson & Roberts, 1997; Moradi & Huang, 2008).

Much, if not all, of the research cited above can be described as being focused on the body's appearance: the social forces that dictate the gendered norms about how women's bodies should look, women's evaluations of how their own bodies do or do not meet those criteria, and the resulting impacts that this process of evaluation has on the psychological and physical well-being of women. Other scholars have called for embodiment-related research to focus on internal states. For example, in a work discussing the history and usage of the body image construct, Cash (2004) called for the construct to include the psychological experience of one's body that goes beyond one's physical appearance. Young's (1992) work on the embodied experiences of survivors of sexual abuse gives attention to embodiment-related concepts such as the ability to experience pleasure and comfort (and, in disruption, experiences such as dissociation, disconnection, and self-harm). Embodiment research has also paid attention to the inability of a subject to perceive, be aware of, and attend to internal bodily states, conceptualized as alexithymia (Taylor et al., 1991). In short, there is considerable breadth to the embodiment literature, which covers a range of topics, including subjective body-related experiences, perceptions, and judgments; body-related behaviours, an awareness of internal states; and how experience of the body is influenced by social and cultural forces (Piran, 2016). To date, researchers have tended to focus on only one or two of these elements at a time, largely in isolation from other aspects of embodiment.

## **The Experience of Embodiment Construct**

The Experience of Embodiment construct (EE; Piran, 2016) was developed in response to the preceding discourse on embodiment and aimed to encompass the breadth of embodiment-related constructs within a central construct – based on the assumption that embodiment involves multiple aspects of body-related experience but also functions as an overarching concept. The EE is unique in that it is informed by in-depth qualitative interviews exploring the body-related experiences of girls and women of a wide range of ages (from 9-68 years of age) rather than focusing on the experiences of individuals in the range of 15 to 24 years, as much of the previous research has done (Piran, 2016). The EE construct is also novel in that it conceptualizes one's experience of embodiment, as existing on a continuum from positive to negative; previous research generally considered only positive or negative relationships with the body (Piran, 2016). It has been argued that the distinct features of this construct - that it considers the experiences of women at various developmental stages, that it functions as an aggregate of multiple embodiment-related constructs, and that it conceptualizes them on a spectrum ranging from positivity to negativity - give it unique utility to conceptually inform therapeutic assessments and interventions aimed at assessing and treating disruptions to positive embodiment (Piran, 2016).

### ***Development and features of the experience of embodiment construct***

The EE construct was developed by Piran and colleagues (see Piran, 2016) over a series of empirical interview studies that included life history interviews of 11 young women ages 20-27, a 5-year longitudinal interview study of 27 girls (ranging in age from 9-14 at the beginning of the study), and life history interviews of 31 women aged 50-68. Participants in each study were residing in Canada, came from a diverse range of cultural backgrounds, and were mostly working and middle class. While most participants identified as heterosexual, there were some queer cisgender girls and women repre-

sented in these studies. The interview questions were informed by feminist and constructivist theories and focused on “the way girls and women felt in and about their bodies as they engaged with the world and in the social experiences that made them feel that way” (p. 4).

The ensuing analyses saw the emergence of “a core construct, labelled the ‘Experience of Embodiment’ (EE)” (p. 5), which existed on a continuum of positive to negative embodiment. Each individual study saw the same five sub-constructs or ‘domains’ emerge: “(a) Body Connection and Comfort vs. Disrupted Body Connection and Discomfort; (b) Agency and Functionality vs. Restricted Agency and Restraint; (c) Experience and Expression of Desire vs. Disrupted Connection to Desire; (d) Attuned Self-Care vs. Disrupted Attunement, Self-Harm and Neglect; and (e) Inhabiting the Body as a Subjective Site vs. Inhabiting the Body as an Objectified Site” (p. 5). The researchers found that “a positive experience on one dimension co-occurred most often with positive experiences on the other dimensions, and similarly for negative experiences;” (p. 6) researchers also found that “participants’ quality of EE changed across their life span in relation to their social environment” (p. 6).

Dimension 1, body connection and comfort vs. disrupted body connection and discomfort, is concerned with participants’ experiences of comfort, connection, and other experiences such as “feeling at one” or “at home” in one’s body and “engaging in positive self-talk” about one’s body and in relation to negatively impactful social messaging (p. 6). The negative aspect of this domain involves women associating their bodies with negative feelings (such as shame or anger) and negative evaluations, feeling a need to “control, repair, and monitor” their bodies, and feeling disconnected from the body, illustrated by a participant wishing her body would “disintegrate” (p. 6). While the researchers did not ask participants about cross-gender feelings that may be associated with disrupted body connection and discomfort, it was notable to me that one participant was quoted as having stated “I was never comfortable being a girl. I always

wanted to be a boy. . . I hated having breasts” (p. 6).

Dimension 2, agency and functionality vs. restricted agency and restraint, describes “acting in and on the world with agency both physically and through the power of voice” (p. 7). This domain covers experiences such as a willingness, or lack thereof, to express oneself or speak up for what one feels is important. It is also concerned with how subjects use their bodies in space, such as feeling empowered through playing sports or feeling a sense of one’s entitlement to exist safely in public spaces, as opposed to being more ‘docile’ and doing less or taking up less space in the physical environment.

Dimension 3, experience and expression of desire vs. disrupted connection to desire, includes both appetite for food as well as sexual desire. Positive experiences in this dimension involve experiencing and evaluating these desires in a positive light and acting on them in ways that are adaptively attuned to one’s own wishes and needs. Conversely, negative experiences in this domain - often manifesting at puberty or through early sexual experiences - involved reports that sexual activity with oneself or others is unpleasant, unwanted, or thought of as a duty done to please others, or is characterized by negative judgments about sexual promiscuity. It could also include a preoccupation with thinness and ignoring one’s need for nourishment.

Dimension 4 is Attuned Self-Care vs. disrupted attunement, neglect and self-harm. This dimension is characterized by awareness of and attention to one’s needs in bodily, emotional, and social/relational contexts. It also covers one’s willingness to engage in activities in pursuit of meeting these needs. Attuned Self-Care means paying attention to internal cues, such as the need to eat, feeling tired, or experiencing sexual desire, the urge to connect with others in emotionally satisfying ways, or one’s desire to pursue meaningful or fulfilling activities such as artistic practice or spirituality. Disrupted or negative embodiment in this dimension corresponds to difficulties in discerning these drives and acting on them in adaptive ways. As examples, one participant’s disrupted

attunement manifested itself in the compulsion to act in service of her husband's needs at expense of her own; another participant described having poor willpower that led her to habitually choose to eat junk-food and engage in unfulfilling casual sex instead of making choices that would feel more nourishing to her.

The fifth and final dimension of the EE construct is inhabiting the body as a subjective site vs. an objectified site. This corresponds to objectification theory (Comiskey et al., 2020; Fredrickson & Roberts, 1997), a theory that posits that cis and trans women internalize an oppressive, objectifying gaze that influences how they manage and evaluate their bodies. A participant who was considered as inhabiting her body as a subjective site privileged her own personal experiences and judgments of her body, prioritizing a focus on her health and what her body can do rather than how it looks or how much she weighs. Conversely, a disrupted relation with embodiment in this domain meant inhabiting the body as an objectified site: when asked to draw herself, a participant in the young girls' study was preoccupied with the makeup and clothing of her self-portrait and drew herself looking sad because she felt she had to look in the mirror constantly to evaluate her appearance. Like many of the participants in the young girls' study, the same girl was coded as having a positive embodied experience pre-puberty and shifting to a more negative one with the onset of puberty.

The qualitative work of Piran and colleagues led not only to the emergence of the EE construct but also to the development of the Developmental Theory of Embodiment, which explains how both supportive and disruptive life events across the lifespan can impact the embodied experiences of women and girls (Piran, 2017). Further, subsequent work from this group (Piran et al., 2020) focused on the creation of a quantitative measure of the EE, which is described in the following section.

### ***The Experience of Embodiment Scale***

After development of the EE construct, Piran and collaborators were interested in developing a scale that could measure cisgender women's experiences of their em-

bodied existence, as informed by the definitions of embodiment suggested by the EE construct. What followed were four studies designed to develop, refine, and validate such a measure, titled the Experience of Embodiment Scale (EES; Piran et al., 2020).

Forty-eight items were generated from the original qualitative data analysis that informed the EE construct. These items were designed to be responded to on 5-point Likert scales (1 = Strongly disagree, 2= Somewhat disagree, 3= Neither agree nor disagree, 4 = Somewhat agree, 5 = Strongly agree) and to tap each of the 5 dimensions of EE.

Study 1 involved a sample of 92 women ages 19-55, who were invited to fill out the scale, as well as comment on the experience of engaging with the scale and each of its items. These responses were then analyzed and various criteria regarding conceptual usefulness or effectiveness were used to delete certain items from the scale. Ten items were removed, leaving 38 remaining scale items; 4 of these were flagged for possible deletion pending results of further study. Total scores on the EES were determined to be “approximately normally distributed” (p. 4), and a Cronbach’s alpha of .93 indicated excellent internal consistency. As part of this study, the researchers also administered several other embodiment-related measures to assess the convergent validity of the EES. High EES scores were strongly associated with higher body esteem, lower body surveillance, lower alexithymia, and lower depression, and were moderately associated with self-esteem and with lower levels of eating disorders.

The second study set out to explore the factor structure of the EES, as well as assess its convergent and discriminant validity. It was hypothesized that 5 factors would emerge, in line with the 5 domains of the EE construct. It was further hypothesized that these factors would be correlated, pertaining to a “a general experience of embodiment factor” (p. 5). Participants recruited for the study included 412 women, ages 18-45. The EES, as well as 11 other measures to determine convergent and discriminant validity, were administered. The 4 items marked for possible deletion in the

first study were deemed unsuitable for inclusion due to high rates of missing data and low factor-loading in the factor analysis, resulting in the refinement of the EES to 34 items. All scale scores were approximately normally distributed.

Factor analysis revealed 6 factors, as follows: Positive Body Connection & Comfort (PBCC), Body-Unencumbered Adjustment (BUA), Agency & Functionality (AF), Experience & Expression of Sexual Desire (EESD), Attuned Self-Care (ASC), and Resisting Objectification (RO). These factors correspond to the 5 domains of the EE construct, with the notable difference of Body Connection & Comfort and Body-Unencumbered Adjustment both pertain to Body Connection & Comfort vs. disrupted body connection and discomfort (domain 1) but are split into positive and negative factors - Body Connection & Comfort items include positively worded items such as “I feel in tune with body,” while Body-Unencumbered Adjustment items includes negatively worded items such as “my body reduces my sense of self-worth in the world” (p. 7). The other 4 factors include both positively and negatively worded items. The authors have questioned whether the ‘splitting’ of domain 1 into positive and negative factors was a direct result of the wording of the scale items, or if it in fact suggests a conceptually unique factor concerned with the effects of negative embodiment. Measures used to assess convergent and divergent validity were correlated with the factors in expected ways. Further factor analysis confirmed the hypothesis of a general experience of embodiment factor that all scale items influence, while also supporting six distinct factors accounting for some variance separate from this overarching factor.

Study 3 aimed to confirm the factor structure revealed by the analysis conducted in study 2. Confirmatory factor analysis was conducted on data from a new sample of 348 heterosexual women. The study generally supported the previously-revealed factor structure. A general embodiment factor was supported, but the researchers raised some questions for further research to determine the best statistical model for representing this general factor. The 6 factors / subscales demonstrated good internal con-

sistency, with the exception of the Resisting Objectification subscale. A final study aimed to evaluate the stability of EES scores over time and demonstrated very little variation over a 3-week test-retest period.

The 4 studies employed to develop and refine the EES support its use as an instrument able to assess the embodied experiences of cisgender women, both in embodiment-related domains and as an overarching factor measuring a general experience of embodiment. The work also provides cross-method validation of the EE construct, with minor differences between the domains of the EE construct and the factor / subscale structure of the EES; these differences have been hypothesized as being attributable to how the items were worded. The EES has been shown to be related to or correlated with other embodiment-related measures in expected ways, but shows unique promise as a measure that aggregates elements that, while related, have largely been considered separately in the literature. The breadth of coverage of the EES and that it considers embodiment as occurring on a continuum of positive to negative experiences positions it as a useful measure for evaluating the embodied experiences of women, as well as for evaluating the effectiveness of interventions and treatments aimed at improving various embodiment-related experiences. Additionally, the authors suggest that “its total and subscale scores can be used to identify mediators or moderators of change” (p. 15) for clinicians and practitioners. A selection of studies have employed the EES in various manners consistent with these uses.

### ***Contemporary research using the EES***

A 2019 study by Sundgot-Bergen et al. included an intervention consisting of 3 interactive workshops aimed at improving experiences of embodiment in Norwegian high school students. The researchers employed the EES to both inform targets for this ‘Healthy Body Image’ (HBI) intervention relating to positive embodiment, as well as to measure positive embodiment and the intervention’s effectiveness in improving embodiment. The intervention reached 2446 high school aged boys and girls from 30 schools.

EES data were collected at baseline, immediately post-intervention, and 3- and 12-months later. The findings demonstrated that for girls, “the HBI intervention promoted immediate and sustained positive embodiment” (p. 7). The authors also found that the intervention “promoted a post-intervention effect on positive embodiment and perceived general health for boys, although no sustained effects were observed.” (p. 7).

A 2020 study by Gattario et al. employed the EES to measure experiences of embodiment in a sample of 320 Swedish women, 242 Swedish men, and 216 Canadian women. The researchers made extensive use of the theoretical underpinnings of the EES to interpret and discuss their findings. The aim of the study was to investigate differences in embodiment, as well as related constructs such as body esteem and thin-ideal internalization, between the 3 subsamples; these data formed the basis of an exploration of various cultural and gendered differences in, and influences on, embodiment. The researchers found that Swedish women experienced more positive embodiment than Canadian women, and suggested various progressive Swedish social policies and cultural attitudes that may impact this finding. The researchers also found that in some, but not all EES domains, Swedish men had more positive scores than Swedish women - for example, Swedish men scored higher in the domains of positive body connection (PBCC) and resisting self-objectification (RO). Gender differences were not found in the Agency & Functionality (AF), Attuned Self-Care (ASC), or expression of sexual desire (EESD) domains.

Voica et al. (2021) conducted research to identify potential protective factors against disordered eating. The researchers employed 2 subscales of the EES - Body Connection & Comfort, and Agency & Functionality - in addition to collecting data on other constructs such as self-esteem and identity coherence. The research was conducted with data collected from a 14-year longitudinal study of 515 girls and 445 boys. It was found that, among all measures used, Body Connection & Comfort accounted for the greatest amount of variance in disordered eating symptoms. The authors discuss

implications for therapeutic practitioners and the development of interventions aimed at improving and protecting against disordered eating by improving body connection and comfort.

The EES was also used in a study examining the relationships among aspects of embodiment and young women's sexual agency (Chmielewski et al., 2020). In this study responses on the EES subscales of Body Connection & Comfort and Experience & Expression of Sexual Desire were examined in relationship to distinct forms of sexual agency. The researchers found that "across race, women's positive connections to their bodies were associated with greater comfort with their sexual desire, which in turn was associated with both greater entitlement to sexual pleasure and sexual agency in the service of pleasure and protection" (p. 316).

### ***Applicability of EES to other genders***

The EE construct and EES were developed out of the findings of a qualitative research program concerning cisgender girls' and women's reports about embodiment (Piran, 2016; Piran et al., 2020). The construct and the measure are thus directly informed by lived experience about what it means to live in a body that is gendered as female. Despite this conceptual specificity, the EES has been employed to measure the experiences of cisgender boys and men in multiple studies (Gattario et al., 2020; Sundgot-Bergen et al., 2019; Voica et al., 2021). Researchers conducting these studies have assumed the applicability of the measure to a differently-gendered population.

In 2021, Kling et al. evaluated the psychometric applicability of the EES in a sample of cisgender men. The study also aimed to explore its applicability outside of North America by including a Swedish sample of both women and men. Participants were 305 Swedish women and 240 Swedish men, with a mean age of 24 years. The vast majority of the women (86.5%) and men (95.5%) identified as heterosexual. The researchers administered the EES, as well as 8 other measures to explore construct validity. The researchers found no obviously nonlinear relationships in the data, and found

the data were generally bell-shaped and normally distributed. They performed an Exploratory Factor Analysis (EFA) using an oblimin rotation, with unweighted least squares. Furthermore, the researchers “sought not to rely on arbitrary cut-offs for factor loadings as absolute rules, but instead highlighted the largest loadings per factor (noting that ideally we would like to see values over .40 and communalities over .30)” (p. 3). Both subsamples saw adequate sampling adequacy, determined by satisfactory KMO and Bartlett’s test values. Good internal consistency was seen for total EES scores, with Cronbach’s  $\alpha$  and McDonald’s  $\omega$  above .94 for women and above .92 for men. The EES had correlations with the chosen validation measures in line with expectations of the researchers and the findings from other studies.

EFA of the EES data from a subsample of Swedish women suggested a six-factor model highly similar to the original North American EES. Subscales had good reliability, with  $\omega$ s between .71 and .95. One main difference found was that “all items of the Positive Body Connection & Comfort factor and several items of the Body-Unencumbered Adjustment factor formed one factor among Swedish women” (p. 6). This finding is in agreement with other research suggesting that “the PBCC and BUA factors may be conceptually linked, but that their separation into a positive and a negative factor could be method-related” due to the wording of scale items (Piran et al., 2020).

For Swedish men, EFA suggested a five-factor model, with all items from both the Agency & Functionality and Experience & Expression of Sexual Desire subscales collapsing into one factor. They found low reliability ( $\omega = .65$ ) for the original Experience & Expression of Sexual Desire factor but higher values (between .79 and .94) for other subscales. The researchers explained the merging of Agency & Functionality with expression of sexuality by stating that “for heterosexual men ... acting in the world with agency through the expression of voice and opinions extends to the social domain” and that “men’s heterosexual desire is widely socially sanctioned and denotes social power” (p. 6). The authors went on to hypothesize that “it could be expected that in non-hetero-

sexual samples of men, the Agency & Functionality and the sexual factors would not merge” (p. 6).

The authors went on to say that “gender comparisons showed that the correlations between the EES and validation measures generally did not differ between women and men ... This suggests that the EES may be relevant also to different psychological experiences among men” (p. 6).

The findings of Kling et al. suggest that the EES is adequately transferrable to a gender group other than women, albeit with some differences in factor structure. This opens the door to the question of applicability of the EES in transgender populations. Multiple researchers working with the EES have acknowledged the limitation that current studies employing the EES have not adequately considered the experiences of transgender people (Kling et al., 2021; Piran et al., 2020; Voica et al., 2021). These researchers have called for consideration of the experiences of transgender people to further validate the measure. Despite the fact that the EES was developed out of research on the experiences of cisgender girls and women, the similarities of the EES’s factor structure when applied to a male sample, as well as the use of the EES to inform and evaluate interventions applied to men, suggest its applicability to gendered groups beyond cisgender women. While it is thus reasonable to expect that the measure can be used with a transgender sample, confirmatory data has yet to be produced. As an underserved and understudied population with significant embodiment-related concerns, trans people could greatly benefit from an assessment tool like the EES that has led to the development of interventions aimed at improving embodiment. Current research on transgender embodiment lacks such a tool that is both comprehensive and supported by research.

### **Trends in contemporary research on transgender people’s embodiment**

Contemporary psychological research regarding transgender people’s embodiment has moved beyond its historical preoccupation with the pathologization of trans

people's experiences. Recent literature displays similar trends as seen in the history of embodiment-related research that centres cisgender women's experiences. As reviewed earlier in this literature review, research on cisgender women's embodiment published over the past 2 decades has concerned itself with embodiment-related concepts such as body image, body satisfaction, disordered eating, objectification theory, and sexual difficulties. An overview of papers on the embodiment of transgender people published in the past decade sees similar foci having emerged. Within research on this population, inquiry into experiences of embodiment is generally related to trans-specific issues.

Owen-Smith et al. (2018) addressed how gender affirming treatments (including hormone replacement therapy and surgical intervention) influence feelings of gender congruence and body image satisfaction. Results from 350 transfeminine and 347 transmasculine participants indicated that body image satisfaction was higher among individuals who had pursued more treatment; furthermore, individuals who had received more treatment generally experienced higher feelings of gender congruence, as well as lower levels of anxiety and depression. The link between gender dysphoria and body image satisfaction was highlighted by the researchers. Other research has reported similar findings in relation to the effects of gender affirming treatment on body satisfaction (Khoosal et al., 2009), body image (Garz et al., 2021), as well as how treatment may improve the degree to which an individual's self-identified gender is recognized or acknowledged by others (referred to by the term 'social recognition'), thereby affecting congruence and body satisfaction (Mitchell et al., 2021). Other researchers have explored the patterns or sites that transgender people tend to experience as most salient in regard to their body satisfaction. For example, van de Grift et al. (2016) performed a network analysis to explore how individuals who experience gender dysphoria report on measures of body satisfaction in relation to particular bodily features, as well as to determine how these features cluster together. The researchers found that categories of

body features most associated with social recognition (and thus being correctly gendered) were more highly weighted in importance for both transfeminine and transmasculine participants, and that satisfaction with the genital cluster was largely independent from satisfaction with other body part clusters (van de Grift et al., 2016). For transfeminine people, these characteristics included the presence of facial and body hair, body movement, and the voice. Taken together, these findings highlight the complex interplay between both physical factors and social interaction as they relate to embodiment-related constructs; this interplay has been discussed in the theoretical foundations of the EE construct (Piran, 2016).

Body satisfaction has been studied in relation to other embodiment factors within trans populations. Jones et al. (2019) studied body satisfaction and levels of physical activity among transgender and cisgender people and found that among trans people accessing hormone replacement therapy, high body satisfaction was a strong predictor of engagement in physical activity; among trans people who did not take or who had not yet started to take hormones, self-esteem was a higher predictor of physical activity. Among all trans people, those who took hormones engaged in more physical activity than those who did not take hormones. Ultimately, trans people were found to engage in less physical activity than their cisgender counterparts.

Body image, a construct related to body satisfaction, has been studied in relation to areas of sexual concern among trans people with the use of a novel and trans-specific scale, the T-Worries scale (Dharma et al., 2019). This scale examines various embodiment-related concerns related to sexual activity among trans people, including body image concerns, fears for physical safety during sex, concerns about being seen as one's correct gender during sex, and being objectified or fetishized as a trans body. Concerns considered by the T-Worries scale were shown to be strongly correlated with trans-related body image worries, self-esteem, depression, as well as with other measures pertaining to sexual anxiety. These findings are in line with existing research that

looks at the relationships between body image satisfaction, gender congruence, and sexual satisfaction (Garz et al., 2021; Wierckx et al., 2014).

Disordered eating, a domain of embodiment that has been well researched in cisgender samples, has also been explored in numerous studies examining transgender samples. In a 2023 study Barnhart et al. looked at the relationship between gender congruence, body dissatisfaction and disordered eating among 200 Chinese transgender adults. Researchers found that gender congruence was negatively correlated with both dissatisfaction and disordered eating amongst trans women and non-binary individuals (but not trans men).

Brewster et al. (2019) and Comiskey et al. (2020) have examined disordered eating in transgender people through the lens of objectification theory, which suggests that internalized social messages influence how one manages and evaluates their body; this research found positive relationships between disordered eating, body surveillance, and the pursuit of potentially harmful appearance-related practices such as silicone injections.

Other authors have taken another theoretical approach to consider how factors influencing disordered eating among trans people can be conceived of in relation to a gender-minority-specific stress model (Muratore et al., 2022). In addition, Muratore et al. highlight how body satisfaction measures developed for cisgender samples may require adaptation for use with transgender samples - building precedent of an argument in the literature for testing the applicability of other cis-specific measures, such as the EES, with a trans population.

### **Research problem and purpose**

The embodiment-related constructs seen in the literature on transgender people mirror the areas of focus that have been researched in cisgender people. Many of these constructs are considered by the EE construct and assessed by the EES. For example, various studies concerned with body satisfaction, body image, and gender congruence

(e.g., ; Garz et al., 2021; Khoosal et al., 2009; Owen-Smith et al., 2018) are captured by the Positive Body Connection & Comfort factor, physical activity (e.g., Jones et al., 2018) fits within the agency & functionality factor, and research on disordered eating (e.g., Barnhart et al., 2023; Mitchell et al., 2021) can be seen as conceptually linked to the Attuned Self-Care factor. Studies looking at and sexual desire and activity (Dharma et al., 2019; Garz et al., 2021; Wierckx et al., 2014) are consistent with the Experience & Expression of Sexual Desire factor and the use of objectification theory to explore embodiment-related disorders (e.g., Brewster et al., 2019; Comiskey et al., 2020) is consistent with the Resisting Objectification factor. Similarly to how research on cisgender women's embodiment first considered these concepts in isolation (and not in relation to an overall experience of embodiment), no research to date has considered how these separate but interrelated embodiment-related factors may be considered under the scope of a comprehensive experience of transfeminine embodiment.

Furthermore, the overwhelming majority of research on transfeminine people's embodiment is rooted in the context of gender- and transition- related issues - for example, how body satisfaction is mediated by degree of physical gender congruence (Owen-Smith et al., 2018), how sexual embodiment concerns are affected by trans-affirmative treatment (Garz et al., 2021; Wierckx et al., 2014), or how disordered eating symptoms are affected by being incorrectly gendered in social situations (Mitchell et al., 2021). Trans people's inclusion in knowledge production and their status as targets of research, inquiry, and intervention are thus continually seen only in relation to gender dysphoria, transition, and other gender-related issues. The result of this limitation is that it may create a blind spot in terms of the broad range of other contexts across the lifespan in which embodiment can be considered, which limits the potential for supportive research and intervention.

Numerous studies involving samples of cisgender people have employed the EE and the EES to measure experiences of embodiment as a global construct and accord-

ing to its constituent sub-factors. This research has been used to produce and evaluate interventions to positive effect. Transgender people as a group experience elevated rates of various mental health issues (Freitas et al., 2020; Pinna et al., 2022), and there is a clear need for more effective assessment and intervention tools that can adequately serve this population. The EE as a construct and the EES as a measure show promise to meet this need. Although the EES was originally developed based on the experiences of cisgender women and girls, there is good reason to expect the embodied experiences of transgender women and girls and other transfeminine people would be sufficiently similar for the measure to be applicable to that population. For example, the EE and EES have been successfully used in samples of cisgender men and boys – suggesting it may capture experiences of embodiment that transcend different identity groups. Researchers have called for the inclusion of transgender samples to examine whether the measure would effectively capture the experience of individuals outside of the cisgender male and female categories, but to date, no research has been conducted. The aim of this project is to investigate how the EES performs when measuring embodiment with a transfeminine sample, and to consider what the EES might reveal about the unique ways that transgender women and transfeminine non-binary people experience their embodiment.

### 3.

## Methods

The current study aimed to explore how transgender women and transfeminine people experience their embodiment, as defined by the Experience of Embodiment (EE) construct (Piran, 2016) and measured by the Experience of Embodiment Scale (EES) (Piran et al., 2020). This cross-sectional study employed a self-report survey, accessible online and available to participants anywhere in the world, to gather demographic information, transition-related data, and participants' responses to the EES. The study functions as a construct validation study of the EES to determine its applicability in a transfeminine sample; the study also aims to determine if there are unique features in the factor structure of the EES when applied to this group. Specifically, this study aims to answer the following research question: Does the factor structure of the EES as found in samples of cisgender women (and men) hold up in a sample of transgender women and transfeminine people? If the factor structure of EES is only partially supported, how do their experiences of embodiment align and depart from conventional understandings of EE?

### Procedure

Data for the present study were collected via an online survey that included an informed consent form, a demographic questionnaire including questions pertaining to participant's gender identity and the EES. (Dr. Niva Piran was contacted for permission to use the measure in the research and permission was granted.) The full survey can be found in Appendix B.

Once an initial draft of the survey had been developed, and prior to formal data collection, transfeminine community members known to me were consulted for feed-

back on the survey. The feedback led me to alter recruitment materials to indicate my own positionality as a trans person in an effort to improve trustworthiness. Once the survey was finalized, ethics approval was requested and granted from Simon Fraser University's Research Ethics board (see appendix A). The survey was hosted on SurveyMonkey.

### **The Experience of Embodiment Scale**

The EES adapted for use with participants of any gender was presented to participants (this adapted version was received directly from the measure's developer, Dr. Niva Piran, and has been subject to validity investigations by Kling et al., 2021). Participants were asked to indicate their level of agreement with 34 statements based on how they have felt in the past four weeks, on a 5-point Likert scale (1 = Strongly disagree, 2 = Somewhat disagree, 3 = Neither agree nor disagree, 4 = Somewhat agree, 5 = Strongly agree). As described previously, questions relate to six distinct subdomains: Positive Body Connection & Comfort (e.g. "I feel in tune with my body"), Body-Unencumbered Adjustment (e.g. "My body reduces my sense of self-worth in the world"), Agency & Functionality (e.g. "I am aware of, and confident in, my strengths and abilities"), Experience & Expression of Sexual Desire (e.g. "I express what I want and need sexually"), Attuned Self-Care (e.g. "I put a priority on listening to my body and its needs"), and Resisting Objectification (e.g. "I constantly think about the way my body fits with cultural standards of appearance").

### **Recruitment and data collection**

Recruitment occurred through a variety of strategies in and around Vancouver, BC, Canada, as well as internationally via social media platforms. Posters describing the study were put up in local cafes and on message boards in Vancouver neighbour-

hoods with high proportions of transgender people. Queer service providers (e.g., Qmunity, a local trans and queer resource center) were provided with information about the study and agreed to inform their clients via word of mouth. Notices were placed on the social media network Reddit in various subreddits catering to transgender people. Based on data pertaining to participants' country of residence, the majority of participants were reached through these trans-specific spaces online.

Inclusion criteria specified that participants must be transfeminine (i.e., assigned male at birth, but experiencing a gender identity differing from the male gender) and at least 19 years of age.

Participants were able to access the online survey either through a QR code on a physical poster or a link in an online post. Participants were invited to enter into an anonymous draw for three prizes of \$20 and were eligible for the honorarium whether or not they fully completed the survey. Participants were also given the option to indicate a desire to be contacted with the results of the research. On average, the time participants spent completing the survey was 8 minutes; though this number is likely skewed as a result of the relatively high number of individuals (approximately 33%) who did not fully complete the survey. The survey was accessible to potential participants for approximately 3 weeks.

Due to the majority of participants being recruited through a posting on trans-specific sections of social media network Reddit, I had the opportunity to engage in dialogue with individuals who initiated it via comments. This allowed me to hear feedback about the survey items and gain insight into participants' thoughts and reflections prompted by the survey questions. It was valuable for me to observe how different subsections of the trans community responded to me as a researcher; responses varied from excitement and gratitude about the research, to skepticism and hostility in response to research affiliated with an academic institution.

## **Data preparation**

A total of 676 people responded to and participated in the study. Preliminary analysis revealed a significant amount of missing data. Of particular note, there were a high number of participants (approximately 200) who ended the survey early and before identifying their gender. As my study is concerned with the experiences of those of a particular subset of gendered experiences, data from these participants were not suitable for inclusion in the study. Preliminary analysis also saw a small number of participants identifying as genders that were specifically not being included for study, as well as a small number of participants who used the study's comment fields to express anti-transgender rhetoric. All such participants were excluded from analysis. Participants who omitted any answer on the EES were also excluded from further analysis.

Aspects of the data deemed too granular and heterogeneous to be statistically useful were reduced by merging them into more significant categories. Notably, reports of country of residence, which resulted in a high number of very small categories, were merged and sorted by continent. Nuanced and individualized self-reported descriptions of participants' gender and sexual identities were sorted into the best-fitting category - for example, a respondent stating their sexual identity as "asexual homoromantic lesbian" was sorted into "asexual."

After cleaning the data, the final sample size was 448 participants. Sample characteristics are described in the following section.

## **Sample Demographics**

The demographics section of the survey included questions on participants' gender, age, country of residence, whether they lived in an urban, suburban, or rural area, ethnic identity, employment status, student status, highest level of education completed, sexual orientation, and relationship status. All questions were optional, oth-

er than gender and age, which were required based on the study's inclusion criteria.

**Table 3.1**

***Sample Demographics***

	<b>%</b>	<b><i>n</i></b>
<b>Gender</b>		
Transgender woman	72	325
Non-binary transfeminine	28	123
<b>Sexual Orientation</b>		
Bisexual / pansexual	46	204
Lesbian / gay	26	117
Queer	14	63
Asexual spectrum	8	36
Heterosexual / straight	6	28
<b>Relationship Status*</b>		
Single	46	207
Monogamous partnership	33	146
Non-monogamous partnership	15	69
Dating / casually seeing someone	10	45
<b>Continent of habitation</b>		
North America	56.3	252
Europe	25.7	115
Oceania	15.2	68
Asia	1.6	7
South America	0.9	4
Africa	0.4	2
<b>Ethnic Identity*</b>		
White	87.7	393
East Asian	4.7	21
Hispanic / Latin	4.7	21
Southeast Asian	3.1	14

Indigenous / First Nations / Metis	2.9	13
South Asian	2.2	10
Black	1.3	6
Middle Eastern	0.9	4
Pacific Islander	0.7	3
Other	3.6	16
<hr/>		
Employment Status		
Employed full-time	46.9	210
Not employed	29.2	131
Employed part-time	15.4	69
Disabled and not able to work	6.9	31
Retired	1.6	7
<hr/>		
Student		
Not a student	72	322
Student	27.2	124
<hr/>		
Level of education attained		
Graduate school	8.5	38
Some graduate school	6.3	28
College or University	28.1	126
Some college or University	33.9	152
High school	17.2	77
Some high school	5.8	26

Note.  $N = 448$ . Mean participant age was 31 ( $SD = 11$ ).

\* Indicates participants allowed to choose more than one answer.

Data pertaining to various transition-related topics were also collected from participants to see how transition-related features may interact with EES scores. These descriptive statistics are found in Table 3.2.

**Table 3.2*****Transition-Related Data***

	<b>%</b>	<b><i>n</i></b>
When did you first identify yourself as being your current gender?		
(This can include personally / privately / secretly identifying as your gender)		
Less than one year ago	10.0	45
1-2 years ago	24.6	110
3-4 years ago	21.0	94
5-9 years ago	15.6	70
10-20 years ago	17.0	76
More than 20 years ago	11.6	52
When did you take your first concrete step to transition?		
(This could include things like declaring your new gender to others, starting hormones, beginning to present as your current gender, etc.)		
Less than one year ago	28.3	127
1-2 years ago	35.9	161
3-4 years ago	18.8	84
5-9 years ago	13.2	59
10-20 years ago	3.3	15
More than 20 years ago	0.4	2
Which best describes the current state of your transition?		
I have not yet started transitioning	6.5	29
I have just started transitioning / I have a lot of my transition ahead of me	34.6	155
I am in the middle of my transition / I've made some progress but there's a ways to go	45.8	205
I am mostly finished my transition / There is not much left that I am able to change	11.2	50
I consider my transition to be finished	1.3	6
I finished my transition a long time ago	0.7	3

How satisfied are you with the medical professionals you have access to to support your transition?		
Very satisfied	15.2	68
Satisfied	19.2	86
Neither satisfied nor dissatisfied	26.3	118
Dissatisfied	11.2	50
Very dissatisfied	0.7	3
How satisfied are you with the social / emotional support you have access to to support your transition?		
Very satisfied	9.4	42
Satisfied	21.9	98
Neither satisfied nor dissatisfied	24.1	108
Dissatisfied	33.5	150
Very dissatisfied	11.2	50
How satisfied are you with the financial resources you have access to to support your transition?		
Very satisfied	25.0	112
Satisfied	27.9	125
Neither satisfied nor dissatisfied	21.9	98
Dissatisfied	17.6	79
Very dissatisfied	7.4	33
How satisfied are you with the results of your transition in terms of achieving your desired gender embodiment?		
(Embodiment meaning related to your body - appearance, voice, mannerisms, functionality, etc.)		
Very satisfied	8.3	37
Satisfied	21.4	96
Neither satisfied nor dissatisfied	34.8	156
Dissatisfied	29.9	134
Very dissatisfied	4.7	21
In social interactions, do you experience cisgender privilege as a member of your identified gender? (Put another way - do you "pass" as an individual of your gender?)		
Almost always	24.6	110
Very often	19.6	88

Sometimes	20.3	91
Rarely	11.2	50
Never	8.0	36
I'm not sure / this is not applicable to me	16.3	73

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Note. *N* = 448.

## 4.

# Results

### Preliminary Analysis

Preliminary checks were performed to confirm that the EES data satisfied the assumptions for exploratory factor analysis. Much has been written on recommended sample size for factor analysis, suggesting that samples contain over 300 participants (Comrey & Lee, 1992; Tabachnick & Fidell, 2007), which the present sample ( $N = 448$ ) surpasses. Other authors have suggested guidelines that employ a ratio of participants to items of between 5:1 and 10:1. (Field, 2009; Kass & Tinsley, 1979). A sample size of 448 and 34 item variables resulted in a participant-item ratio 13.2:1, confirming the sample size was adequate to support a factor analysis.

Additional checks that the data were suitable for factor analysis included the Kaiser-Meyer-Olkin (*KMO*) test of sampling adequacy and Bartlett's test of sphericity. For a correlation matrix of 34 items, a *KMO* value of .909 was obtained, which is considered an excellent indication that factor analysis will reveal useful groupings of correlations into well-defined factors (Hutcheson & Sofroniou, 1999). Bartlett's test of sphericity is another test used to determine if the variables are related or independent, with significance determined by a  $p$ -value of less than 0.05. Bartlett's test was significant ( $p < .001$ ), indicating that items were correlated with another to a degree suitable for factor analysis (Field, 2009).

The EES data were also checked for normality using the Kolmogorov–Smirnov (*K-S*) test and the Shapiro-Wilk (*S-W*) test. Both tests were statistically significant ( $p < .001$ ), indicating that the EES data were not normally distributed. Factor analysis employs a correlation matrix determined by the Pearson correlation coefficient (*R*), which is a test statistic that relies on the assumption that the data are parametric (normally dis-

tributed). Given that the EES data were shown by *K-S* and *S-W* tests to be non-normally distributed, factor analysis could not proceed. At this point, the data were extensively examined for outliers, missing data, and atypical response times (i.e., participants who might have inputted answers to the entire EES scale, but with completion times far too short to have sufficiently engaged with the items). A small handful of outliers were identified and removed. Upon further reflection and exploration, it seemed possible that EES scores might vary according to the status of a participant's gender transition, whereby those participants in the preliminary stages of gender transition and participants who were mid-way or further along in their transitions might display different EES scoring patterns - for example, those earlier in transition may experience more negative experiences of their bodies as a result of having achieved less gender-affirming treatment than those farther along in their transitions. When the sample was split into two subsamples, henceforth referred to as the "early transition" and "later transition" groups, based on participants' answers to the question, "which best describes the current state of your transition?" The early transition group ( $n = 184$ ) answered with either "I have not yet started transitioning" or "I have just started transitioning / I have a lot of my transition ahead of me." The later transition group ( $n = 264$ ) included participants who answered "I am in the middle of my transition / I've made some progress but there's a ways to go," "I am mostly finished my transition / there is not much left that I am able to change," "I consider my transition to be finished," or "I finished my transition a long time ago." Therefore, "later-transition" encompasses participants ranging from those who are in the middle of their transition, participants who consider themselves to be nearly finished transitioning and a small number ( $n = 9$ ) who consider their transition to be finished.

When tests of normality were rerun, the assumption of normality was upheld for the later transition group ( $K-S = .200, p > .05$ ;  $S-W = .189, p > .05$ ) The ratio of sample size to number of variables was 7.8:1, which is above the suggested ratio of 5:1. When

tests of normality were rerun for the early transition group, it was confirmed that the data closely approached normality ( $K-S = .028, p > .05$ ;  $S-W = .019, p > .05$ ), and met the sample size to variable ratio at 5.4:1. Two outliers appeared to be influencing the sample into non-normality; when these two outliers were removed, both the  $K-S$  and  $S-W$  tests were non-significant (indicating a normal distribution). These outliers were left in because there was no obvious reason to exclude them. While the results for the test of normality for the early transition group were not completely satisfactory according to conventional thresholds, I decided to proceed with factor analysis on this group because it came very close to meeting the required assumptions.

### **Main Analysis**

I conducted an exploratory factor analysis to examine the factor structure of the EES within each of my two subsamples. Extraction was performed using an unweighted least squares method. A promax rotation was selected because the nature of the construct suggested that the resultant factors would be intercorrelated. The original EES was also developed using this rotation (Piran et al., 2020).

Various features of the data were considered to determine the most satisfactory factor structure. These included factor Eigenvalues (using Kaiser's criterion), percentage of variance the factors explained, amount of cross-loading, number of items belonging to each factor (some solutions led to multiple factors having less than 3 items, which was determined to be unsatisfactory), conceptual cohesiveness of the factor's items, internal consistency as determined by Cronbach's alpha, within item groupings, and the potential clinical utility and implications of the factor. In the end, Six-, 7-, and 8- factor solutions were explored in the early transition group; for the later transition group, 6- and 7- factor solutions were considered.

Item loadings above 0.4 were considered most satisfactory. Sixty one of 68 items (i.e., 34 items analyzed in two subsamples) loaded above 0.4; three items were

below 0.4 but above 0.35 and 4 items loaded below 0.35. When cross-loading was encountered (determined by an item loading onto two different factors with a value difference of less than 0.045), a decision about which factor to group the item with was made based on the following considerations: 1) which factor the item loaded highest on; 2) the conceptual relevance of the item to the remaining items loading on each factor; and 3) on which factor the item most strongly loaded in the other subsample. In addition, Cronbach's alphas were calculated to determine the internal consistency of factors when cross-loading items were and were not included. An alpha value of 0.7 was considered an indicator of acceptable internal consistency; item distributions resulting in higher factor alpha values were favoured.

### **Early Transition Group**

Using Kaiser's criterion, 8 factors emerged ( $\lambda > 1.0$ ). However, one of these factors was comprised of only 2 items, so this factor solution was deemed unsatisfactory. A 7-factor solution was then tested. In this configuration, the 2 items joined another factor with satisfactory loading values and good conceptual coherence with the other items. The most satisfactory factor structure was thus determined to consist of 7 components. These components explained 57.47% of the variance in the early transition subsample.

The 7-factor solution was found to have conceptual equivalence to the EES's original factors / subscales, though the exact configuration of items making up the factors was not replicated, with the exception of Experience & Expression of Sexual Desire, which was unaltered. The factors are listed in Table 4.1, where the original EES factor names are used, with a suffix to indicate the factor corresponds to a revised scale for use with an early-transition sample (-et).

**Table 4.1*****EES Factor Structure with the Early Transition Subsample***

Factor Items	Item loading score
<b>BCC-et (Body Connection &amp; Comfort)</b>	
1. I feel in tune with my body	0.813
2. I feel at one with my body	0.835
3. I feel “detached” and separate from my body	0.474
8. Generally I feel good/comfortable in my body	0.767
9. I am proud of what my body can do	0.411
11. I feel joy in my body	0.761
<b>ASC-et (Attuned Self-Care)</b>	
7. My eating habits are a way for me to manage my emotions or how I have felt about myself	0.451
15. I engage in potentially harmful or painful behaviours (e.g., disordered eating, bingeing, purging, denying physical needs, skin cutting, burning, drug use, excessive alcohol consumption)	0.686
16. I have an eating disorder	0.683
17. I take good care of, and am respectful of, my body	0.660
18. I ignore the signs my body sends me (e.g., of hunger, stress, fatigue, illness/injury)	0.780
33. I put a priority on listening to my body and its needs (e.g., stress, fatigue, hunger)	0.593
<b>AF-et (Agency &amp; functionality)</b>	
24. I am comfortable with, and proud of, who I am	0.239
25. I consider myself to be a powerful person	0.819
26. I am aware of, and confident in, my strengths and abilities	0.784
32. I believe in my ability to accomplish what I desire in the world	0.613
<b>EESD-et (Experience &amp; expression of sexual desire)</b>	
14. I am comfortable with my sexual feelings / desires	0.640
28. I feel disconnected from my own sense of sexual desire	0.616
29. I express what I want and need sexually	0.803

30. I feel that I cannot express what I want or need in a dating / partnership relationship	0.552
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BUA-et (Body-Unencumbered Adjustment)	
4. I feel depressed / anxious / scared in / about my body	0.474
10. I feel dissatisfied, envious, and frustrated when I compare my body to others	0.382
12. My body reduces my sense of self worth in the world	0.570
13. I sometimes tend to blame my body for difficulties I am having	0.418
27. My dissatisfaction with my body / appearance has a negative effect on my social life	0.496
34. I constantly think about the way my body fits with cultural standards of appearance	0.578
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AFF-et (Agency & Functionality with Feelings)	
20. I am comfortable voicing my views, opinions, and beliefs	0.420
21. I find it difficult to express my emotions	0.788
22. I am aware of my needs	0.307
23. It is hard for me to read / identify my feelings	0.652
31. I have difficulty asserting myself with others in the world	0.368
<hr/>	
RO-et (Resisting Objectification)	
5. I care more about how my body feels than about how it looks	0.589
6. I focus more on what my body can do than on its appearance	0.610
19. I spend a lot of time / energy / money engaging in activities that I hope make me fit with cultural ideals of beauty (e.g., exercise, clothing, make-up, plastic surgery, skin bleaching)	0.440

Note. *N* = 184.

Two items (22 and 24) demonstrated cross-loading in this subsample. Item 22 loaded evenly on the Attuned Self-Care (.307) and Agency & Functionality with Feelings

(.307) factors. In order to inform my decision about which factor to include item 22 with, I calculated Cronbach's alpha for the Attuned Self-Care and Agency & Functionality with Feelings factors with and without item 22.

**Table 4.2**

***Cronbach's Alpha Values for Factors with Cross-Loading Items***

	ASC-et	AFF-et	AF-et	EESD
Item 22				
Included	0.809	0.744		
Excluded	0.798	0.714		
Item 24				
Included			0.767	0.755
Excluded			0.794	0.756
Absolute Difference	0.011	0.030	0.027	0.001

As can be seen in Table 4.4, removing item 22 from Agency & Functionality with Feelings had a greater impact in reducing the alpha value than removing it from Attuned Self-Care. Considering the Agency & Functionality with Feelings factor also shared similar items and conceptual meaning with the factor item 22 belonged to in the later transition group, I decided it was preferable to keep this consistency across both subsamples, and item 22 was grouped onto the Agency & Functionality with Feelings factor.

Item 24 showed the lowest loading of any item in the measure, cross-loading onto Agency & Functionality and Experience & Expression of Sexual Desire with values of .239 and .268, respectively. Despite a slightly lower item loading value with the Agency & Functionality factor, it fit better conceptually with this factor, and belonged to a similarly composed factor in the later transition group. These conceptual considerations led me to include it in the Agency & Functionality factor in this subsample's factor structure, despite resulting in a slight penalty to the factor's alpha value (.767 vs .794).

In the early transition group the total EES demonstrated good internal consistency ( $\alpha = .882$ ). The internal consistency values for each factor were also good, with the exception of one, which fell below 0.7: BCC-et ( $\alpha = .841$ ), ASC-et ( $\alpha = .798$ ), AF-et ( $\alpha = .767$ ), EESD-et ( $\alpha = .755$ ), BUA-et ( $\alpha = .731$ ), AFF-et ( $\alpha = .744$ ), RO-et ( $\alpha = .545$ ). The finding of a lower alpha value for the Resisting Objectification factor is in line with other studies: Piran et al. (2020) reported an RO alpha value at .46, and Kling et al. 2021 was similar ( $\omega = .65$ ).

### ***Notable Conceptual Differences in Factor Structures***

There were two notable conceptual difference between the EES factor structure found in the original studies by Piran et al. (2020) and the one discovered here for the early transition group. First, unlike in the original samples, in my early transition sample the Agency & Functionality items appear to comprise two separate agency-related factors rather than one: one relating to confidence and identity, and one relating to awareness of and assertion of one's feelings, opinions, and needs (summarized as feelings).

Second, while positive and negative body connections and evaluations loaded as two separate factors (determined by positivity and negativity, and represented by the positive body connection comfort and Body-Unencumbered Adjustment factors) in both Piran's and my samples, the content of the factors are somewhat different. Specifically, for the early transition group, the Body Connection & Comfort factor contains one negatively worded item (item 3., I feel "detached" and separate from my body) but contains items that are mostly about the immediate experience of the body; whereas the Body-Unencumbered Adjustment factor seems more concerned with body comparison, body evaluation, and the effect the body has on the self. These implications, as well as other nuances of the differences of this subscale, are explored in greater detail in the Discussion.

## Later Transition Group

For the later transition group, the most satisfactory factor solution revealed 7 components. Each factor had an Eigenvalue over 1.0, and the 7 factors solution explained 61.66% of the variance. The seven-factor solution indicated high conceptual relatedness with the EES's original factor structure, as well as with the early transition group's factor structure. As with the early transition group, the item composition of each factor was slightly altered in comparison to the original, with the exception of EESD. The suffix to note the factors are revised for use with a later transition group is "-It".

**Table 4.3**

***EES Factor Structure with the Later Transition Subsample***

Factor Items	Item loading score
BCC-It (Body Connection & Comfort)	
1. I feel in tune with my body	0.985
2. I feel at one with my body	1.02
3. I feel "detached" and separate from my body	0.778
4. I feel depressed / anxious / scared in / about my body	0.550
8. Generally I feel good/comfortable in my body	0.784
10. I feel dissatisfied, envious, and frustrated when I compare my body to others	0.438
11. I feel joy in my body	0.640
12. My body reduces my sense of self worth in the world	0.389
ASC-It (Attuned Self-Care)	
7. My eating habits are a way for me to manage my emotions or how I have felt about myself	0.569
13. I sometimes tend to blame my body for difficulties I am having	0.318
15. I engage in potentially harmful or painful behaviours (e.g., disordered eating, bingeing, purging, denying physical needs, skin cutting, burning, drug use, excessive alcohol consumption)	0.680
16. I have an eating disorder	0.664

17. I take good care of, and am respectful of, my body	0.685
18. I ignore the signs my body sends me (e.g., of hunger, stress, fatigue, illness/injury)	0.820
33. I put a priority on listening to my body and its needs (e.g., stress, fatigue, hunger)	0.675
<hr/>	
AF-It (Agency & Functionality)	
9. I am proud of what my body can do	0.431
20. I am comfortable voicing my views, opinions, and beliefs	0.667
24. I am comfortable with, and proud of, who I am	0.535
25. I consider myself to be a powerful person	0.986
26. I am aware of, and confident in, my strengths and abilities	0.877
31. I have difficulty asserting myself with others in the world	0.606
32. I believe in my ability to accomplish what I desire in the world	0.690
<hr/>	
EESD (Experience & Expression of Sexual Desire)	
14. I am comfortable with my sexual feelings / desires	0.697
28. I feel disconnected from my own sense of sexual desire	0.620
29. I express what I want and need sexually	0.894
30. I feel that I cannot express what I want or need in a dating / partnership relationship	0.620
<hr/>	
AFF-It (Agency & dunctionality with feelings)	
21. I find it difficult to express my emotions	0.602
22. I am aware of my needs	0.440
23. It is hard for me to read / identify my feelings	0.657
<hr/>	
RO-It (Resisting Objectification)	
5. I care more about how my body feels than about how it looks	0.592
6. I focus more on what my body can do than on its appearance	0.700
<hr/>	
CSC-It (Cultural Standards & Comparison)	

10. I feel dissatisfied, envious, and frustrated when I compare my body to others	0.392
19. I spend a lot of time / energy / money engaging in activities that I hope make me fit with cultural ideals of beauty (e.g., exercise, clothing, make-up, plastic surgery, skin bleaching)	0.576
27. My dissatisfaction with my body / appearance has a negative effect on my social life	0.341
34. I constantly think about the way my body fits with cultural standards of appearance	0.565

Note.  $N = 264$ .

Item 10 cross-loaded on both Body Connection & Comfort and Cultural Standards & Comparison with factor loadings of .438 and .392, respectively. When item 10 was included in the Cultural Standards & Comparison factor, the internal consistency increased from .473 without to .613. In contrast, the removal of item 10 from Body Connection & Comfort resulted in a negligible difference of .004 (see table 4.4). Considering the inclusion of item 10 in Cultural Standards & Comparison also produced a stronger and more cohesive factor on conceptual and clinical grounds, I decided to include item 10 with the Cultural Standards & Comparison factor. Estimates of internal consistency for the total EES score in the later transition sample were good ( $\alpha = .917$ ), and estimates of internal consistency remained strong across the seven factors: BCC-It ( $\alpha = .899$ ), AF-It ( $\alpha = .853$ ), ASC-It ( $\alpha = .804$ ), EESD ( $\alpha = .782$ ), AFF-It ( $\alpha = .717$ ), RO-It ( $\alpha = .720$ ), and CSC-It ( $\alpha = .613$ ).

**Table 4.4**

***Cronbach's Alpha Values for Factors with Cross-Loading Items***

	BCC-It	CSC-It
Item 10		
Included	0.903	0.613
Excluded	0.899	0.473

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Absolute Difference

0.004

0.140

The Resisting Objectification factor was composed of only two items in this subsample, but it was determined to be a useful factor based on the following considerations: the factor's two items loaded distinctively onto this factor with high loading values, the factor is conceptually similar to the early transition group's Resisting Objectification factor, and this factor explained an amount of total variance (approximately 4%) similar to the amount of variance explained by two other factors in this factor structure.

### ***Notable Conceptual Differences in the Factor Structure***

Of note in this subsample is that the Body Connection & Comfort factor contains both positive and negative connection and evaluation items as opposed to the original Positive Body Connection & Comfort factor including the positive items and the Body-Unencumbered Adjustment factor containing negative items, as well as the factor in the early transition group containing almost entirely positive items. This finding is in line with the findings of Kling et al.'s (2021) evaluation of the EES, which determined that the Positive Body Connection & Comfort and body unencumbered items merged into a factor encompassing body connection and evaluation across the continuum of positive to negative. Similar to the early transition group, the Agency & Functionality factor in the later transition group split into two separate agency-related factors. In the later transition group, however, the Agency & Functionality factor accounts for a broader range of agency-related items. Additionally, in the later transition group, the Agency & Functionality with Feelings factor is more specifically concerned with emotions, rather than other 'internal' agency-related concepts such as opinions or beliefs. Also of note in the factor

structure in the later transition subsample is the emergence of a distinctive factor that I have named Cultural Standards & Comparison (CSC-It), which contains items that in the original samples loaded on the Resisting Objectification and Body-Unencumbered Adjustment factors. There is a distinctive conceptual component seen in this factor, consisting of comparisons to cultural appearance-related expectations and the level of engagement in practices to adhere to these expectations, and the effect that such comparisons have on the individual. Clinical implications of the emergence of this unique factor as explored in the following discussion chapter.

## 5.

### Discussion

This study is the first of its kind to explore the use of the EES in a sample of transgender women and transfeminine non-binary people, and is a direct response to calls from the researcher community to include transgender people in further evaluations of the EES (Piran, 2016; Piran et al., 2020; Kling et al., 2021). Specifically, I evaluated how well the factor structure of the EES held up within a sample of transgender women and transfeminine non-binary people, and answered the research question: What is the factor structure of the EES when used with a sample of transgender women and trans femme people? If the factor structure of EES is only partially supported, how do the findings align and depart from those reported in previous research in cisgender samples? This inquiry was undertaken as a first step toward providing researchers and counselling practitioners with additional knowledge and tools that could lead to the development of interventions to effectively address the unique concerns of transgender people, who, as a class, are characterized by particular experiences of embodiment that may be both similar to and different from those of cisgender people.

As will be discussed below, three key findings emerged in this evaluation of the factor structure of the EES. First, this study confirms the EES holds promise as a measure for exploring the experiences of embodiment in transgender women and transfeminine people, because clear and meaningful factor structures emerged. Second, two distinct participant subgroups were found in the data, characterized by the status of transition in terms of a “level of progress” dimension. Third, while the factor structures obtained for both subgroups were highly similar to that discovered in samples of cisgender women, there were also notable differences. Implications for researchers and counsellors are discussed.

### **Use of EES with transgender women and transfeminine people**

Statistical analysis of transfeminine participants' responses to the EES revealed that the EES holds promise as a measure for exploring the experiences of embodiment in transgender women and transfeminine people. The factor structures / subscale compositions found here are highly comparable to those seen in samples of cisgender women and men (Kling et al., 2021; Piran et al., 2020), suggesting that transgender women and transfeminine non-binary people experience embodiment along similar dimensions as cisgender people. Additional evidence for the usefulness of this measure with trans people includes good internal consistency values for both the total EES and its subscales, as well as an amount of explained variance comparable to that seen in samples of cisgender women and men (Kling et al., 2021; Piran et al., 2020). These findings support the use of the EES in research and intervention development tailored specifically towards transgender people, as well as in studies investigating EE with the EES with mixed samples consisting of both cisgender and transgender women.

### **Embodied Experience and Status of Transition**

A second key finding was that degree of progress through the gender transition process influenced how participants responded to the EES. The evidence obtained here indicated that the distribution of responses on the EES differed between groups of people early in their transition and those who were later in their transition. Moreover, there were differences in the factor structures between the early and later transition groups. These findings suggest that gender transition, over time, influences the experience on various embodiment-related dimensions. Put another way, the nature of one's experience of embodiment changes as transition progresses.

The differences in embodiment-related concerns at different stages of transition can be considered in light of existing embodiment-related research with trans people. Notably, several researchers have found differences in embodiment-related factors in

relation to the degree to which one has pursued gender-affirming healthcare or engaged in other gender-affirming transition practices. For example, Jones et al. (2017) found that between those who took hormones and those who did not, different factors became more salient predictors of engagement in physical activity. Higher body satisfaction was the strongest predictor of engagement in physical activity for those taking hormones, whereas for those who did not take hormones, self-esteem was the strongest predictor (Jones et al., 2017). While it must be remarked that not all trans people choose to take hormones as part of their transition, my anecdotal knowledge of this population is that, for many, accessing hormones is a significant or central component of transition, and often functions as a central determinant in someone's self-reported status of their transition. Other research has found evidence that transition-related endeavours, such as pursuing trans-affirming healthcare, result in greater gender congruence (Owen-Smith et al., 2018), body satisfaction (Khoosal et al., 2009), and body image (Garz et al., 2021). These have been shown to impact embodiment issues such as disordered eating and risky sexual practices (Dharma et al., 2019; Barnhart et al., 2023). There is also support for the notion that some of these transition-related differences in embodiment are due in part to differences in social recognition. Pursuing more transition-related intervention can result in being seen and accepted more readily as a member of one's gender, thus leading to increased social recognition, which has its own effects on gender congruence and other embodiment-related factors such as disordered eating (Mitchell et al., 2021). These findings, which indicate that various embodiment-related factors differ between groups with different experiences, or statuses, of transition, are consistent with the current findings of differing EES factor structures between early- and later-transition groups. It follows that there is reason for practitioners and researchers to consider the nuances of these varying developmental stages in their work with trans women and transfeminine people. Recommendations for practice and re-

search are made based on the implications of this finding later in this chapter.

### **Differences in Factor Structure**

The third key finding pertains to the research question of what differences might emerge in the factor structure of the EES with a sample of transfeminine people / transgender women. Despite the similarities seen between the factor structure of the EES in cisgender and transgender samples, the factor structure suggested by the current research program did differ slightly, revealing unique factor composition between previous cis samples and the current trans samples. Differences were also found between groups in the current study, seen when comparing early- and later- transition samples. The current study found a slightly different configuration of item loadings between early- and later transitioners and the original EES for a) Agency & Functionality and b) body connection. The study also found slightly different subscale item configurations (compared to the original EES) on a) objectification, b) body discomfort, c) body comparison, and d) cultural standards of appearance. The distinct ways in which the EES items loaded onto the factors in this sample of transfeminine people / transgender women points to some of the unique ways that embodiment-related concerns are experienced by trans women and transfeminine non-binary people relative to cisgender men and women. In the following section, I will outline these differences in factor composition and attempt to make meaning of them by discussing them in light of existing research on transgender embodiment. I will also explore their implications for counselling practitioners and researchers.

### ***Positive Body Connection and Comfort***

**Difference between original EES and early-transition group.** For those early in their transition, the Body Connection & Comfort factor contained more positively-worded items, and appeared to be more about the immediate experience of the body;

this is in contrast to the later transition group, for who the factor contained both positive and negative items, and items that addressed *evaluation* of the body in addition to immediate experience of the body; for example, item 4, “I feel depressed / anxious / scared in / *about* my body,” and item 12, “my body reduce my sense of self worth in the world,” involve attitudes *about* or *resulting from* the body. For the early transition group, these two items clustered onto another factor, Body-Unencumbered Adjustment, which included a number of items reflecting ‘negative’ attitudes towards and associations with the body, especially in relation to comparison with others and cultural standards of appearance. Previous research has found positive relationships among gender congruence, body satisfaction, and self-esteem (Khoosal et al., 2009; van de Grift et al., 2016; Tabaac et al., 2018; Garz et al., 2021); this may explain why EES items relating to comparison and lower self-worth cluster together in an early transition group, which has presumably achieved less gender congruence than the later transition group and thus is more likely to experience lower self-worth stemming from perceptions of their body. This can occur independently from the immediate experiencing of or connection with one’s body (as indicated by items such as “I feel in tune with body” or “I feel at one with my body”).

**Difference between original EES and later-transition group.** For those mid- and late- transition, the shift of items 4 and 12 from the Body-Unencumbered Adjustment factor to this factor (as compared to the early transition group as well as cisgender samples) suggests to me that the stakes of comparison become less associated with a global sense of self-worth as a sense of feminine or female identity becomes more internalized over time. For many, as time in transition progresses, more transition-related care is accessed, social recognition as one’s felt gender increases, and gender congruence as a whole becomes more complete (Owen-Smith et al., 2018; Galupo et al., 2020; Garz et al., 2021), all of which can contribute to a more internalized, stable, and settled sense of one’s embodied identity in relation to one’s gender. Thus body

connection and detachment becomes less dependent on an incongruence between felt and embodied gender and sex identities, and more a function of general body connection and comfort that any person might experience.

#### **Difference between original EES and both early- and later- transition**

**groups.** In the original EES, items 17 and 24 load onto the Positive Body Connection & Comfort factor; these items loaded onto different factors for the early- and later- transition groups. Item 17, “I take good care of, and am respectful of, my body,” loaded onto the Attuned Self-Care factor here, suggesting this concept functions independent of a person’s degree of connectedness to their body in this sample. Item 24, “I am comfortable with, and proud of, who I am,” loaded on the Agency & Functionality factor in this study. My explanation of this difference is that because transfeminine people embody a marginalized identity that can often be a nexus of prejudice, violence, and moralistic debate, the concept of being comfortable and proud of oneself is less accurately a positive feeling about one’s body and more accurately a significant expression of a core pillar of identity, which would place it more in the realm of an embodied act of agency.

#### ***Body-Unencumbered Adjustment***

**Difference between original EES and early-transition group.** When compared to the original Body-Unencumbered Adjustment factor, the early transition group saw very similar items loading together, representing the experience of the body as a site of negative evaluations and perceived consequences for the individual. Item 3, “I feel ‘detached’ and separate from my body,” did not load onto this factor in my data. For many transgender people, a sense of a felt gender identity can exist independently of various physical or embodied features typically associated with a different gender (Rubin, 2003; Hilário & Marques, 2020); accordingly, the fact that a feeling of detachment or separateness loads separately from items characterized by negative and problematic embodied attitudes can be explained by the fact that for some transgender people, this sense of

confidence in one's felt, internal sense can actually be an empowering way of conceptualizing the self and one's identity and embodiment (Hilário & Marques, 2020). Indeed, this item features alongside items in the Positive Body Connection & Comfort factor such as "generally I feel good/comfortable in my body," "I am proud of what my body can do," and "I feel joy in my body." The Body-Unencumbered Adjustment factor in this group also sees the absence of item 7, an item concerned with eating habits (loading instead with the Attuned Self-Care factor). The Body-Unencumbered Adjustment factor for early transitioners sees the inclusion of item 34, "I constantly think about the way my body fits with cultural standards of appearance." This item sits alongside items such as "I feel dissatisfied, envious and frustrated when I compare my body to others," "I feel depressed / anxious / scared in / about my body," and "I sometimes tend to blame my body for difficulties I am having." I explain the addition of item 34 to the Body-Unencumbered Adjustment factor -an item concerned with a preoccupation with cultural standards of appearance - by considering that those earlier in transition have likely attained less gender congruence, and as a result, are likely experiencing less social recognition (potentially leading to transphobic micro-aggressions and more overt mistreatment or violence). Research has shown a relationship between lgbtq-related harassment and lower body image (Tabaac et al., 2018). Furthermore, those who have made less progress in their transitions have likely not experienced as much intervention targeting their gender dysphoria; while research shows that many trans people are able to navigate this incongruence between embodiment and felt sense with a sense of empowerment (Hilário & Marques, 2020), it is also true that those sources of incongruence are also a source of distress for many (van de Grift et al., 2016; Galupo et al., 2020; Austin et al., 2021), leading to negative evaluations and experiences of the body.

**Difference between original EES and later-transition group.** The Body-Unencumbered Adjustment factor did not possess the same degree of consistency with the original EES factor that the early-transition group had. I wrestled with how to engage

with this, as well as how to name the factor that most closely resembled the Body-Unencumbered Adjustment factor. For the later transition subgroup, certain items seen in the original Body-Unencumbered Adjustment factor loaded instead on the Positive Body Connection & Comfort and Attuned Self-Care factors, as well as on a novel factor I have tentatively titled Cultural Standards & Comparison, which consists of items seen in the original EES's Body-Unencumbered Adjustment and Resisting Objectification factors. I believe the movement of items between factors seen across the dimension of the status of one's transition represents the complex shifts in identity and experience of embodiment that occur for many transgender people as they progress from one gender to another. The Cultural Standards & Comparison factor consists of four items: 10 ("I feel dissatisfied, envious and frustrated when I compare my body to others"), 19 ("I spend a lot of time/energy/money engaging in activities that I hope make me fit with cultural ideals of beauty (e.g., exercise, clothing, make-up, hair, plastic surgery, skin bleaching)"), 27 ("My dissatisfaction with my body/appearance has a negative effect on my social life"), and 34 ("I constantly think about the way my body fits with cultural standards of appearance). A number of these items exist in the Body-Unencumbered Adjustment factor, both in the original EES cisgender sample, as well as my early transition subsample. These items have different implications when considered in relation to the concerns of transgender people - for many trans people, physical features that are associated most strongly with a particular gender can be sites of comparison, and can therefore become sites that gender dysphoria is centered around (van de Grift et al., 2016). Spending time engaging in activities that one hopes will help one "fit with cultural ideals of beauty" is, for many transgender people, a higher stakes activity than for cisgender people, given that achieving gender congruence is sought to provide relief from gender dysphoria - which, for many, is a profoundly distressing experience (Galupo et al., 2020; Austin et al., 2021). Such activities also function for some to facilitate passing or blending as a member of one's gender, leading to increased social recognition and

inclusion and lessening the potential for transphobic encounters. When I think of item 34, “I constantly think about the way my body fits with cultural standards of appearance,” I can’t help but think that this may also include instances in which a trans person is *forced* to think about the way they do not fit in, because others misgender them or treat them as a gender they do not identify with: less than half of the participants in the current study stated they pass in social situations “very often” or “almost always,” with 40% stating they pass “sometimes,” “rarely,” or “never.”

**Discussion of difference between original EES, early-transition, and later-transition groups.** While it makes sense to me why these 4 items relating to comparison and cultural standards of appearance would load together in a transfeminine sample, there are meaningful differences between the Cultural Standards & Comparison factor for the later transition group, the Body-Unencumbered Adjustment factor for the early transition group, and the original EES Body-Unencumbered Adjustment factor. For the later-transition group, these 4 items concerned with comparison and cultural standards of appearance load together *but with the absence of items 4 and 12 and 13*, which are concerned with feeling “depressed / anxious / scared in / about my body,” reduced “sense of self worth in the world” resulting from the body and blaming the body “for difficulties I am having.” If the differences in factor structure between early- and later- transitioners are, in part, explained by evolving attitudes regarding embodiment over the process of transition, then there is some meaning to be made of the fact that over time (and thus at a later point in transition), the nature of comparison becomes less impactful on one’s global feelings about one’s body (comparison not being associated in the same way with being depressed or anxious about one’s body, or with a lowered sense of self-worth). In attempting to make meaning of these differences, I return to previous research showing the positive relationships between gender-affirming treatment, gender congruence, body image satisfaction, and self-esteem (Khoosal et al., 2009; van de Grift et al., 2016; Tabaac et al., 2018; Garz et al., 2021). It is possible

that while comparison to cisgender standards of appearance never fully dissipate for transfeminine people, the increase in overall gender congruence over time means that these comparisons reveal a less drastic difference, thus leading to less negative impact on one's sense of self-worth and positive connection to their body. It also seems feasible to me that as compared to those early in transition, there has been more time to 'make peace' with the results and pragmatic limitations of gender transition, and greater acceptance of one's identity as a person with a unique form of embodiment that is different from that which (cisgender) cultural standards of appearance are based on. A third possible explanation is that for those who have progressed further in their transition, there may be a greater level of internalization of one's identity as a woman or transfeminine non-binary person, resulting in a sense of one's embodied and gendered self that is less dependent on external physical markers. While socially, the effects of "not meeting the standards" of desired or acceptable cisgender appearance may be as salient as ever, one's internal sense of self and self-worth may be less defined by these external expectations as one's own acceptance of self as a woman or feminine person solidifies. I consider this possible explanation in light of the Developmental Theory of Embodiment's (DTE's) theory of "un-corseting," which is a term used to describe the process of shedding off restrictive or negatively-impactful cultural expectations that some women undergo at later periods in their lives (Piran, 2017).

The DTE outlines how in adolescence, girls begin to internalize harmful and oppressive cultural and social messaging about their bodies, behaviour, and social location, described as a process of "corseting." By adulthood, however, "Most women engage in body journeys that aim to shift, and even counteract, adverse body anchored experiences in the physical, mental, and social power domains. Processes that are constructive to women's ownership of their bodies are complex, involve the interaction of women's agency with alternative social experiences and structures, and lead to important shifts in women's embodied agency, connection, and well-being" (p. 202). I hy-

pothesize that a kind of microcosm of this process may occur across gender transition, which may explain why the effects of comparison may be associated with more negative self-evaluation for those earlier in transition, and through a kind of un-corseting through transition, the stakes of comparison become lower. The fact that items relating to self-worth and depression do not load together with comparison-related items for later-transition transgender women, while they do for cisgender women, is a final point of significance. Based on my anecdotal experience, I hypothesize that over the course of transition, and as they live their lives in a society dominated by cisnormative expectations and norms of appearance and behaviour, transfeminine people develop a unique kind of resilience in the face of these cultural and social forces, leading to a kind of buffer between one's sense of self-worth and one's level of 'achievement' of social embodiment- and appearance-related expectations.

### ***Agency & Functionality***

#### **Difference between original EES and both early- and later- transition**

**groups.** In the original EES, items concerning one's comfort with expressing views, beliefs, opinions, and emotions, one's assertiveness, and the possession of awareness and confidence in one's strengths and ability to achieve, cluster together as one factor, Agency & Functionality. The Agency & Functionality factor for early- and later- transitioners sees the addition of an item not present in the original EES for this sample - item 24, "I am comfortable with, and proud of, who I am;" The presence of item 24 suggests that for transfeminine people, one's ability to express oneself and one's sense of agency in the world is linked to one's identity as a gender minority person; being able to confidently and safely express this identity corresponds with a broader sense of being able to act as an agent in line's with one's desires and needs in a social context. The later-transition group also sees the inclusion of item 9, "I am proud of what my body can do." I suggest that this may be attributable to the fact that, as one makes more

changes to one's body over time - therefore more accurately and congruently expressing one's gender identity - one experiences an increasing sense of pride in one's body and its capability (to perform something as extraordinary as changing one's gender), as well as in one's ability to act in service of one's embodied needs.

It is of note that item 22, "I am aware of my needs," clustered with items relating to emotionality, rather than physical needs. I suspect this may be due to how the EES questions are ordered - item 22 is sandwiched between two items that are explicitly about feelings and emotions, hence potentially leading participants to interpret "needs" in an emotional light.

A significant finding of the current study is all original Agency & Functionality items loaded separately into two distinct factors - a general Agency & Functionality factor, similar to the original Agency & Functionality (with the addition of the items relating to pride in one's identity as described above), as well as a factor corresponding to agency specifically in relation to feelings, emotions, beliefs, and opinions. I have called this additional factor Agency & Functionality with Feelings, or AFF. These factors are composed somewhat differently in the early and later transition subgroups.

**Difference between original EES and early-transition group.** Agency & functionality in the early transition group is a smaller factor (4 items), focused on comfort and pride in one's identity and one's abilities. The Agency & Functionality with Feelings factor (5 items) is focused more on 'internal' states and interpersonal actions, such as awareness and expression of feelings and emotions, comfort with voicing views, opinions, and beliefs, and difficulty asserting oneself with others.

**Difference between original EES and later-transition group.** In the later transition group the Agency & Functionality with Feelings factor is the smaller factor (3 items), and is specifically and narrowly concerned with feelings and emotions; items relating to views, opinions, beliefs, and asserting oneself clustered together with other Agency & Functionality items in the more general Agency & Functionality factor. I remain

curious as to why items pertaining to feelings, emotions, and beliefs cluster separately in this sample; exploring this distinction is an avenue for potential future research.

### ***Attuned Self-Care***

**Difference between original EES and both early- and later- transition groups.** The Attuned Self-Care factor revealed in the current sample is very similar to the original EES's Attuned Self-Care, and shows the highest similarity between early transition and later transition subgroups of any factor after the Experience & Expression of Sexual Desire factor. A notable difference is the absence of item 23, "It is hard for me to read/identify my feelings," in the current sample's Attuned Self-Care factor. It is suggested that the identification of feelings is more associated with expression of self, rather than caring for self, in this group; it is also possible that a greater portion of trans-feminine people's feelings have to do with experiences relating to their minority gender identity, and so become linked to other items relating to expression of one's identity in the Agency & Functionality factor. In the current sample, the Attuned Self-Care factor includes items 7 ("My eating habits are a way for me to manage my emotions or how I have felt about myself") and 17 ("I take good care of, and am respectful of, my body"). The wording of these items suggests a conceptual similarity with other items relating to self-care and the absence of self-harmful practices and it is curious to me why item 17 in particular did not originally load with the Attuned Self-Care factor. Its loading onto Attuned Self-Care factor in the current study is consistent with Kling et al.'s finding that saw item 17 loading onto the Attuned Self-Care factor for Swedish cisgender women (Kling et al., 2021).

**Difference between original EES and later-transition group.** In the later transition group the Attuned Self-Care factor saw the addition of item 13 ("I sometimes tend to blame my body for difficulties I am having"). This item loads on the Body-Unencum-

bered Adjustment factor in the original EES and the early transition group, and the Body Connection & Comfort factor in the sample of Swedish cisgender women.

### ***Experience & Expression of Sexual Desire***

The Experience & Expression of Sexual Desire factor is the only factor that remained completely unaltered in its structure for both the early and later transition groups, suggesting a strong similarity between the ways that transgender women and transfeminine people and cisgender women experience sexuality-related embodiment concerns. This also bolsters existing evidence for this particular subscale's validity across all three of those gender categories. In a study validating the factor structure of the EES with samples of cisgender Swedish women and cisgender Swedish men, researchers also found that for cisgender women, the Experience & Expression of Sexual Desire factor was found to be one of the only factors that did not see some factor structure variation (Kling et al., 2021). Of note, Kling et al. found highly significant differences between the structure of the Experience & Expression of Sexual Desire factor for cisgender women and cisgender men. Their factor analysis revealed that for Swedish cisgender men, all Agency & Functionality items and all Experience & Expression of Sexual Desire items merged into one factor. The authors state that this "suggests that for heterosexual men (95.5% of the Swedish men sample were heterosexual), acting in the world with agency through the expression of voice and opinions extends to the sexual domain, a different experience from that of women" (p. 264). I highlight this finding in relation to my own research because it suggests that various elements related to the expression of sexual desire in transgender women and transfeminine people are similar to the experience of cisgender women and notably different than the experience of cisgender men; I believe this data is important to bring forward given that we live in a social context in which we encounter harmful transphobic rhetoric that sometimes accuses trans women of being men that wish to sexually prey on (cis) women. The equiva-

lence in factor structure can be further explained in relation to Kling et al.'s statement that "a large body of research suggests that co-occurring social processes challenge women's sexual assertiveness... In contrast, men's heterosexual desire is widely socially sanctioned and denotes social power" (p. 264). Transgender women's sexual desire is certainly *not* socially sanctioned, let alone encouraged or celebrated, and is considered even less normative and acceptable than cisgender women's sexuality, which is in itself already less socially sanctioned than men's. In light of this, it makes sense why items such as "I feel disconnected from my own sense of sexual desire" and "I feel that I cannot express what I want or need in a dating/partnership relationship" would cluster together similarly for cis women, trans women, and transfeminine people, and that this occurs in a manner that is significantly different than that seen with heterosexual cisgender men.

### ***Resisting Objectification***

#### **Difference between original EES and both early- and later- transition**

**groups.** The Resisting Objectification factors revealed in the current study contain similar items to the original EES's Resisting Objectification factor, but contain fewer items - some of these items loaded onto different factors.

**Difference between original EES and early- transition group.** Item 34, "I constantly think about the way my body fits with cultural standards of appearance," moved onto the Body-Unencumbered Adjustment factor in the early transition group.

**Difference between original EES and later- transition group.** Item 34 moved from the Resisting Objectification factor to the Cultural Standards & Comparison factor for this group. Additionally, Resisting Objectification did not contain item 19, "I spend a lot of time/energy/money engaging in activities that I hope make me fit with cultural ideals of beauty (e.g., exercise, clothing, make-up, hair, plastic surgery, skin bleaching)," which moved to the Cultural Standards & Comparison factor. This has been explained

previously in this chapter (see Body-Unencumbered Adjustment section). The Resisting Objectification factor thus only contained 2 items for this group, which is not conducive to a statistically robust factor; Despite this, the factor saw an  $\alpha$  value of .720, which provides support for its use despite it only consisting of two items. The loading of the original Resisting Objectification factor's comparison-related items to other factors suggests that for this group, the Resisting Objectification factor is specifically centered around a "functionality focus," or caring more about how the body feels and what it can do than about how it looks.

### **Implications for Application of the EES**

As noted above, a key finding of this study is the differences in embodiment as experienced by transgender women and transfeminine nonbinary people at different stages of their transition. Transition, an embodiment-centred process, can be considered a developmental process, involving shifting experiences, needs, and concerns over time or over various stages of self-reported progress. This has implications for both researchers and clinicians; for both, the findings indicate it is prudent to consider the stage at which a client or participant is within their transition. For researchers, this could translate to consideration of the most appropriate factor structure to use when computing a participant's EES total and subscale scores. This same consideration could be important for clinicians who use the EES in therapeutic settings. For example, In the original EES's conceptualization, being highly concerned with body image, reporting an absence of resistance to hegemonic appearance-based expectations, and reporting higher levels of self-objectification through the application of hegemonic attitudes about how women 'should act' are characterized as "disrupted" embodiment experiences; these items would result in a lower score on the EES, indicating a less positive experience of embodiment. While it is true that giving less attention and energy to

these cultural messages and forces is likely healthier for cisgender women, and potentially for transgender women and transfeminine non-binary people, it is my belief that these items and these scores should be interpreted with more nuance for transfeminine subjects, due to the very real concerns of microaggressions, gender dysphoria, and potential transphobic violence. Exhibiting a concern with fitting cultural standards of appearance and engaging in particular appearance-related practices do not necessarily indicate a certain level of problematic self-objectification or a lack of resistance to hegemonic cultural forces in this population, and can instead be interpreted as necessary precautions taken to address gender dysphoria or ensure personal safety. Therapeutic work pertaining to embodiment may therefore focus on different elements, or consider certain elements more or less salient, depending on the status of a client's transition. Clinicians should be warned, however, to remain keenly aware of, and avoid making, any suggestion of a prescribed or preferred pathway of transition; transition status should be considered as a subjective and self-reported process, and not in comparison to a predetermined set of events, changes, or milestones.

Considering transition as a process consisting of different stages adds to the literature considering embodiment as a developmental process (see Piran, 2017; Piran et al., 2023). The developmental theory of embodiment (DTE) considers the experiences of (cisgender) girls and women over the lifespan, exploring how social experiences shape one's experience of embodiment through "corseting" (restricting, oppressive) and "un-corseting" forces and life events; these experiences are considered in light of the life stage (e.g., tween years, teenage years, late adulthood) and the events and meanings typically associated with those phases. The current study adds a trans-specific lens to a developmental consideration of embodiment and opens the door on a potentially rich avenue for future research considering how transition may figure into developmental processes of embodiment over the lifespan as a unique event characterized

by unique corseting and un-corseting effects, or how transition itself may possess its own developmental sub-phases characterized by certain experiences and attitudes.

In considering the implications of these findings for counsellors and clinicians working with transfeminine clients, I turn to what has been written on the therapeutic goals of the EE construct: the “EE construct suggests broadening the goals of treatment to enhance positive ways of inhabiting the body, including establishing a positive connection to the body and to desires, physical agency and/or agency through voice, and attuned physical, emotional, and relational self-care. Engagement in meaningful pursuits and interventions that enhance body attunement will also support the resistance to objectifying pressures” (Piran, 2017, p. 265). In thinking about these goals alongside how the EES might be used with transfeminine clients, I suggest that clinicians interested in using this measure consider de-emphasizing the quantifiable nature of the scale and measurement as an authoritative knowing, and instead engage with the measure in ways that have been described as humanistic, therapeutic, or co-assessment (Finn & Tonsager, 1997; Socholotiuk, 2022). Clinicians using this approach have reported clients experienced greater self-awareness and understanding, increased motivation to actively participate in the therapeutic process, and a reduction in symptoms (Finn & Tonsager, 1997). These practices involve a collaborative process of administering a measure, approaching assessment as a therapeutic process in itself, with the goals of strengthening the therapeutic alliance, providing increased insight, and suggesting goals for treatment. Reviewing results therapeutically involves engaging in meaning-making together with a client in a non-authoritative manner that ensures that only the aspects of the measure that feel relevant and useful to the client are used. I suggest that clinicians employ the EES as a vehicle for exploration - for example, rendering embodiment issues or challenges more visible to a clinician or a client. In my experience counselling trans people, it is sometimes the case that clients may not even be aware of the ways they might enjoy a better connection with their body or their embod-

ied practices; conversely, clients are sometimes not even aware of the depth at which they are disconnected from their own physical experiences. Clients may not know what is going on for them, or have unclear ideas about what their problem is, or why they are having it. Using the EES to explore possibilities for where connection and disconnection with the body or one's embodied practices are centred could provide clarity in such instances. One use of the EES may be to help give a language to the disconnect or dissociation some clients have with their bodies - helping clients realizing they are embodied in social spaces and introducing ways to make sense of an experience of the body. Assessment done in this fashion can also be used to broach certain topics a client might not otherwise think to involve in therapeutic work, jog client memory of events or concepts, or create jumping off points for discussion during session. I also imagine the EES being usable for psychoeducation - suggesting entry points for discussing how a client might take better care of their body, express themselves, or avoid harmful objectifying messages.

A final note: while psychometric assessment is typically predicated on comparison to norms, this needn't be so in using the EES with transfeminine people. Indeed, it is crucial that clinicians stay away from any narrative suggesting a "correct" or "preferred" way to transition, which comparison to norms would involve. Relatedly, clinicians should be wary of how giving a "negative score" of embodiment to a client might affect them.

### **Strengths and Limitations**

Due to its unique and specific population of interest, my findings may be limited in their transferability to other groups. Most notably, given that my sample is composed of transgender women and transfeminine people, and that my data revealed differences in the EES factor structure as compared with studies exploring the factor structure of the EES with cisgender people, the specific nuances of the factor structure can be as-

sumed to not apply to cis samples. Furthermore, because the transgender participants in this study are transfeminine, these findings should not be assumed to be applicable to trans men and transmasculine people, who have a distinct set of gendered and social histories and experiences. However, it is also possible that some of the differences in factor structure found here can be attributed to differences in sexual identity as compared to other studies. The majority of the participants in the current study identified with having some variation of queer sexual orientation; this is in contrast with other EES research, which contains mostly heterosexual samples (Piran et al., 2020; Kling et al., 2021). Another limitation to transferability is that although the study was open to people worldwide, the sample is mostly Western and white, primarily consisting of North American, European, and Oceanic participants. Furthermore, participants were mostly recruited online from trans-specific forums and spaces. These spaces are populated mostly by people earlier in their transitions, which explains why there is a significant portion of people early on in transition in the current sample.

Another limitation involves the level of rigor of statistical analysis seen in the early transition group: this group was close to, but not completely, normally distributed. It is acknowledged that this could affect the nature and strength of the findings of the factor analysis with that group. A final identified limitation is that other research done to use and / or validate the EES has employed other measures to determine the convergent validity of EES constructs with other embodiment-related constructs. Because my research was undertaken in order to evaluate the factor structure of the EES in a novel population, the absence of other measures to assess other forms of validity evidence could be considered a limitation. The field would benefit from research assessing the other forms of validity evidence (discriminant, divergent, predictive, and convergent) of the EES with a transfeminine sample with other measures, such as identity congruence, body esteem, disordered eating, self esteem, and psychological distress.

Despite these limitations, the current study has strengths which support its usefulness for researchers and practitioners. The research was conducted with the input of several members from the community being researched, and my own lived and clinical experience with this population allows for a well-informed analysis of the data that will hopefully lead to greater endorsement of the work from the population in question. The dataset possesses good sampling adequacy and reliability. The later transition group very successfully meets the assumptions required for factor analysis. Internal consistency for the discovered factors was strong. Additionally, the separation of the total sample into subsamples allows for a more detailed exploration of the factor structure and how differences in embodiment occur over time in transition. These findings are thus a meaningful and novel contribution to the existing body of literature regarding embodiment, transgender experience, and the EES, EE, and DTE constructs. Furthermore, the current study's findings support the use of the EES in interventions and research regarding transgender women and transfeminine non-binary people, opening up an established measure for use with a vulnerable and underserved population.

## **Conclusion**

The current research evaluated the factor structure of the EES, a multi-factor measure with demonstrated applicability to cisgender women and men, with transgender women and transfeminine non-binary people. Transgender women and transfeminine people possess unique and rich experiences of embodiment and this research contributes a more nuanced understanding of these experiences to the psychological literature. It is my hope that these findings support the development of research and therapeutic interventions that are specifically responsive to the embodied needs of transfeminine people.

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# Appendix A.

## Survey

Figure A.1 Introduction

### Experiences of Embodiment of Transfeminine People

Invite

#### Introduction

Hello and welcome! My name is Adrianna Faliszewski. I am a therapist-in-training and a transgender woman who is specializing my therapeutic practice in working with trans and queer clients. While there is a selection of published research about transgender people's experiences with dysphoria, not as much has been explored about how to actually help trans people feel better in their bodies. This study aims to fill that gap. My vision is to develop practical techniques that therapists can use to help trans clients have better relationships with their bodies, regardless of the state of their transition. I believe the first step in developing these techniques is to hear from trans people about how they experience various attitudes and practices relating to their bodies. This is where you come in!

Here's a quick sketch of what you can expect if you participate in this study: you will complete a questionnaire that will take you about 15 minutes to complete. Before starting the questionnaire you will be presented with the detailed information you will need to make an informed decision about whether you consent to participate in the study. Should you consent, you will then be asked a few questions about demographic information (your responses will not contain any information that could be used to identify you. Protecting your confidentiality is important to me.) You will then be asked some questions about your gender identity and the status of your transition. Following this, you will be asked some questions relating to embodiment - about things relating to your experience of your body. Upon completion of the survey, participants are invited to enter into a random draw for one of three cash prizes valued at \$20.

At this point in time, I am focusing on trans women and trans-feminine people who are over 18 years of age. In the future I hope to hear from people with other gendered identities but as a starting place my research begins with trans women and trans-feminine participants. 

## Figure A.2 Informed Consent

### Experiences of Embodiment of Transfeminine People

#### Informed Consent

You are being invited to participate in a research project designed to gather information about how trans-feminine people experience their bodies. The Principal Investigator of this study is Dr. Lucy Le Mare, Associate Dean of Graduate Studies in Education, at Simon Fraser University ( ). The study is designed and will be conducted by Adrianna Faliszewski ( ), a graduate student at Simon Fraser University, in order to satisfy the requirements of a master's-level thesis in Counselling Psychology. The research team also includes Dr. Kris Magnusson, Dean of the Faculty of Education at Simon Fraser University ( ).

The researchers want to learn more about how trans women and trans-feminine people experience various concepts relating to their bodies. The researchers also want to look at how gender identity, transition status, and other demographic factors are related to those concepts.

You are under no obligation to participate and, if you begin the study, you may withdraw your participation at any time, and your data will be immediately discarded. You can stop the survey by closing your browser window, or by clicking a button for this purpose found at the bottom of each page. Because we are collecting no identifying information, your data cannot be withdrawn from the study after you have completed the survey and submitted your answers.

If you choose to participate, you will be presented with a series of multiple choice questions. They will ask general demographic questions about your identity, some questions about your gender and transition status, and some questions about attitudes and practices relating to your body. You may choose not to answer certain questions. Altogether, they will take you about 15 minutes to complete.

The survey asks questions about gender identity, transition, and various aspects relating to the body. Because trans people often experience distress related to these things, there is a possibility that you may find these questions upsetting. If you experience distress during or after participating in this study, please call Trans Lifeline (a 24 hour support and crisis line dedicated to and staffed by trans people) - their phone number can be found [here](#). If you are experiencing distress but you are located outside of North America, please call a local crisis line for support.

It is possible that you may not benefit directly from participating. It is also possible that you may benefit by participating in this study, by taking time to reflect on, and gain insight into, your own experience of your body. By participating you will potentially be helping other transgender people, because the data produced by this study will be used to help the researcher develop techniques for therapists to help transgender clients have better relationships with their own bodies.

By participating in this study, you will have the opportunity to enter into a draw to be randomly selected to win one of three cash prizes valued at \$20 CDN. If you wish to stop the survey early by clicking the button at the bottom of each page, you will still be eligible for the draw. In order to be eligible, you will need to provide an email address at which we can contact you and e-transfer the money to. 

Information collected will include your general demographic information, gender identity, transition status, and experiences of embodiment, but will include no questions that could be used to personally identify you. Participants may choose to provide an email address for the purposes of the draw and/or to receive the findings of the study; this address will be kept separate from other data in a secure format and will be destroyed after the study is completed. All data pertaining to your identity will be kept confidential and will only be seen by the researchers. Data will be kept securely on the researcher's personal computer, protected by a password and a fingerprint scanner. Your data will only be used for this study, and all data will be destroyed after two years.

The results of this study will be published in the form of a graduate thesis completed by Adrianna Faliszewski, publicly available in the SFU library and in academic databases. Participants will not be identified in this publication. Study results will also be sent to those who indicate they wish to receive them and provide an email address for this purpose.

Any questions, pertaining to anything relating to the study, can be directed to .

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, please contact the Director, SFU Office of Research Ethics, at [dore@sfu.ca](mailto:dore@sfu.ca) or 778-782-6593. 

\* Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to stop at any time without giving a reason, and your data will be discarded. 

## Figure A.3 Demographic Questionnaire

### Experiences of Embodiment of Transfeminine People

#### Demographic Information

This page will ask you some questions about your identity.  
Data is collected and stored in such a way that your confidentiality is guaranteed.

\* How old are you? 

In what country do you live? 

Do you live in an urban, suburban, or rural area? 

- Urban
- Suburban
- Rural

What is your racial or ethnic identity? (Select all that apply.) 

- Black
- East Asian
- Hispanic/Latin
- Indigenous / First Nations / Metis
- Middle Eastern
- Pacific Islander
- South Asian
- Southeast Asian
- White
- Other (please specify)

Which of the following categories best describes your employment status? 

- Employed, working full-time
- Employed, working part-time
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work

Are you a student? 

- Yes
- No

What is the highest level of education you have completed? 

What is your sexual orientation? 

- Lesbian
- Gay
- Bisexual / Pansexual
- Queer
- Asexual
- Heterosexual / Straight
- None of the above, please specify

Which of the following best describes your relationship status? 

- Single
- Dating / Casually seeing someone
- Monogamous partnership
- Non-monogamous partnership

## Figure A.4 Gender Questionnaire

### Experiences of Embodiment of Transfeminine People

#### Gender Information

This page will ask you some questions about your gender and your transition status.

\* Which gender do you identify as? 

- Transgender woman
- Non-binary trans feminine
- Other (please specify)

When did you first identify yourself as being your current gender? (This can include personally / privately / secretly identifying as your gender) 

- Less than one year ago
- 1-2 years ago
- 3-4 years ago
- 5-9 years ago
- 10-20 years ago
- More than 20 years ago

When did you take your first concrete step to transition? (This could include things like declaring your new gender to others, starting hormones, beginning to present as your current gender, etc.) 

- Less than a year ago
- 1-2 years ago
- 3-4 years ago
- 5-9 years ago
- 10-20 years ago
- More than 20 years ago

Which best describes the current state of your transition? 

- I have not yet started transitioning
- I have just started transitioning / I have a lot of my transition ahead of me
- I am in the middle of my transition / I've made some progress but there's a ways to go
- I am mostly finished my transition / There is not much left that I am able to change
- I consider my transition to be finished
- I finished my transition a long time ago

How satisfied are you with the medical professionals you have access to to support your transition?



- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

How satisfied are you with the social/emotional support you have access to to support your transition?



- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

How satisfied are you with the financial resources you have access to to support your transition?



- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

How satisfied are you with the results of your transition in terms of achieving your desired gender embodiment? (Embodiment meaning related to your body - appearance, voice, mannerisms, functionality, etc.)



- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

In social interactions, do you experience cisgender privilege as a member of your identified gender? (Put another way - do you "pass" as an individual of your gender?)



- Almost always
- Very Often
- Sometimes
- Rarely
- Never
- I'm not sure / this is inapplicable to me

Use this space if you wish to share any additional information about your answers on this page:



## Figure A.5 Experience of Embodiment Scale

### Experience of Embodiment Scale

Please choose from the following that best describes how you feel about each of the statements listed below. Please provide responses for how you currently feel (past four weeks).

#### Experience of Embodiment Questions

	Strongly Disagree	Somewhat Disagree	Neither Disagree nor Agree	Somewhat Agree	Strongly Agree
1. I feel in tune with my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel at one with my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel “detached” and separate from my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel depressed/anxious/scared in/about my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I care more about how my body feels than about how it looks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I focus more on what my body can do than on its appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Somewhat Disagree	Neither Disagree nor Agree	Somewhat Agree	Strongly Agree
7. My eating habits are a way for me to manage my emotions or how I have felt about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Generally I feel good/comfortable in my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am proud of what my body can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel dissatisfied, envious and frustrated when I compare my body to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I feel joy in my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My body reduces my sense of self worth in the world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Somewhat Disagree	Neither Disagree nor Agree	Somewhat Agree	Strongly Agree
13. I sometimes tend to blame my body for difficulties I am having	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I am comfortable with my sexual feelings/desires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I engage in potentially harmful or painful behaviours (e.g., disordered eating, bingeing, purging, denying physical needs, skin cutting, burning, drug use, excessive alcohol consumption)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have an eating disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I take good care of, and am respectful of, my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I ignore the signs my body sends me (e.g., of hunger, stress, fatigue, illness/injury)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Figure A.6 Survey End Page

Thank you for your participation!

A message from Adrianna, the researcher behind this study:

*"Thank you for participating in the survey! Your responses will help me and future therapists develop ways to serve transgender clients in therapy better. I am grateful for your willingness to answer the questions.*

*I encourage you to take a moment to take a few deep breaths and look around the room. Check in with your self. How are you feeling after reflecting on these questions? You might find that you are feeling bothered, or upset, or maybe even very distressed. Please do what you need to do to take care of your self - this might be making yourself a cup of tea, calling a friend, or listening to some music that you like.*

*If you are deeply distressed, please consider calling Trans Lifeline - a 24/7 support and crisis line for trans people (and staffed by trans people). Their phone numbers are listed [here](#). Please note Trans Lifeline is accessible within North America only; please call another crisis line if you are experiencing distress and are located outside of North America."* 

Please indicate any of the following (these options are entirely *optional* and *voluntary*): 

- I would like to be contacted about the results of the study
- I would like to enter the random draw for a cash prize.

If you checked any of the boxes above, please provide an email address at which we can contact you:




	Strongly Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
19. I spend a lot of time/energy/money engaging in activities that I hope make me fit with cultural ideals of beauty (e.g., exercise, clothing, make-up, hair, plastic surgery, skin bleaching)	<input type="radio"/>				
20. I am comfortable voicing my views, opinions and beliefs	<input type="radio"/>				
21. I find it difficult to express my emotions	<input type="radio"/>				
22. I am aware of my needs	<input type="radio"/>				
23. It is hard for me to read/identify my feelings	<input type="radio"/>				
24. I am comfortable with, and proud of, who I am	<input type="radio"/>				

	Strongly Disagree	Somewhat Disagree	Neither Disagree nor Agree	Somewhat Agree	Strongly Agree
25. I consider myself to be a powerful person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I am aware of, and confident in, my strengths and abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My dissatisfaction with my body/appearance has a negative effect on my social life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I feel disconnected from my own sense of sexual desire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I express what I want and need sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I feel that I cannot express what I want or need in a dating/partnership relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Somewhat Disagree	Neither Disagree nor Agree	Somewhat Agree	Strongly Agree
31. I have difficulty asserting myself with others in the world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I believe in my ability to accomplish what I desire in the world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I put a priority on listening to my body and its needs (e.g., stress, fatigue, hunger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I constantly think about the way my body fits with cultural standards of appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Appendix B.

## Certificate of Ethics Approval

Figure B.1 Certificate of Ethics Approval



### Minimal Risk Approval – Delegated

**Study Number:** 30000882

**Study Title:** Embodied Experience of Transgender Women

**Approval Date:** August 16, 2022

**Expiration Date:** August 16, 2023

**Principal Investigator:** Lucy Lemare

**SFU Position:** Faculty

**Faculty/Department:** Education

**Student Lead:** Adrianna Faliszewski

**SFU Collaborator(s):** Kris Magnusson

**Research Personnel:** N/A

**External Collaborator(s):** N/A

**Funder:** N/A

**Funding Title:** N/A

**Funding Number:** N/A

**Document(s) Approved in this Application:**

- Consent Form, version 1.1 dated August 7, 2022
- Introduction Page, version 1.1 dated August 7, 2022
- Survey Questions, version 1.1 dated August 7, 2022
- Online Recruitment Post, version 1.1 dated August 7, 2022
- Recruitment Poster, version submitted August 7, 2022

**Research Team Member TCPS 2 CORE Tutorial Certificate:**

- Adrianna Faliszewski dated April 1, 2020

The application for ethical review and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human participants.

The approval for this Study expires on the **Expiration Date. An Annual Renewal must be completed every year prior to the Expiration Date. Failure to submit an Annual Renewal will lead to your study being suspended and potentially terminated.** The Board reviews and may amend decisions or subsequent amendments made independently by the authorized delegated reviewer at its regular monthly meeting.

**This letter is your official ethics approval documentation for this project. Please keep this document for reference purposes.**

**This study has been approved by an authorized delegated reviewer.**

## Appendix C.

### Recruitment Materials

Figure C.1 Recruitment Poster

**Opportunity:**

Help a **transgender therapist** develop techniques that will support **trans people to feel better in their bodies.**



Scan this code to participate  
or visit  
<https://www.surveymonkey.ca/r/75Y7BZ2>

Participate in a **fifteen-minute online survey** developed **by trans people, for trans people.**

Responses will be used to help therapists develop ways to **improve the embodied experiences** of trans people that are informed by the needs of **actual trans people.**

All responses are **confidential.**  
Participants may enter a draw to **win 3 cash prizes.**



## Figure C.2 Online Recruitment Post



Online Recruitment Post #30000882

Version 1.1 Aug 7 '22

Page 1 of 1

**I'm a trans therapist who wants to develop therapeutic techniques to help trans people feel better in their bodies - would you like to help other trans people by participating in my research? (15 minutes) (Entries for cash draws) (REB + mod approved)**

Hello! My name is Adrianna. I am a transgender woman and psychotherapist, currently finishing my master's degree in counselling psychology at Simon Fraser University in BC, Canada. I plan to specialize my practice and work primarily with trans and queer people - trans therapists are something we as a community need more of! Something I've noticed is that there is a lot of academic research about dysphoria, but there are not a lot of practical solutions for how therapists can actually help trans clients feel better in their bodies. I want to fix this by developing therapeutic techniques that can improve trans people's experiences of their bodies - but I need your help! By offering me some information about a variety of embodied experiences and practices, you will allow me to develop these techniques in a way that is responsive to real trans people's actual needs.

Right now, I am limiting the study to trans feminine people who are 19 or older. Studies focusing on other gendered experiences may follow if this work is popular. :)  
The study will take you about 15 minutes to complete online. It is confidential and anonymized - the only identifying information collected would be an email address, should you decide to enter into the cash draw - 3 participants will be randomly selected to receive \$20 in cash.

Click here if to participate in the study. <https://www.surveymonkey.ca/r/75Y7BZ2>

And click here if you'd like to see the study's ethics approval document granted by the university. [https://drive.google.com/file/d/1eBxNaE1vnDDb\\_kDKHdtJ4vacyegdn\\_dl/view?usp=sharing](https://drive.google.com/file/d/1eBxNaE1vnDDb_kDKHdtJ4vacyegdn_dl/view?usp=sharing)

Thank you very much! :)

# Appendix D.

## Factor Structure Table

Table D.1

**Comparison of Factor Structures of EES with Original Sample (Piran et al., 2020), Early Transition, and Late Transition Groups**

	Original EES (Cisgender women)	Early Transition (-et)	Later Transition (-lt)
Positive Body Connection & Comfort (PBCC / BCC)	<ul style="list-style-type: none"> <li>1. I feel in tune with my body</li> <li>2. I feel at one with my body</li> <li>8. Generally I feel good / comfortable in my body</li> <li>9. I am proud of what my body can do</li> <li>11. I feel joy in my body</li> <li>17. I take good care of, and am respectful of, my body</li> <li>24. I am comfortable with, and proud of, who I am</li> </ul>	<ul style="list-style-type: none"> <li>1. I feel in tune with my body</li> <li>2. I feel at one with my body</li> <li>3. I feel “detached” and separate from my body</li> <li>8. Generally I feel good/comfortable in my body</li> <li>9. I am proud of what my body can do</li> <li>11. I feel joy in my body</li> </ul>	<ul style="list-style-type: none"> <li>1. I feel in tune with my body</li> <li>2. I feel at one with my body</li> <li>3. I feel “detached” and separate from my body</li> <li>4. I feel depressed / anxious / scared in/about my body</li> <li>8. Generally I feel good/ comfortable in my body</li> <li>11. I feel joy in my body</li> <li>12. My body reduces my sense of self worth in the world</li> </ul>
Body Unencumbered Adjustment (BUA)	<ul style="list-style-type: none"> <li>3. I feel “detached” and separate from my body</li> <li>4. I feel depressed/anxious/scared in/about my body</li> <li>7. My eating habits are a way for me to manage my emotions or how I have felt about myself</li> <li>10. I feel dissatisfied, envious and frustrated when I compare my body to others</li> <li>12. My body reduces my sense of self worth in the world</li> <li>13. I sometimes tend to blame my body for difficulties I am having</li> <li>27. My dissatisfaction with my body/appearance has a negative effect on my social life</li> </ul>	<ul style="list-style-type: none"> <li>4. I feel depressed / anxious / scared in/about my body</li> <li>10. I feel dissatisfied, envious and frustrated when I compare my body to others</li> <li>12. My body reduces my sense of self worth in the world</li> <li>13. I sometimes tend to blame my body for difficulties I am having</li> <li>27. My dissatisfaction with my body/appearance has a negative effect on my social life</li> <li>34. I constantly think about the way my body fits with cultural standards of appearance</li> </ul>	

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Cultural Standards  
& Comparison  
(CSC)

- 10.** I feel dissatisfied, envious and frustrated when I compare my body to others  
**19.** I spend a lot of time/energy/money engaging in activities that I hope make me fit with cultural ideals of beauty (e.g., exercise, clothing, make-up, hair, plastic surgery, skin bleaching)  
**27.** My dissatisfaction with my body/appearance has a negative effect on my social life  
**34.** I constantly think about the way my body fits with cultural standards of appearance

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Agency &  
Functionality  
(AF)

- |  |   |   |
|--|---|---|
| <p><b>20.</b> I am comfortable voicing my views, opinions and beliefs<br/><b>21.</b> I find it difficult to express my emotions<br/><b>25.</b> I consider myself to be a powerful person<br/><b>26.</b> I am aware of, and confident in, my strengths and abilities<br/><b>31.</b> I have difficulty asserting myself with others in the world<br/><b>32.</b> I believe in my ability to accomplish what I desire in the world</p> | <p><b>24.</b> I am comfortable with, and proud of, who I am<br/><b>25.</b> I consider myself to be a powerful person<br/><b>26.</b> I am aware of, and confident in, my strengths and abilities<br/><b>32.</b> I believe in my ability to accomplish what I desire in the world</p> | <p><b>9.</b> I am proud of what my body can do<br/><b>20.</b> I am comfortable voicing my views, opinions and beliefs<br/><b>24.</b> I am comfortable with, and proud of, who I am<br/><b>25.</b> I consider myself to be a powerful person<br/><b>26.</b> I am aware of, and confident in, my strengths and abilities<br/><b>31.</b> I have difficulty asserting myself with others in the world<br/><b>32.</b> I believe in my ability to accomplish what I desire in the world</p> |
|--|---|---|

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Agency &  
Functionality  
with Feelings  
(AFF)

- |  |  |
|--|--|
| <p><b>20.</b> I am comfortable voicing my views, opinions and beliefs<br/><b>21.</b> I find it difficult to express my emotions<br/><b>22.</b> I am aware of my needs<br/><b>23.</b> It is hard for me to read/identify my feelings<br/><b>31.</b> I have difficulty asserting myself with others in the world</p> | <p><b>21.</b> I find it difficult to express my emotions<br/><b>22.</b> I am aware of my needs<br/><b>23.</b> It is hard for me to read/identify my feelings</p> |
|--|--|
-

Experience & Expression of Sexual Desire (EESD)	<p><b>14.</b> I am comfortable with my sexual feelings/desires</p> <p><b>28.</b> I feel disconnected from my own sense of sexual desire</p> <p><b>29.</b> I express what I want and need sexually</p> <p><b>30.</b> I feel that I cannot express what I want or need in a dating/partnership relationship</p>	<p><b>14.</b> I am comfortable with my sexual feelings/desires</p> <p><b>28.</b> I feel disconnected from my own sense of sexual desire</p> <p><b>29.</b> I express what I want and need sexually</p> <p><b>30.</b> I feel that I cannot express what I want or need in a dating/partnership relationship</p>	<p><b>14.</b> I am comfortable with my sexual feelings/desires</p> <p><b>28.</b> I feel disconnected from my own sense of sexual desire</p> <p><b>29.</b> I express what I want and need sexually</p> <p><b>30.</b> I feel that I cannot express what I want or need in a dating/partnership relationship</p>
Attuned Self-Care (ASC)	<p><b>15.</b> I engage in potentially harmful or painful behaviours (e.g., disordered eating, bingeing, purging, denying physical needs, skin cutting, burning, drug use, excessive alcohol consumption)</p> <p><b>16.</b> I have an eating disorder</p> <p><b>18.</b> I ignore the signs my body sends me (e.g., of hunger, stress, fatigue, illness/injury)</p> <p><b>22.</b> I am aware of my needs</p> <p><b>23.</b> It is hard for me to read/identify my feelings</p> <p><b>33.</b> I put a priority on listening to my body and its needs (e.g., stress, fatigue, hunger)</p>	<p><b>7.</b> My eating habits are a way for me to manage my emotions or how I have felt about myself</p> <p><b>15.</b> I engage in potentially harmful or painful behaviours (e.g., disordered eating, bingeing, purging, denying physical needs, skin cutting, burning, drug use, excessive alcohol consumption)</p> <p><b>16.</b> I have an eating disorder</p> <p><b>17.</b> I take good care of, and am respectful of, my body</p> <p><b>18.</b> I ignore the signs my body sends me (e.g., of hunger, stress, fatigue, illness/injury)</p> <p><b>33.</b> I put a priority on listening to my body and its needs (e.g., stress, fatigue, hunger)</p>	<p><b>7.</b> My eating habits are a way for me to manage my emotions or how I have felt about myself</p> <p><b>13.</b> I sometimes tend to blame my body for difficulties I am having</p> <p><b>15.</b> I engage in potentially harmful or painful behaviours (e.g., disordered eating, bingeing, purging, denying physical needs, skin cutting, burning, drug use, excessive alcohol consumption)</p> <p><b>16.</b> I have an eating disorder</p> <p><b>17.</b> I take good care of, and am respectful of, my body</p> <p><b>18.</b> I ignore the signs my body sends me (e.g., of hunger, stress, fatigue, illness/injury)</p> <p><b>33.</b> I put a priority on listening to my body and its needs (e.g., stress, fatigue, hunger)</p>

Resisting  
objectification  
(RO)

**5.** I care more about how my body feels than about how it looks

**6.** I focus more on what my body can do than on its appearance

**19.** I spend a lot of time/energy/money engaging in activities that I hope make me fit with cultural ideals of beauty (e.g., exercise, clothing, make-up, hair, plastic surgery, skin bleaching)

**34.** I constantly think about the way my body fits with cultural standards of appearance

**5.** I care more about how my body feels than about how it looks

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