



“I feel good, I feel comfortable, I feel at home”: Understanding the role of positive body image manifestations, body neutrality and functionality appreciation for trans men

Liam Cahill^{a,*}, Chase O. Staras^{a,1}, Bethany A. Jones^{a,2}, A. Treshi-Marie Perera^{a,b,3}, Daragh T. McDermott^{a,4}

^a NTU Psychology, School of Social Sciences, Nottingham Trent University, England, UK

^b Academy for AI, Games & Media, Breda University of Applied Sciences, Netherlands

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ABSTRACT

Body image concerns are prevalent among trans men, yet research has primarily focused on appearance-based dissatisfaction rather than alternative frameworks. There is also limited research directly and purposefully exploring the experiences of trans men. This qualitative study explored how trans men navigate body image, gender congruence, and quality of life, using reflexive thematic analysis of semi-structured interviews with 20 participants from seven Global North countries. Findings highlight how societal masculinity norms initially reinforced body dissatisfaction and gender incongruence, leading participants to internalise rigid body ideals. However, over time, many redefined masculinity in ways that prioritised authenticity and self-acceptance, particularly through medical transition. Gender-affirming care played a key role in reducing distress associated with gender incongruence, enabling trans men to disengage from unrealistic body ideals. Many participants described a shift towards body neutrality and functionality appreciation, reframing their relationship with their bodies by focusing on what they could do rather than how they looked. These findings suggest that body image interventions and gender-affirming care may benefit from integrating approaches beyond appearance-based frameworks. Given the novelty of functionality appreciation and body neutrality in trans men's body image research, future studies should explore their role in psychosocial well-being and long-term adjustment.

1. Introduction

Trans and gender diverse (TGD) is an umbrella term defining individuals whose gender identity differs from their sex assigned at birth (McDermott et al., 2018). Approximately 3 % of the global population identifies as TGD, likely underestimated due to societal stigma and discrimination that often leads to identity concealment (Hendricks & Testa, 2012; Statista Research Department, 2023). Minority Stress Theory (Hendricks & Testa, 2012; Meyer, 2003) explains how these stressors (e.g., prejudice, isolation, and healthcare barriers) contribute to poorer health outcomes among TGD people compared to cisgender populations (Scheim et al., 2024).

Body image is an umbrella term that refers to a person's perceptions, attitudes, and feelings about their body (Cash, 2004). It encompasses a range of related concepts, including body satisfaction and dissatisfaction, positive body image (e.g., body appreciation), and functionality appreciation, among others (Alleva & Tylka, 2021; Cash, 2004; Wood-Barcalow et al., 2024). Body image is a neglected area of health for TGD individuals. The Trevor Project (2023) found that, among 34,000 US-based LGBTQ+ young people aged 13–24, 90 % of TGD youth reported dissatisfaction with their bodies, suggesting that body image concerns are highly prevalent within this population. Body satisfaction for TGD people is closely tied to gender congruence, or the alignment between one's gender identity, physical body, and how others perceive

* Correspondence to: NTU Psychology, Nottingham Trent University, 50 Shakespeare Street, Nottingham NG1 4FQ, UK.

E-mail address: Liam.Cahill@ntu.ac.uk (L. Cahill).

¹ <https://orcid.org/0000-0002-8155-8107>

² <https://orcid.org/0000-0001-8872-5847>

³ <https://orcid.org/0000-0002-3812-5023>

⁴ <https://orcid.org/0000-0001-7005-6446>

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them (Jones et al., 2019; Kozee et al., 2012). Gender-affirming care, including medical interventions (e.g., hormones and surgery), improves both gender congruence and body satisfaction, yet research on these constructs remains sparse (Owen-Smith et al., 2018; Thoma et al., 2023).

Among the TGD community, trans men remain underrepresented in both research and broader societal discussions (Hoffkling et al., 2017). Often, research, especially in areas like body image and well-being, does not tease apart the nuanced differences between specific identities under the TGD umbrella (McGuire et al., 2016; Meneguzzo et al., 2024). This lack of focus is concerning, as existing research indicates that trans men are at greater risk of poor body image and lower self-esteem (Van de Grift et al., 2016), alongside lower quality of life compared to both the general population (Jellestad et al., 2018) and trans women (Parola et al., 2010). These disparities are further exacerbated by societal expectations and masculinity norms, which remain largely unexamined in the literature but likely shape trans men's experiences of gender congruence, body satisfaction, and overall well-being (Hoffkling et al., 2017; Mujugira et al., 2021). Addressing this limited focus is essential, as trans men's experiences of body image and gender congruence differ significantly from those of trans women and non-binary individuals, necessitating greater attention to their unique challenges (Jones et al., 2019).

Cisnormativity, the assumption that cisgender identities are normative (Marshall et al., 2024), may exacerbate this challenge, often pressuring trans men to conform to traditional masculine norms (e.g., masculine body image ideals; Anzani et al., 2021) characterised by lean, muscular and tall physiques (Griffiths et al., 2017, 2019). These norms are related to societal body ideals and reinforced through media representations, cultural expectations, and social interactions, contributing to widespread body dissatisfaction among men who feel they fall short of these ideals (Tylka, 2011). For trans men, such pressures may be compounded by systemic barriers such as restricted access to gender-affirming care (e.g., hormone therapy), which negatively impact body satisfaction, fostering feelings of inadequacy and invalidation (Jones et al., 2016; Rogers, 2022). Indeed, TGD people generally report being conscious of cisnormativity and the impact this has on their daily experiences, including body satisfaction (Puckett et al., 2024).

Extensive research has demonstrated that higher body dissatisfaction is associated with poorer mental and physical health outcomes (Rodgers et al., 2023) and subclinical well-being indicators, such as general quality of life (QoL; Cahill et al., 2024). QoL encompasses overall well-being across physical, psychological, social and environmental domains (Skevington, Lotfy, & O'Connell, 2004). TGD populations consistently report lower overall QoL than their cisgender counterparts, resulting from minority stressors such as discrimination, isolation, and healthcare inequities (Grupp et al., 2023; Nobili et al., 2018) and body dissatisfaction (Röder et al., 2018). While gender-affirming care has been shown to improve QoL (Gorton & Erickson-Schroth, 2017), there is a lack of research exploring how trans men's experiences of gender congruence and body satisfaction influence different domains of QoL.

Our recent findings showed that gender congruence was positively associated with QoL across physical, psychological, and environmental domains, and also indirectly influenced physical and psychological QoL through its impact on body satisfaction (Cahill et al., 2025). However, these cross-sectional quantitative associations do not explain why these relationships exist and how trans men navigate the complexities of gender congruence and body image. Qualitative research is hence essential for capturing the nuanced, personal experiences of trans men to better understand the barriers and facilitators influencing body image, gender congruence, and QoL (Braun & Clarke, 2019) McGuire et al. (2016) highlighted how gender-specific ideals influenced trans people's body image concerns. However, despite acknowledging the diversity in TGD experiences, they primarily identified broad patterns of satisfaction rather than focusing on the unique experiences present for specific TGD identities. Additionally, research on body image has largely focused on appearance-related concerns, often neglecting how individuals perceive

and relate to their bodies beyond appearance ideals (Nowicki et al., 2022). However, trans men's body image experiences are unique in that they may be shaped by masculine societal appearance norms together with their gender identity, and access to gender-affirming care. Nevertheless, how trans men make sense of these relationships remains underexplored.

1.1. The current research

Therefore, this study aims to explore the lived experiences of trans men when navigating their feelings of gender congruence, body image and QoL. Using reflexive thematic analysis (RTA; Braun & Clarke, 2019), we explored their experiences of body image, gender congruence, and quality of life while considering our positionalities in data interpretation due to our experience with LGBTQ+ populations. Our goal was to, through inductive and deductive processes, explore the following research questions:

1. How do trans men negotiate their body image in the context of societal norms and personal gender identity?
2. How do trans men's experiences of gender (in)congruence influence their body image?
3. How do trans men's experiences of gender (in)congruence and body image influence their quality of life?

2. Method

All accompanying documents for this project, including the interview schedule and supporting documents, can be found on the Open Science Framework (OSF; <https://osf.io/qjyzt/>).

2.1. Participants and design

The methods, research questions, interview schedule and data analysis procedures for this study were pre-registered on the OSF (<https://osf.io/6d9us>). This work was originally part of a mixed-methods two-study manuscript. However, to highlight the breadth and depth of the data's richness, we split it into two papers. The first paper focused on the quantitative relationships between gender congruence, body satisfaction (focusing on men's appearance norms), and quality of life (encompassing physiological, psychological, social, and environmental aspects) in trans men (Cahill et al., 2025). Exploratory analyses also examined the influence of gender affirming care (i.e., gender-affirming hormones and chest surgery). Participants in this study were a subset of those who completed the first study.

Twenty self-identified trans men aged 21–29 were recruited via Prolific ($M_{age} = 25.15$, $SD_{age} = 2.64$). Prolific is a crowdsourcing platform that provides easy access to hard-to-reach populations. We advertised this follow-up study to all participants who completed the first study. The second author then contacted the interested participants via the Prolific messaging portal to arrange the interview.

Our inclusion criteria required participants to self-identify as trans men. We advertised our sample to participants in countries with universal healthcare systems covering TGD people and a public healthcare approach to trans healthcare (details in Table 1; see TGEU, 2022). Given that racial and ethnic minoritised groups often face unique barriers to healthcare access and may have different experiences compared to their white counterparts (Howard et al., 2019), we restricted our sample to include only White participants. This prevents the research from overlooking nuanced differences that warrant focused investigation and offers a more focused analysis and specific conclusions. Table 1 provides the demographic information for all participants. None of the participants in our sample had received genital-affirming surgery, though some intended to in the future.

Table 1
Sample Demographic Information.

Pseudonym	Age	Country of Residence	Sexuality	Transition Stage		Satisfaction with Transition Stage
				Hormones	Surgery	
Josh	26	Scotland	Heterosexual	6 years	N/A	No
Eden	21	Germany	Asexual	5 years	1 month post top surgery	Yes
Lucky	24	Portugal	Bisexual	3 years	2 years, 1 month post top surgery	Yes
Florian	23	Germany	Bisexual	2 years	N/A	No
Connor	25	Canada	Gay	7 years	5 years post top surgery	Yes
Goose	30	Canada	Heterosexual	10 years	2 ½ years post top surgery	Yes
Sam	23	Portugal	Bisexual	2 years	1 ½ years post top surgery	Yes
Marek	28	Italy	Gay	6 years	10 months post top surgery	No
Nathan	26	Italy	Queer	6 years	2 years post hysterectomy	Yes
Aztruc	24	France	Pansexual	9 months	N/A	No
Floyd	23	France	Asexual	2 ½ years	1 year, 2 months post top surgery	Yes
Ben	29	The Netherlands	Pansexual	Intermittent across 7 years	N/A	Yes
Alfred	21	Spain	Bisexual	5 years	2 months post top surgery	Yes
JJ	22	United Kingdom	Gay	1 year, 4 months	6 months post top surgery	No
Arrow	23	Portugal	Queer	5 years	1 ½ years post top surgery	Yes
Benjamin	26	United Kingdom	Unsure	4 years	6 months post top surgery	Yes
Leonard	28	United Kingdom	Bisexual	10 years	9 years, 1 month post top surgery	Yes
Dorian	27	United Kingdom	Pansexual	4 years	1 year post op surgery	Yes
Lu	27	United Kingdom	Pansexual	3 years	7 months post top surgery	Yes
Stan	27	United Kingdom	Pansexual	6 years	6 years post top surgery	Yes

Notes. Hormones refer to gender-affirming hormones (e.g., testosterone). Only one participant received hormone blockers in this sample.

2.2. Data collection

We conducted semi-structured interviews with 20 self-identified trans men online via Microsoft Teams. The interviews focused on participants' gender transition experiences, perceptions of men's body norms, and how these influenced their body image and quality of life. Questions included: "Could you describe your transition journey?", "How do you feel about your current stage of transition?", and "In what ways have feelings about your body affected your well-being?" After the interviews, the second author noted reflections on the research questions for later analysis. The interviews were transcribed verbatim in Microsoft Word and uploaded to NVivo 14 for analysis. The pseudo-anonymised transcripts analysed are available via the UK Data Service (UKDS; <https://reshare.ukdataservice.ac.uk/857571/>) under a safeguarded access approach.⁶

2.3. Data analysis

Transcripts were analysed using Reflexive Thematic Analysis (RTA; Braun & Clarke, 2022, 2023), situated within a critical realist epistemological framework (Bhaskar, 2013; Fletcher, 2017). This approach assumes that participants' accounts reflect their experiences of real phenomena (e.g., body image distress) while also being shaped by broader social and discursive structures (e.g., gender norms, cisnormativity, minority stress processes). Our analysis, therefore, adopted both inductive and deductive approaches, seeking to understand participants' interpretations of their experiences alongside the underlying mechanisms or contextual factors that may have shaped these experiences. This was appropriate given the paucity of research on the experiences of trans men's body image (necessitating an inductive approach) while also understanding that minority stress processes might not be directly articulated by participants given their normalised nature (McNeil et al., 2012; Riggs & Bartholomaeus, 2016), warranting a simultaneous deductive approach.

To accomplish this, the second author's interviews were open-coded latently and semantically. This approach is consistent with the critical

realist positioning of this research, where latent coding allowed the analysis to draw out participants' lived realities; semantic coding allowed the authors to explore underlying meanings to participants' experiences through both the second author's lived experiences and deductive application of the gender minority stress framework (Hendricks & Testa, 2012). This combination allowed the research to remain grounded in participants' own words while also identifying patterns that pointed to deeper, and sometimes unspoken, influences. This involved allocating a word or short phrase (code) to a data segment that captured the meaning relevant to the research questions, whilst remaining as close to the data as possible. Following open-coding, the research team met to discuss the codes, allowing the first and third author to incorporate their expert insights on body image research and terminology into the data analysis and conceptualisation process. Following this meeting, the second author coded the transcripts again to (1) incorporate later-generated codes into earlier-coded transcripts and (2) integrate the team discussion into the analysis process. Next, themes were developed by grouping codes with similar meanings concerning answering the research questions. These were refined through discussion with the research team to ensure they were "internally coherent, consistent and distinctive" (Braun & Clarke, 2006, p. 87) to generate answers to our research questions. Appropriate extracts were chosen to support themes.

2.4. Reflexivity

The first author, responsible for the overall organisation of the project, combines personal and professional insights on the topic. Professionally, their research expertise focuses on trans health and well-being, with specific attention to body image and gender-affirming care. Personally, they are a member of the LGBTQ+ community and are connected to the current topic because of this. This dual perspective fosters a critical and reflective analysis, ensuring that the themes developed are deeply rooted in participants' voices while maintaining analytical rigour.

The second author, responsible for data collection and primary data analysis, has direct personal experience on the topic of interest. This allowed them to develop a good rapport with interview participants through their sense of shared identity. It also allowed them to connect closely with the data for enhanced richness of interpretation during the analysis process (see Beasley et al., 2021 on the value of personal identification for analysis credibility).

⁶ Of the 20 participants, 18 consented to their data being shared. The data should be used for research purposes and not be shared without permission. Please contact the authors of this work if you use these transcripts or if any publications arise from using them.

The third author has over 10 years of experience in conducting research with and for the TGD community. Their work has been concerned with health and well-being, using the minority stress framework. Their work has included exploring the role of body dissatisfaction in distress and methods to alleviate body dissatisfaction. They have explored this using qualitative methodologies, providing in-depth insights into the unique body image experiences of TGD people. This has helped facilitate a deeper understanding of gender congruence, gender-affirming care, and body image in the current dataset.

The fourth author has over 10 years of experience in the field of body image and body perception research. Their work has focused on understanding the relationship between body image and well-being, including the sociocultural and psychological mechanisms underlying the formation and maintenance of unhealthy body perceptions and norms. This has permitted a nuanced and critical interpretation of the data.

The final author is a cis-gay man, a full Professor and an established LGBTQ+ psychologist with more than 15 years of experience working with and supporting trans communities. A methodological pluralist, the focus of his work includes prejudice and discrimination towards sexual and gender minorities as well as issues of health and wellbeing among minoritised populations. Over his career, both his personal and professional experience of the evolution of cultural attitudes and perceptions towards minority populations and the impact of these shifts on LGBTQ+ lived experience have motivated the focus of his work.

3. Results and discussion

RTA led to the development of three themes, each with respective subthemes (see Table 2). Each theme builds on the other. The challenges posed by societal norms outlined in Theme 1 necessitate the personal strategies used to redefine masculinity in Theme 2. These strategies, while effective, are often complemented by gender-affirming medical interventions mentioned in Theme 3. Together, these themes highlight the interplay between internal and external processes that influence the intersection between trans men’s body image, feelings of gender congruence and QoL.

3.1. Theme 1: navigating binary conceptions of the male body and the impact on body image and self-identity

Societal norms shape individuals’ perceptions and experiences of their gender and body (Cislaghi & Heise, 2020). In particular, the extent to which individuals internalise normative gendered body ideals (e.g., muscularity appearance norms for men) impacts body satisfaction (Bair et al., 2014; Merino et al., 2024). Groups perceived as not representing traditional masculinity, such as trans men and cisgender gay men, often feel increased pressure to conform to these ideals to affirm their masculinity (Griffiths et al., 2019; Jones et al., 2023; McGuire et al., 2016; Tylka & Andorka, 2012). For TGD people, these body norms amplify challenges, as assumptions about gender are often based on physical

appearance, which may lead to misgendering and increased feelings of gender incongruence (Anderson, 2020; Meneguzzo et al., 2024; “A lot of social dysphoria is at least originally born of societal stereotypes”: Dorian, 27, UK).

This theme explores the impact of societal expectations of masculinity on trans men, specifically how binary norms like tall and muscular physiques affect body image and identity. Subtheme 1.1 focuses on how ideals of men’s bodies create personal insecurities regarding gender. Subtheme 1.2 addresses the societal expectations faced by trans men and the social dynamics challenging their legitimacy as men.

3.1.1. Sub-theme 1.1: the impact of male body norms on gender identity security

This subtheme focuses on how trans men’s internalisation of societal masculine body ideals creates personal insecurities. Leonard highlights how men’s body norms can create unrealistic body expectations and the impact this can have on individuals:

“I think they’re very much around. You need to be tall. You need to be big. You be muscular [...] that’s what the ideal man should look like [researcher: Hmm]. And I’m 5 foot 6, so I’m like, OK, straight away. I’m never gonna be that. Like, that’s just not gonna happen. I’m. So. Yeah, I would say that’s very much the messaging on when I think about what a man should look like” (Leonard, 26, United Kingdom).

Leonard highlights how physical appearance, particularly height, is a defining marker of masculinity. At 5’6”, he perceives his height as an insurmountable barrier to achieving societal ideals of what a man *should* look like, believing this would impact his acceptance as a man. This is likely due to the associations between height and masculinity, an ideal perpetuated in various ways (e.g., dating, media and sociocultural pressures imposed on men; Griffiths et al., 2019; O’Gorman et al., 2019). Leonard’s understanding of these norms is prescriptive. Phrases such as “you need to” and “that’s what the ideal man should look like” suggest these standards are a societal demand rather than a personal preference. Such pressures often make masculine appearance norms seem obligatory, fostering negative body image (Rodgers et al., 2023).

The limitations imposed by physical traits, such as height, often exacerbate feelings of inadequacy, jeopardising their sense of self and the security they feel in their gender identity, as reflected by Alfred:

“Not fitting into the masculine body shape [...] I know my gender identity [...] but you kind of feel like your gender identity, your true self, is something that can be taken away from you in a lot of ways. So, for me I felt that way. I was like, you know, I’m not male enough. I’m not trying hard enough to obtain my desired gender” (Alfred, 21, Spain).

Alfred reflects on his struggles holding on to his gender identity. His remarks illustrate how external validation becomes essential to affirm one’s identity (Vandello & Bosson, 2013). For trans men, this may be more challenging as men’s body norms become a gatekeeper to one’s “true self”. Alfred’s remark, “I’m not male enough. I’m not trying hard enough,” demonstrates how failing to meet these ideals leads to internalised self-blame, framing the inability to embody these norms as a personal failure rather than a critique of the unattainable standard. While this feeling of inadequacy might increase body dissatisfaction as observed with other minoritised male groups (e.g., gay men; Yelland & Tiggemann, 2003), for trans men, it likely has the compounding effect of also increasing gender incongruence (McGuire et al., 2016; Parmenter et al., 2019), which can further negatively impact body image. That is, not only does this inadequacy comprise a person’s feeling of body satisfaction, but also their sense of gender identity. This internal struggle creates a tension between Alfred’s self-knowledge of his gender identity (“I know my gender identity”) and his perception of societal rejection, illustrating the precarious nature of being defined as a man.

This subtheme highlights how men’s body image norms and the extent to which they are adhered to not only influence trans men’s body

Table 2
Overview of Themes and Subthemes.

Theme	Subthemes
1. Navigating Binary Conceptions of the Male Body and the Impact on Body Image and Self-Identity	1.1. The Impact of Male Body Norms on Gender Identity Stability 1.2. Dual Expectations of Trans Masculinity
2. Redefining Masculinity	2.1. Questioning Cis-Heteronormative Discourse 2.2. Authentic Masculinity Through Functionality Appreciation
3. The Role of Medical Transition for Personal Gender Congruence	

satisfaction but also influence their gender identity stability. This further supports the dynamic interaction between gender congruence and body satisfaction (Cahill et al., 2025; Jones et al., 2016).

3.1.2. Subtheme 1.2. Dual expectations of trans masculinity

Sub-Theme 1.1 highlighted trans men's internal struggles of inadequacy and invalidation that are influenced by masculine body norms. These challenges are more pronounced for trans men than cisgender men because of a dual desire to adhere to masculine body norms while also proving their legitimacy as men ("I feel that's bad enough for cis men, but when you're trans, you're trying to be seen"; Alfred, 21, Spain). This subtheme shifts the focus to external pressures, highlighting how trans men face compounded societal expectations that go beyond standards set for cisgender men. As Aztruc explains:

"For you to be accepted as trans, you have to show a lot more masculinity than you should just to be accepted as this person" (Aztruc, 24, France).

Aztruc highlights the disparity in expectations between trans and cis men. For cis men, while failing to meet men's body norms might invite critique, it rarely challenges their fundamental identity as men. Conversely, trans men are not only expected to conform to societal norms of masculinity but are often held to higher standards to validate their gender identity. These findings align with existing literature on cismativity, which regards cisgender bodies as the default standard for masculinity and views trans identities as contingent (Marshall et al., 2024). This conditional acceptance subjects trans men to increased scrutiny in achieving exaggerated masculinity. This reflects findings by Westbrook and Schilt (2014), who argue that societal expectations often push trans men to adopt hypermasculine traits to counteract the scrutiny of their gender identity. This heightened pressure to conform to rigid norms was evident in Benjamin's (26, UK) critique of transition advice within trans-masculine spaces:

"There are certain things that I think are deemed masculine and kind of pushed as an ideal way to transition, as if there is an ideal way to transition. Even if there isn't, it's just kind of like, oh, it's acceptable for you to do this because this is what you would expect a cis man to achieve" (Benjamin, 26, United Kingdom).

While adherence to cis men's body norms is often viewed as a means for trans men to validate their gender identity, Benjamin critiques the expectation to emulate cis male standards as a measure of a successful transition. This pressure to appear indistinguishable from cis men reinforces the notion that one's identity as a man can only be validated by conforming to cisgender ideals. Consequently, there is a need to navigate two sets of expectations: what it means to be a man and what it means to be a 'valid' trans man conforming to these norms. As explained by Arrow:

"Society not only has expectations because I'm a man, but also because I am trans. So, you have to deal with both of those expectations" (Arrow, 23, Portugal).

Arrow captures this dual expectation of trans men. They must understand what society defines as a man and then how they can achieve that as trans men. This presents an additional layer of complexity regarding the expectations they must meet. This is because limitations tied to their pre-transition characteristics can mean assimilating cis men's standards becomes an unobtainable reality. In particular, being short (see above), having wide hips ("I have a lot of dysphoria with my hips"; Benjamin, 26, UK), and a lack of facial hair ("embarrassing myself completely not having so much beard"; Florian, 23, Germany) were described as key barriers that indicated their transness or prior 'female' embodiment; characteristics which lead to heightened scrutiny of their male identities:

"People are like, but you are quite feminine for a man [...] why are you transitioning. Why inflicting that on yourself [...] I don't think you're a man" (Aztruc, 24, France).

Here, Aztruc illustrates how indicators of femininity, some of which were experienced as inescapable (e.g., wide hips), undermine the legitimacy of his transition. Instead, societal norms frame the process as unnecessary or futile if the outcome does not align with traditional male stereotypes. Resultantly, "even if they do end up reaching all their transition goals, [they] still get treated differently because of it" (Benjamin, 26, UK). In this way, societal norms position trans men in a unique bind. They must not only perform heightened masculinity in comparison to that expected by cisgender men, but they must do this within the bounds of the physical limitations imposed by their pre-transition body. These dual expectations leave trans men feeling compelled to conform to traditional masculinity, even if this is conflicted with their personal self-image or transition goals.

Overall, Theme 1 highlights the complex tensions trans men face in navigating societal norms of masculinity alongside their gender identity. External pressures tied to rigid gender and body ideals (as explored in Subtheme 1.2) often intensify feelings of inadequacy, particularly regarding body satisfaction and gender congruence (Subtheme 1.1). For many trans men, the challenge of adhering to masculine ideals, such as being tall and muscular, can undermine their sense of belonging within the male gender category. This difficulty exacerbates gender incongruence and body dissatisfaction, creating a cyclical relationship between these constructs (Jones et al., 2016).

3.2. Theme 2: redefining masculinity

Theme 1 explored how binary conceptions of the male body negatively impacted the self-identity and social experiences of trans men. Considering these challenges, trans men discussed strategies to manage societal expectations. One such strategy was redefining masculinity, which fosters body acceptance and alleviates the pressure to strive for an idealised male body. This theme examines how trans men redefined masculinity and the associated body ideals in ways that aligned with their authentic selves and priorities.

Before presenting the findings of this theme, we would like to clarify our use of the term *body neutrality*, which emerged inductively through participants' own descriptions of feeling at ease or disengaged from appearance-based concerns. While body neutrality is sometimes positioned in academic and popular discourse as a distinct or alternative framework to positive body image, recent work suggests that this distinction may be overstated. For example, Wood-Barcalow and colleagues (2024) argue that body neutrality reflects long-standing positive body image framework elements, including bodily acceptance, comfort, and resistance to societal appearance ideals (see also: Tylka & Wood-Barcalow, 2015). In line with this, we do not treat body neutrality as a novel construct, but rather as a specific manifestation of positive body image that was meaningful to participants in this study. We retain the term *body neutrality* in our analysis because it most closely reflects how participants described their experiences (e.g., feeling "at home" in their bodies or disengaging from appearance-based judgments), while recognising that these experiences also reflect dimensions of positive body image.

3.2.1. Subtheme 2.1. Questioning cis-heteronormative discourse

One way participants redefined masculinity was through questioning the validity and relevance of cis-heteronormative discourse, or the belief that cisgender and heterosexual identities are the norm and should be privileged over other forms of gender identity and/or sexual orientation (Marshall et al., 2024; Miller & Garcia-Perez, 2024). Questioning men's body norms, norms which are derived from cis-heteronormative assumptions, helped participants realise their arbitrariness and reject the need to conform to these restrictive standards. As explained by Nathan:

“The way that transition works in Italy forces you to have strong opinions like you have to prove yourself you’re man enough compared to what? Some norms that are non-existent, like what the fuck does it mean. So, at the beginning you’re, it’s almost like you’re acting because you’re performing a role, whether you feel like it or not [...] you turn into someone who enforces patriarchy onto an entire community. So, I switch between like having strong opinions about what a man is to, you know what? Fuck it. So, it’s like honestly, what does being a man even mean?” (Nathan, 26, Italy).

While transition often forces trans men to adopt rigid ideals of masculinity perpetuated by society, Nathan reflects on the internal conflict of becoming “someone who enforces patriarchy onto an entire community”. He recognises that conforming to societal expectations of a valid man does not align with his authentic self (i.e., the man he wants to be). He describes the initial pressure to conform to rigid masculinity (i.e., “performing a role”) and his subsequent liberation in rejecting these norms. His statement “fuck it” marks a turning point in redefining masculinity on his terms.

Similar to Nathan, Goose found himself not wanting to be restrained and negatively impacted by the same pressures he felt subjected to before transition:

“Those pressures are still there, but I also kind of ignore them because it’s all bullshit anyway. Like, I didn’t break out of one gender box and then be told this is how you should do this with your body [...] The kind of masculinity I’m supposed to embody is not something that interests me” (Goose, 30, Canada).

Goose acknowledges the social pressures to conform to traditional male body ideals but takes a pragmatic approach. Rather than feeling bound by these expectations, he focuses on envisioning the kind of man he wants to become. Like Nathan, he views societal norms as arbitrary and restrictive. Both express how cis-heteronormative standards have shaped their self-perceptions, yet instead of conforming to these limiting norms, they redefine masculinity on their terms. Goose’s rejection of conventional masculinity mirrors broader discussions of queer masculinities, which challenge the rigidity of hegemonic ideals and promote alternative, more inclusive forms of masculinity (Gottzén & Straube, 2016). This process allows them to embody a version of manhood that aligns with their authentic selves rather than replicating the restrictive ideals they faced before transitioning. Goose’s phrase “break out” encapsulates this sense of liberation, resonating with Nathan’s experience of escaping rigid gender categories and reclaiming their identities. This emphasises the uniquely personal experience of transition, which allows TGD people to construct their version of masculinity and what it means to be a man, which may or may not align with wider sociocultural expectations (Galupo et al., 2021).

For some trans men, reclaiming their identities involved embracing feminine aspects of their identities and bodies, characteristics that may have been sources of distress before redefining masculinity because they did not match cisnormative gender ideals (“I think of myself more as like a feminine gay man”: Aztruc, 24, France). For others, this entailed engaging in relationships that fell outside of cis-heteronormative expectations (e.g., gay relationships): “I don’t feel like I’m playing any sort of role [...] my ideas about what I ought to be doing, what not to be doing, it’s just easier really” (Leonard, 28, UK). This blending of gender norms and sexuality in opposition to cisnormative expectations reflects how trans men navigate a complex landscape of blending feminine or masculine characteristics to create their authentic selves (Ribeiro et al., 2022).

However, for some trans men, reconstructing this version of masculinity meant that they had to address internalised biases that positioned trans men as inferior to cis men. Naturally, these biases are routed in cisnormative discourse but also likely reflect minority stress processes (i.e., influenced by actual and perceived systemic prejudice; Hendricks & Testa, 2012). As highlighted by Connor:

“I’m never going to be a cis man, and there’s nothing I can do about that, but it doesn’t mean that being transgender, I have to think about it as being inferior. [...] it’s not, it’s just different and I have to be OK with that because if I was not OK with it, I would spend every single day in emotional turmoil and I don’t want to live like that” (Connor, 25, Canada).

Connor’s journey highlights the role of self-compassion in addressing internalised biases. By actively reframing his experience of gender, he moved toward greater self-acceptance, reducing the emotional turmoil often associated with a trans identity (Hendricks & Testa, 2012). Thus, questioning cis-heteronormative ideals was essential in bridging the gap between his identity and body. This is because challenging and overcoming these internalised biases supports improved health and well-being through fostering a more authentic sense of self, enabling him to develop a more positive and realistic body image (Kozee et al., 2012).

Collectively, these reflections illustrate a process akin to protective filtering, a process whereby a person filters in information that may improve body image, while filtering out information that might be damaging to their body image (Wood-Barcalow et al., 2010). Protective filtering has largely been explored with cisgender women, but has been associated with a more positive body image (Alleva et al., 2024). In the current study, trans men appeared to engage in a similar process by selectively rejecting rigid, cisnormative ideals of masculinity and instead embracing ideals that were more authentic to them.

Overall, this subtheme illustrates how questioning cis-heteronormative ideals enabled participants to reject restrictive male body norms and binary gender roles. Critiquing these constructs liberated them from societal expectations of masculinity and affirmed a sense of agency over shaping their body image ideals, without the pressures of conforming to societal standards. It provided a framework for validating their unique versions of masculinity that align with their goals, values, and authentic selves.

3.2.2. Subtheme 2.2. Authentic masculinity through functionality appreciation

Subtheme 2.1. highlighted how questioning cis-heteronormative discourse allowed trans men to redefine masculinity: how it allowed them to appreciate there are multiple ways to be a valid man. Continuing this thread, some participants described shifting away from appearance concerns, adopting a stance that aligns with positive body image, and especially viewing the body more neutrally (i.e., body neutrality). For our participants, this involved disengaging from body-related distress without forming a strong positive or negative attachment to the body (Pellizzer & Wade, 2023; Wood-Barcalow et al., 2024): “I have worked very hard to feel neutral about my body, but I can at least recognise it as mine now [...] whether my body is conventionally attractive or not doesn’t matter” (Goose, 30, Canada). Others embraced functionality appreciation, valuing their bodies for their capabilities and strengths (Alleva & Tylka, 2021). Focussing on what the body could do, rather than its appearance, was characterised as more important for how they viewed their body: “looks are definitely a big plus, but I bring a lot of joy being able to do things more than yeah, how I look” (Lucky, 24, Portugal).

The adoption of positive body image, viewing the body more neutrally and functionality appreciation can also be understood through the lens of protective filtering. By actively disengaging from appearance-based judgments and prioritising bodily function, participants filtered out societal messages that might compromise their self-perception, allowing more affirming and pragmatic body narratives to take root (Alleva et al., 2024; Wood-Barcalow et al., 2010). This is an interesting interpretation, as protective filtering processes are yet to be explored with TGD populations.

Nathan shared how this shift in focus allowed him to appreciate his body at any stage of transition:

"It forced me to deconstruct those narratives. To deconstruct how I was perceiving my body. And it forced me to switch perspective from the standard like you had to wait and you have to be sad, you have to feel frustrated, you have to look like this to OK, I don't care about that. The only thing I care about is my body functioning properly" (Nathan, 26, Italy).

Nathan's statement reflects how moving away from appearance-based standards gave him the freedom to focus on his body functionality, helping him to let go of societal pressures and instead address the areas of his body that caused discomfort because they hindered his ability to engage in life fully. As explained by Floyd:

"It's not just the body [...] I needed it. I don't know. I feel like it was mental, actually. The restrictions I felt in my body. I was just used to being still all the time. You see what I mean? It takes, it's a different thing to move around and do things with your life than just to kind of shut down all the time" (Floyd, 23, France).

Here, Floyd underscores how the ability to move and interact with the world is crucial for physical and mental well-being. This is because it allows them to appreciate life and experience it fully. Focusing on functionality, therefore, makes trans men feel more connected to their surroundings, reducing their sense of detachment from the world. This starkly contrasts their common experience of feeling out of place or invisible due to their identities being perceived as invalid (Todd, 2024).

Whilst there are limitations to some individual's levels of body functionality (Zeigler et al., 2024; "health related issues": Marek, 28, Italy; "other people aren't so lucky in terms of physical ability": Leonard, 28, UK), participants underscored the importance of functionality appreciation, defined as recognising and appreciating the body for what it can do rather than what it cannot (Alleva et al., 2017). As recounted by Ben:

"I'm becoming OK with it. You know, some people are dealt a better deal in life, you know? And some aren't. But I have a functioning body that keeps me OK, safe, and fine and working" (Ben, 29, Netherlands).

This appreciation and acceptance highlight a pragmatic approach: a functioning body is valuable. This perspective may shift focus from appearance ideals to body functionality, acting as a buffer against the emotional distress often tied to gender transition and societal pressures (Huit et al., 2024).

Both viewing the body in neutral terms and functionality appreciation were particularly useful strategies for navigating challenges associated with medical interventions that are available to trans men. Our sample particularly discussed their anxieties around lower surgery (also referred to as *bottom surgery* or *genital-affirming surgery*). In comparison to trans women, lower surgery for trans men is accompanied by higher morbidity and complication rates (Tristani-Firouzi et al., 2022). Concerns around lower surgery complications are the most frequently reported barrier to pursuing lower surgery among trans men, whereas concerns for trans women relate to surgical readiness (Tristani-Firouzi et al., 2022). Similar anxieties were expressed in the present sample. Participants consistently discussed the expectation of lower surgery but expressed their dissatisfaction with outcomes or unwillingness for the complexity of the surgery (*"the risk versus the reward just isn't there for me"*: Leonard, 28, UK; *"I don't like the bottom surgery options"*: Stan, 27, UK). Resultantly, coming to terms with the realities of medical transition and accepting their body as it was crucial for constructing a neutral and/or positive perception of their body:

"Reminding myself of OK, there are certain things I can't change. I need to accept those. Be OK with those and find some good in them and the things that I want to change that are within my power. What do I need to do to make this happen, look at that and go, I don't want to take that. And you go OK, in that case, I need to be happy as I am" (Leonard, 28, UK).

Leonard emphasises the necessity of a pragmatic approach in managing the realities of medical transition. By acknowledging unchangeable aspects and finding positivity in them, he fosters a sense of self-acceptance and empowerment. This reflection leads him to a place of contentment with himself as he is. Thus, appreciating the body and viewing it as *"a vessel through which [they] experience and do things"* (Leonard, 28, United Kingdom) is a strategy that begins to allow trans men to reengage with the world.

Fundamentally, then, Theme 2 observed how redefining masculinity is a strategy through which trans men can navigate binary conceptions of men's bodies. This is because it allows them to question the relevance of existing norms to their personal experiences of gender and, if ill-fitting, permits them to construct versions of masculinity that focus instead on what is important to them. For this sample, their version of a masculine body focused on appreciating functionality rather than appearance, and on accepting their body and appearance as valid, even when these did not align with conventional masculine ideals. This process often reflected protective filtering, wherein participants actively disengaged from societal messages that could harm their body image and instead prioritised affirming and authentic perspectives on their bodies and identities.

3.3. Theme 3: the role of medical transition for personal gender congruence

Theme 2 explored the strategies trans men employ to help manage societal expectations of masculinity while fostering healthier body image perceptions. However, while these approaches are valuable, medical transition remains a crucial step for many trans men in addressing gender incongruence, enhancing body satisfaction, and improving their QoL (Cahill et al., 2025). This is because medical transition provides a tangible means for trans men to align their physical selves with their internal representation of masculinity, enabling them to live more comfortably and authentically. Expanding on Theme 2, this comfort extends beyond the physical body to include the ability to engage with their body in ways that align with their personal goals and identities. This theme explores how medical transition facilitates greater functionality appreciation. Participants discussed how, before medical transition, gender incongruence limited their ability to engage in life:

"I want to live my life the way I want to and the best way I can, and this is holding me back" (Josh, 26, Scotland).

Josh laments the life he wants to live, instead feeling bound by the limitations of his physical body. Similar to Josh, Floyd (23, France) reflected on the *"frustration that [he] can't just be in [his] body"*. This is because it *"keeps [them] from moving in the world the way that [they] want to move"* (Alfred, 21, Spain). Collectively, these statements highlight the functional and emotionally restrictive nature of gender incongruence as well as how participants' pre-transition relationship with their bodies limited their ability to fully engage with life, and thus intensified distress. These experiences may also reflect low body image flexibility (Rodgers et al., 2018), which is the tendency to evaluate one's body in rigid, judgmental ways, which can overshadow present moment experiences of the body (Rodgers et al., 2018). This rigid evaluation may have limited psychological flexibility, intensifying distress and restricting engagement with life for some participants. Medical transition may therefore support not only gender congruence but also foster greater functionality appreciation and body image flexibility by enabling participants to experience their bodies with increased acceptance.

The restrictions trans men feel are limited to not only their gender identity and physical body but also their overall comfort to engage in life (*"moving in the world"*; Alfred, 21, Spain). That is to say that gender incongruence can impact trans men's QoL across multiple domains (also see Cahill et al., 2025). However, medical transition (e.g., through hormones and surgery) was a pivotal factor in improving trans men's

sense of body congruence, increasing their ability to be present in life:

“It’s more at peace. It makes sense. And I don’t feel like there’s this glass wall between me and me and between me and the world anymore. It’s more direct. More hands on” (Floyd, 23, France).

Floyd reflects on how he no longer feels detached from himself (“between me and me”) or the world (“between me and the world”). His metaphor of a “glass wall” suggests that while he could always envision a more connected version of himself, this vision once felt unobtainable. Accessing medical transition allowed Floyd to bring that vision to life, shifting him from a limited sense of agency to a state of clarity and inner peace. Floyd’s remark, “*It makes sense*,” indicates that before the medical transition, his body felt confused or disjointed. Through gender-affirming hormones and surgery, Floyd could finally make sense of himself and his body. In this way, medical transition is less about creating a new body and more about realigning it to a state that trans men often feel it always should have been:

“It’s not like wow I’ve got something new. It’s just OK, now it’s like it should be” (Marek, 28, Italy).

Marek, echoing the words of others across the sample, highlights this sense of identity and body congruence. As Arrow (23, Portugal) described, “*I feel good, I feel comfortable, I feel at home*”. Thus, this gender congruence is personal. It is not driven by a desire to meet an idealised or societally validated appearance but to realign the body to a state that feels congruent with their personal experiences of gender. This is a core principle within frameworks of positive body image. Specifically, our participants expressed how finding balance and comfort rather than striving for perfection, while also rejecting societal appearance norms and valuing the body regardless of appearance-based satisfaction, was important (Pellizzer & Wade, 2023; Wood-Barcalow et al., 2024): It is about the body feeling natural (“*it needs a little bit of tailoring to feel like it was a body that felt natural*”; Leonard, 28, UK). It’s like coming home.

This bodily comfort allows trans men to feel more immersed in their lives (“*I feel so much more free [...] completely immersed in everything*”: Alfred, 21, Spain), speaking to the profound impact that medical transition can have on many aspects of trans men’s lives (“*the feeling has skyrocketed in terms of how I view myself and how I see my body*”: Benjamin, 26, United Kingdom), extending beyond the body and into other realms such as their social and environmental quality of life (Cahill et al., 2025).

This theme emphasises the importance of medical transition for trans men, moving them from distress to calmness. It illustrates how medical transition helps them pursue authentic selves, which may differ from societal masculinity ideals but represent their true identities. Trans men find contentment knowing their bodies align with their identity and values. Ultimately, medical transition is framed not as a pursuit of societal ideals but as a personal journey toward congruence, comfort, and body functionality.

4. General discussion

Compared to most previous research, which has predominantly focused on trans women or treated trans populations as a homogenous group, this study is one of the first to qualitatively examine trans men’s body image, gender congruence, and QoL, offering an in-depth understanding of how societal norms shape these experiences. Additionally, by including a sample from several countries, this study provides rare cross-cultural insights, highlighting both shared and context-specific challenges trans men face. Our findings also provide important and novel insights, representing the first study to highlight the role of specific elements of positive body image (e.g., body acceptance, functionality appreciation, protective filtering), some of which the participants framed as representing what they understood to be body neutrality.

Concerning our first research question (“*How do trans men negotiate their body image in the context of societal norms and personal gender*

identity?”), we found cisnormative discourses to marginalise trans men by positioning their gender as contingent on cisgender masculine ideals (Strübel et al., 2020). While these norms were influential during early transition, increased confidence in one’s gender identity as transition progressed allowed many trans men to redefine masculinity, prioritising authenticity and self-acceptance over societal norms that previously impeded gender identity expression. Therefore, participants’ rejection of societal expectations marks a nuanced departure from recurring narratives that emphasise adherence to gender norms as a means of ensuring social safety (Brumbaugh-Johnson & Hull, 2019). One possibility is that the consequences of not adhering to cisnormative ideals are less pronounced for trans men compared to trans women, given higher societal expectations are placed on women’s appearances and behaviours (Casale et al., 2021). This flexibility in masculinity expressions may potentially enable trans men to adopt less strict body ideals (Gottzén & Straube, 2016) and represent a practical response to the limited development of medical interventions for trans men compared to trans women (Tristani-Firouzi et al., 2021). Trans men may, therefore, have to redefine the possibilities of masculinity, highlighting the need for more research on how best to support trans men during gender-affirming care.

Regarding our second research question (“*How do trans men’s experiences of gender (in)congruence influence their body image?*”), many participants described how embodying cisnormative ideals increased gender incongruence and, in turn, body dissatisfaction. While medical transition increased gender congruence and supported more authentic body image for many, its primary impact for our sample was in facilitating a more positive relationship with the body. Participants commonly described viewing their bodies more neutrally, focusing less on appearance, which enabled them to disengage from societal masculinity norms (Wood-Barcalow et al., 2024). However, for some, this was not the endpoint. Rather, it laid the groundwork for functionality appreciation, wherein participants shifted from passively accepting their bodies to actively valuing them for what they could do rather than having the perfect masculine body (Alleva & Tylka, 2021). This finding is novel compared to previous literature’s emphasis on physical appearance (Brewer et al., 2022; Heiden-Rootes et al., 2023). Indeed, participants saw their bodies as vessels for experiencing life and appreciated their functionality (Alleva & Tylka, 2021). As such, medical transition improved trans men’s body image perceptions by fostering comfort and engagement with life and not by solely enhancing appearance. This reinforces its role in improving social, psychological, and environmental QoL and aligns with research demonstrating that gender congruence and body satisfaction are critical to trans men’s well-being (Cahill et al., 2025; McGuire et al., 2016).

Another novel finding aligned with theme two is that our participants expressed a pattern that may reflect protective filtering, a key process of positive body image (Wood-Barcalow et al., 2010). Participants described distancing themselves from cisnormative appearance standards by actively filtering out negative messages about how their bodies *should* look. Instead, our sample reported focusing on positive aspects such as body functionality and physical comfort, rather than aesthetic perfection. This filtering may serve as a protective strategy to reduce internalisation of damaging societal messages, echoing similar findings in cisgender populations (Alleva et al., 2024). To our knowledge, no previous research involving TGD populations, or trans men specifically, has demonstrated this process in action. These findings may position protective filtering as a key body image strategy for trans men, operating in tandem with identity affirmation and body neutrality. Future studies should explore how protective filtering may buffer against minority stress and whether it functions similarly across different gender-diverse groups.

These findings offer insight into our final research question (“*How do trans men’s experiences of gender (in)congruence and body satisfaction influence their quality of life?*”). Our findings suggested a feedback loop wherein body dissatisfaction and gender incongruence reinforced one

another, amplifying psychological distress and further challenging well-being. However, medical transition and redefining masculinity were pivotal to increasing QoL (also see Cahill et al., 2025). While aware of the realities of medical transition, focusing on body neutrality and functionality appreciation may have buffered the pressures of cisnormative ideals and compounded minority stress processes experienced by trans men (Hendricks & Testa, 2012; Meyer, 2003). This highlights the interaction between external (medical and social affirmation) and internal (self-perception and identity construction) factors in shaping trans men's QoL.

4.1. Implications, limitations, and directions for future research

Discussions of functionality appreciation, positive body image and body neutrality in the interviews were an unexpected outcome of this study. To our knowledge, no previous research investigating trans men's body image (or TGD people generally) has focused on body image definitions other than appearance (for a review, see Pellizzer & Wade, 2023). One commentary piece by Perry et al. (2019) discussed body neutrality as a framework for supporting TGD people with eating disorders. In their discussion, body neutrality was conceptualised in ways that align with elements of positive body image, such as reducing appearance focus and fostering functionality appreciation. Perry and colleagues argued that shifting focus to functionality appreciation and obtaining body acceptance and comfort may be a realistic and inclusive recovery goal compared to increasing appearance satisfaction, especially given the often unattainable nature of gendered body ideals. However, while body neutrality, functionality appreciation and other aspects of positive body image were recommended as a clinical approach, the paper did not empirically investigate these experiences with TGD people.

Although our study was not focused on eating disorders, our findings similarly highlight the potential value of shifting attention away from appearance and towards functionality appreciation. This may be especially important for supporting trans men's body image and overall well-being. Given the effectiveness of functionality appreciation interventions (e.g., Expand Your Horizon; Alleva et al., 2015) in promoting better appearance and functionality satisfaction, future research should consider exploring the use of these interventions with TGD populations.

These findings expand upon our previous work, which demonstrated positive associations between gender congruence, body satisfaction and QoL across multiple domains except social QoL (Cahill et al., 2025). Crucially, this study advances our understanding by uncovering the underlying mechanisms driving these associations. Rather than simply aligning with cis-heteronormative ideals of masculinity, participants redefined masculinity on their terms, prioritising body functionality and a neutral perspective of their bodies over mere appearance. This redefinition represents a significant shift in how trans men experience and affirm their gender, offering new insights into the complex relationship between gender congruence, body image, and QoL. Trans men may, hence, internally redefine masculinity while external societal pressures persist, potentially explaining why gender congruence and body satisfaction improved psychological and physical QoL but had weaker links to social QoL in our recent work. Indeed, focusing on body functionality may have fostered resilience against societal gender norms and minority stressors (McGuire et al., 2016). Interventions designed to shift focus from appearance to bodily function effectively improve body satisfaction (Alleva & Tykka, 2021). This could be achieved by encouraging trans men to be mindful of their bodies, thinking about what they can do and questioning the relevance and validity of cis-heteronormative expectations of male bodies. Integrating discussions of body neutrality and functionality appreciation as adjunct interventions within gender-affirming, peer-support settings, and existing body image interventions could hence serve as coping strategies for trans men experiencing body image concerns (Harrop et al., 2023; Heiden-Rootes et al.,

2023).

Despite these implications, our research is not without limitations. While a strength of this study is the international sample, and restricting our sample to White trans men permitted a focused analysis, it does not capture the experiences of racially minoritised trans men. Given the significant role that race and ethnicity play in shaping healthcare access and body image experiences (Howard et al., 2019), we acknowledge that a racially diverse sample would offer richer, intersectional insights into trans men's body image. However, we restricted our sample to White participants in this study to maintain analytic clarity. This decision was made to reduce heterogeneity in healthcare experiences and to avoid collapsing distinct racialised experiences into a single dataset, which could risk obscuring meaningful differences, particularly given evidence that racism, transphobia, and cisnormativity intersect to shape body image in complex ways (Jones et al., 2023; Rogers, 2022). Future research should incorporate diverse racial and ethnic backgrounds to examine how intersecting marginalisations shape trans men's experiences of positive body image, functionality appreciation and body neutrality.

Furthermore, most participants had sought some form of transition-related care. While our findings underscore the importance of medical transition for achieving gender congruence, they may not fully capture the experiences of trans men who are unable or choose not to pursue medical interventions. This group may adopt different strategies for managing body image and gender congruence, which merits further investigation.

Finally, all participants resided in countries with universal healthcare systems that provide some degree of gender-affirming care access. Healthcare availability plays a crucial role in shaping trans men's body image experiences, and limited or delayed access may impact their ability to develop functionality appreciation as a coping strategy. Future research should examine these processes across different healthcare contexts, particularly in countries where trans healthcare remains inaccessible or is subject to legislative restrictions (e.g., China, Russia and Hungary).

4.2. Conclusion

Our study provides new insights into how trans men navigate body image, gender congruence, and quality of life within the constraints of societal masculinity norms. While early transition was often characterised by body dissatisfaction and gender incongruence, many participants redefined masculinity by aspects of positive body image including embracing body neutrality and functionality appreciation over time. Functionality appreciation, in particular, emerged as a novel and significant factor, shifting the focus from appearance-based concerns to valuing the body for its capabilities. Our findings also reinforce the crucial role of medical transition (e.g., gender-affirming care) in facilitating this shift, not by enforcing any singular body image ideal but by enabling greater gender congruence and comfort in one's body. By integrating functionality appreciation and body neutrality into discussions of trans men's body image, these findings offer new avenues for interventions that prioritise well-being beyond appearance-based frameworks.

CRedit authorship contribution statement

Staras Chase Oscar: Writing – review & editing, Writing – original draft, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Liam Cahill:** Writing – review & editing, Writing – original draft, Supervision, Resources, Project administration, Methodology, Investigation, Funding acquisition, Data curation, Conceptualization. **McDermott Daragh T:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Conceptualization. **A. Treshi-Marie Perera:** Writing – review & editing, Writing – original draft,

Methodology, Investigation, Conceptualization. **Jones Bethany Alice:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Funding acquisition, Conceptualization.

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Our findings are based on pseudo-anonymised transcripts accessible on the UK Data Service (UKDS) under a controlled access approach: <https://reshare.ukdataservice.ac.uk/857571/>.

References

- Alleva, J. M., Grünjes, C., Coenen, L., Custers, M., Vester, P., & Stutterheim, S. E. (2024). A randomized controlled trial investigating two protective filtering strategies to mitigate the effects of beauty-ideal media imagery on women's body image. *Computers in Human Behavior*, 155, Article 108178. <https://doi.org/10.1016/j.chb.2024.108178>
- Alleva, J. M., Martijn, C., Van Breukelen, G. J. P., Jansen, A., & Karos, K. (2015). Expand your horizon: A programme that improves body image and reduces self-objectification by training women to focus on body functionality. *Body Image*, 15, 81–89. <https://doi.org/10.1016/j.bodyim.2015.07.001>
- Alleva, J. M., & Tylka, T. L. (2021). Body functionality: A review of the literature. *Body Image*, 36, 149–171. <https://doi.org/10.1016/j.bodyim.2020.11.006>
- Anderson, S. M. (2020). Gender matters: The perceived role of gender expression in discrimination against cisgender and transgender LGBTQ individuals. *Psychology of Women Quarterly*, 44(3), 323–341. <https://doi.org/10.1177/0361684320929354>
- Anzani, A., Lindley, L., Tognasso, G., Galupo, M. P., & Prunas, A. (2021). Being talked to like I was a sex toy, like being transgender was simply for the enjoyment of someone else": Fetishization and sexualization of transgender and nonbinary individuals. *Archives of Sexual Behavior*, 50(3), 897–911. <https://doi.org/10.1007/s10508-021-01935-8>
- Bair, A., Steele, J. R., & Mills, J. S. (2014). Do these norms make me look fat? The effect of exposure to others' body preferences on personal body ideals. *Body Image*, 11(3), 275–281. <https://doi.org/10.1016/j.bodyim.2014.04.004>
- Beasley, V. L., Arthur, R., Eklund, R. C., Coffee, P., & Arthur, C. (2021). A thematic analysis of social identity and injury in CrossFit®. *Sport, Exercise, and Performance Psychology*, 10(2), 327–343. <https://doi.org/10.1037/spy0000220>
- Bhaskar, R. (2013). *A realist theory of science*. Routledge. <https://doi.org/10.4324/9780203090732>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3–26. <https://doi.org/10.1037/qup0000196>
- Braun, V., & Clarke, V. (2023). Toward good practice in thematic analysis: Avoiding common problems and becoming a knowing researcher. *International Journal of Transgender Health*, 24(1), 1–6. <https://doi.org/10.1080/26895269.2022.2129597>
- Brewer, G., Hanson, L., & Caswell, N. (2022). Body image and eating behavior in transgender men and women: The importance of stage of gender affirmation. *Bulletin of Applied Transgender Studies*, 1(1–2), 71–95. <https://doi.org/10.57814/xzh3-ze38>
- Cahill, L., Leunissen, J. M., Marriott, M., & Dunn, A. K. (2024). Quality of life and body dissatisfaction in cisgender men reporting sexual attraction toward men or women. Article 3. *Europe's States Journal of Psychology*, 20(3). <https://doi.org/10.5964/ejop.11423>
- Cahill, L., Staras, C. O., Perera, A. T.-M., Jones, B. A., & McDermott, D. T. (2025). Understanding the role of gender congruence and affirming care in trans men's body image and quality of life. *International Journal of Transgender Health*, 1–16. <https://doi.org/10.1080/26895269.2025.2483223>
- Casale, S., Gemelli, G., Calosi, C., Giangrosso, B., & Fioravanti, G. (2021). Multiple exposure to appearance-focused real accounts on Instagram: Effects on body image among both genders. *Current Psychology*, 40(6), 2877–2886. <https://doi.org/10.1007/s12144-019-00229-6>
- Cash, T. F. (2004). Body image: Past, present, and future. *Body Image*, 1(1), 1–5. [https://doi.org/10.1016/S1740-1445\(03\)00011-1](https://doi.org/10.1016/S1740-1445(03)00011-1)
- Cislaghi, B., & Heise, L. (2020). Gender norms and social norms: Differences, similarities and why they matter in prevention science. *Sociology of Health Illness*, 42(2), 407–422. <https://doi.org/10.1111/1467-9566.13008>
- Fletcher, A. J. (2017). Applying critical realism in qualitative research: Methodology meets method. *International Journal of Social Research Methodology*, 20(2), 181–194. <https://doi.org/10.1080/13645579.2016.1144401>
- Galupo, M. P., Cusack, C. E., & Morris, E. R. (2021). Having a non-normative body for me is about survival": Androgynous body ideal among trans and nonbinary individuals. *Body Image*, 39, 68–76. <https://doi.org/10.1016/j.bodyim.2021.06.003>
- Gorton, R. N., & Erickson-Schroth, L. (2017). Hormonal and surgical treatment options for transgender men (female-to-male). *The Psychiatric Clinics of North America*, 40(1), 79–97. <https://doi.org/10.1016/j.psc.2016.10.005>
- Gottzén, L., & Straube, W. (2016). Trans masculinities. *NORMA*, 11(4), 217–224. <https://doi.org/10.1080/18902138.2016.1262056>
- Griffiths, S., Murray, S. B., Mitchison, D., Castle, D., & Mond, J. M. (2019). Relative strength of the associations of body fat, muscularity, height, and penis size dissatisfaction with psychological quality of life impairment among sexual minority men. *Psychology of Men Masculinities*, 20(1), 55–60. <https://doi.org/10.1037/men0000149>
- Grupp, K., Blessmann, M., König, H.-H., & Hajek, A. (2023). Are transgender people satisfied with their lives? *BMC Public Health*, 23(1), 1002. <https://doi.org/10.1186/s12889-023-15831-4>
- Harrop, E. N., Hecht, H. K., Harner, V., Call, J., & Holloway, B. T. (2023). 'How do I exist in this body...that's outside of the norm?' Trans and nonbinary experiences of conformity, coping, and connection in atypical anorexia. *International Journal of Environmental Research and Public Health*, 20(2), 1156. <https://doi.org/10.3390/ijerph20021156>
- Heiden-Rootes, K., Linsenmeyer, W., Levine, S., Oliveras, M., & Joseph, M. (2023). A scoping review of the research literature on eating and body image for transgender and nonbinary adults. *Journal of Eating Disorders*, 11(1), 111. <https://doi.org/10.1186/s40337-023-00828-6>
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice*, 43, 460–467. <https://doi.org/10.1037/a0029597>
- Hoffking, A., Obodin-Maliver, J., & Sevelius, J. (2017). From erasure to opportunity: A qualitative study of the experiences of transgender men around pregnancy and recommendations for providers. *BMC Pregnancy and Childbirth*, 17(2), 332. <https://doi.org/10.1186/s12884-017-1491-5>
- Howard, S. D., Lee, K. L., Nathan, A. G., Wenger, H. C., Chin, M. H., & Cook, S. C. (2019). Healthcare experiences of transgender people of color. *Journal of General Internal Medicine*, 34(10), 2068. <https://doi.org/10.1007/s11606-019-05179-0>
- Huit, T. Z., Coyne, C., & Chen, D. (2024). State of the science: Gender-affirming care for transgender and gender diverse youth. *Behavior Therapy*, 55(6), 1335–1347. <https://doi.org/10.1016/j.beth.2024.02.010>
- Jellestad, L., Jäggi, T., Corbisiero, S., Schaefer, D. J., Jenewein, J., Schneeberger, A., Kuhn, A., & García Nuñez, D. (2018). Quality of life in transitioned trans persons: A retrospective cross-sectional cohort study. *BioMed Research International*, 2018(1), Article 8684625. <https://doi.org/10.1155/2018/8684625>
- Jones, B. A., Cahill, L., & McDermott, D. T. (2023). Gender, traditional gender ideology, gender essentialist beliefs, and masculinity threat as determinants of attitudes toward trans and gender diverse people in a U.K. sample. *Psychology of Sexual Orientation and Gender Diversity*. <https://doi.org/10.1037/sgd0000658>
- Jones, B. A., Haycraft, E., Murjan, S., & Arcelus, J. (2016). Body dissatisfaction and disordered eating in trans people: A systematic review of the literature. *International Review of Psychiatry*, 28(1), 81–94. <https://doi.org/10.3109/09540261.2015.1089217>
- Jones, B. A., Pierre Bouman, W., Haycraft, E., & Arcelus, J. (2019). Gender congruence and body satisfaction in nonbinary transgender people: A case control study. *The International Journal of Transgenderism*, 20(2–3), 263–274. <https://doi.org/10.1080/15532739.2018.1538840>
- Kozee, H. B., Tylka, T. L., & Bauerband, L. A. (2012). Measuring transgender individuals' comfort with gender identity and appearance: Development and validation of the transgender congruence scale. *Psychology of Women Quarterly*, 36(2), 179–196. <https://doi.org/10.1177/0361684312442161>
- Marshall, K., Martin, W., Walker, R. L., & Vandenberg, H. (2024). Exploring the impacts of heteronormative and cisnormative ideologies on fertility intentions and family planning experiences within the 2SLGBTQ community: A qualitative case study. *Journal of Holistic Nursing*, 42(2), 156–167. <https://doi.org/10.1177/08980101231189653>
- McDermott, D. T., Brooks, A. S., Rohleder, P., Blair, K., Hoskin, R. A., & McDonagh, L. K. (2018). Ameliorating transnegativity: Assessing the immediate and extended efficacy of a pedagogic prejudice reduction intervention. *Psychology Sexuality*, 9(1), 69–85. <https://doi.org/10.1080/19419899.2018.1429487>
- McGuire, J. K., Doty, J. L., Catalpa, J. M., & Ola, C. (2016). Body image in transgender young people: Findings from a qualitative, community based study. *Body Image*, 18, 96–107. <https://doi.org/10.1016/j.bodyim.2016.06.004>
- McNeil, J., Bailey, L., Ellis, S., Morton, J., & Regan, M. (2012). Trans mental health study 2012. Scottish Transgender Alliance. https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf
- Meneguzzo, P., Zuccaretti, D., Tenconi, E., & Favaro, A. (2024). Transgender body image: Weight dissatisfaction, objectification & identity – Complex interplay explored via matched group. *International Journal of Clinical and Health Psychology*, 24(1), Article 100441. <https://doi.org/10.1016/j.ijchp.2024.100441>
- Merino, M., Tornero-Aguilera, J. F., Rubio-Zarapuz, A., Villanueva-Tobaldo, C. V., Martín-Rodríguez, A., & Clemente-Suárez, V. J. (2024). Body perceptions and

- psychological well-being: A review of the impact of social media and physical measurements on self-esteem and mental health with a focus on body image satisfaction and its relationship with cultural and gender factors. *Article 14. Healthcare*, 12(14). <https://doi.org/10.3390/healthcare12141396>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Miller, S. H., & Garcia-Perez, J. (2024). Subverting the “default settings” of cis-heteronormativity in social work praxis with trans clients. *Studies in Clinical Social Work: Transforming Practice, Education and Research*, 94(4), 405–427. <https://doi.org/10.1080/28376811.2024.2421274>
- Mujigira, A., Kasiita, V., Bagaya, M., Nakyanzi, A., Bambia, F., Nampewo, O., Kamusiime, B., Mugisha, J., Nalumansi, A., Twesigye, C. C., Muwonge, T. R., Baeten, J. M., Wyatt, M. A., Tsai, A. C., Ware, N. C., & Haberer, J. E. (2021). You are not a man”: A multi-method study of trans stigma and risk of HIV and sexually transmitted infections among trans men in Uganda. *Journal of the International AIDS Society*, 24(12), Article e25860. <https://doi.org/10.1002/jia2.25860>
- Nobili, A., Glazebrook, C., & Arcelus, J. (2018). Quality of life of treatment-seeking transgender adults: A systematic review and meta-analysis. *Reviews in Endocrine Metabolic Disorders*, 19(3), 199–220. <https://doi.org/10.1007/s11154-018-9459-y>
- Nowicki, G. P., Marchewski, B. R., O’Flynn, J. L., Griffiths, S., & Rodgers, R. F. (2022). Body image and associated factors among sexual minority men: A systematic review. *Body Image*, 43, 154–169. <https://doi.org/10.1016/j.bodyim.2022.08.006>
- O’Gorman, B., Sheffield, J., & Griffiths, S. (2019). Does masculinity moderate the relationship of height with height dissatisfaction? Findings from an internet forum for short statured men. *Body Image*, 31, 112–119. <https://doi.org/10.1016/j.bodyim.2019.09.002>
- Owen-Smith, A. A., Gerth, J., Sineath, R. C., Barzilay, J., Becerra-Culqui, T. A., Getahun, D., Giammattei, S., Hunkeler, E., Lash, T. L., Millman, A., Nash, R., Quinn, V. P., Robinson, B., Roblin, D., Sanchez, T., Silverberg, M. J., Tangpricha, V., Valentine, C., Winter, S., ... Goodman, M. (2018). Association between gender confirmation treatments and perceived gender congruence, body image satisfaction, and mental health in a cohort of transgender individuals. *The Journal of Sexual Medicine*, 15(4), 591–600. <https://doi.org/10.1016/j.jsxm.2018.01.017>
- Parmenter, J. G., Blume, A. K., Crowell, K. A., & Galliher, R. V. (2019). Masculine gender-role congruence among sexual minority men. *Journal of LGBT Issues in Counseling*, 13(2), 134–151. <https://doi.org/10.1080/15538605.2019.1597819>
- Parola, N., Bonierbale, M., Lemaire, A., Aghababian, V., Michel, A., & Lançon, C. (2010). Study of quality of life for transsexuals after hormonal and surgical reassignment. *Sexologies*, 19(1), 24–28. <https://doi.org/10.1016/j.sexol.2009.05.004>
- Pellizzer, M. L., & Wade, T. D. (2023). Developing a definition of body neutrality and strategies for an intervention. *Body Image*, 46, 434–442. <https://doi.org/10.1016/j.bodyim.2023.07.006>
- Perry, M., Watson, L., Hayden, L., & Inwards-Breland, D. (2019). Using body neutrality to inform eating disorder management in a gender diverse world. *The Lancet Child & Adolescent Health*, 3(9), 597–598. [https://doi.org/10.1016/S2352-4642\(19\)30237-8](https://doi.org/10.1016/S2352-4642(19)30237-8)
- Puckett, J., Giffel, R., Brown, F., Gallik, C., Kimball, D., Chu, H., Mustanski, B. S., & Newcomb, M. E. (2024). Suggestions for improving healthcare for transgender and gender diverse people in the United States. *International Journal of Transgender Health*, 25(2), 233–250. <https://doi.org/10.1080/26895269.2022.2150736>
- Ribeiro, C. R., Ahmad, A. F., Dantas, B. S., & Lemos, A. (2022). Masculinities under construction, bodies under (re)construction: Trans men’s desires, contradictions, and ambiguities in the transsexualizing process. *Ciencia Saude Coletiva*, 27(10), 3901–3911. <https://doi.org/10.1590/1413-812320222710.07732022>
- Riggs, D., & Bartholomaeus, C. (2016). The disability and diagnosis nexus: Transgender men navigating mental health care services. *Disability and masculinities: Corporeality, pedagogy and the Critique of otherness*. https://doi.org/10.1057/978-1-137-53477-4_3
- Röder, M., Barkmann, C., Richter-Appelt, H., Schulte-Markwort, M., Ravens-Sieberer, U., & Becker, I. (2018). Health-related quality of life in transgender adolescents: Associations with body image and emotional and behavioral problems. *International Journal of Transgenderism*, 19(1), 78–91. <https://doi.org/10.1080/15532739.2018.1425649>
- Rodgers, R. F., Laveway, K., Campos, P., & Carvalho, P. H. B. de (2023). Body image as a global mental health concern. *Cambridge Prisms: Global Mental Health*, 10, Article e9. <https://doi.org/10.1017/gmh.2023.2>
- Rogers, B. A. (2022). Trans manhood: The intersections of masculinities, queerness, and the South. *Men and Masculinities*, 25(1), 24–42. <https://doi.org/10.1177/1097184X20927058>
- Scheim, A. I., Rich, A. J., Zubizarreta, D., Malik, M., Baker, K. E., Restar, A. J., van der Merwe, L. A., Wang, J., Beebe, B., Ridgeway, K., Baral, S. D., Poteat, T., & Reisner, S. L. (2024). Health status of transgender people globally: A systematic review of research on disease burden and correlates. *PLOS ONE*, 19(3), Article e0299373. <https://doi.org/10.1371/journal.pone.0299373>
- Statista Research Department. (2023). Gender identity worldwide by country 2023. Statista. (<https://www.statista.com/statistics/1269778/gender-identity-worldwide-country/>).
- Skevington, S. M., Lotfy, M., & O’Connell, K. A. (2004). The World Health Organization’s WHOQOL-BREF quality of life assessment: Psychometric properties and results of the international field trial. A report from the WHOQOL group. *Quality of Life Research*, 13(2), 299–310. <https://doi.org/10.1023/B:QURE.0000018486.91360.00>
- Strübel, J., Sabik, N. J., & Tylka, T. L. (2020). Body image and depressive symptoms among transgender and cisgender adults: Examining a model integrating the tripartite influence model and objectification theory. *Body Image*, 35, 53–62. <https://doi.org/10.1016/j.bodyim.2020.08.004>
- TGEU. (2022). Trans health map 2022: The state of trans healthcare in the EU. (<https://tgeu.org/trans-health-map-2022/>).
- The Trevor Project. (2023). Research brief: LGBTQ youth and body dissatisfaction. (https://www.thetrevorproject.org/wp-content/uploads/2023/01/January_2023_Research_Brief_Final.pdf).
- Thoma, B. C., Jadas, E., Choukas-Bradley, S., & Salk, R. H. (2023). Perceived gender transition progress, gender congruence, and mental health symptoms among transgender adolescents. *The Journal of Adolescent Health*, 72(3), 444–451. <https://doi.org/10.1016/j.jadohealth.2022.09.032>
- Todd, J. D. (2024). Exploring young trans people’s everyday experiences of ‘out-of-placeness’ and socio-bodily dysphoria. *Transactions of the Institute of British Geographers*, 49(2), Article e12662. <https://doi.org/10.1111/tran.12662>
- Tristani-Firouzi, B., Veith, J., Simpson, A., Hoerger, K., Rivera, A., & Agarwal, C. A. (2022). Preferences for and barriers to gender affirming surgeries in transgender and non-binary individuals. *International Journal of Transgender Health*, 23(4), 458–471. <https://doi.org/10.1080/26895269.2021.1926391>
- Tylka, T. L. (2011). Refinement of the tripartite influence model for men: Dual body image pathways to body change behaviors. *Body Image*, 8(3), 199–207. <https://doi.org/10.1016/j.bodyim.2011.04.008>
- Tylka, T. L., & Andorka, M. J. (2012). Support for an expanded tripartite influence model with gay men. *Body Image*, 9(1), 57–67. <https://doi.org/10.1016/j.bodyim.2011.09.006>
- Tylka, T. L., & Wood-Barcalow, N. L. (2015). What is and what is not positive body image? Conceptual foundations and construct definition. *Body Image*, 14, 118–129. <https://doi.org/10.1016/j.bodyim.2015.04.001>
- van de Grift, T. C., Cohen-Kettenis, P. T., Elaut, E., De Cuypere, G., Richter-Appelt, H., Haraldsen, I. R., & Kreukels, B. P. C. (2016). A network analysis of body satisfaction of people with gender dysphoria. *Body Image*, 17, 184–190. <https://doi.org/10.1016/j.bodyim.2016.04.002>
- Vandello, J. A., & Bosson, J. (2013). Hard won and easily lost: A review and synthesis of theory and research on precarious manhood. *Psychology of Men Masculinity*, 14(2), 101–113. <https://doi.org/10.1037/a0029826>
- Westbrook, L., & Schilt, K. (2014). Doing gender, determining gender: Transgender people, gender panics, and the maintenance of the sex/gender/sexuality system. *Gender Society*, 28(1), 32–57. <https://doi.org/10.1177/0891243213503203>
- Wood-Barcalow, N. L., Alleva, J. M., & Tylka, T. L. (2024). Revisiting positive body image to demonstrate how body neutrality is not new. *Body Image*, 50, Article 101741. <https://doi.org/10.1016/j.bodyim.2024.101741>
- Wood-Barcalow, N. L., Tylka, T. L., & Augustus-Horvath, C. L. (2010). But I like my body”: Positive body image characteristics and a holistic model for young-adult women. *Body Image*, 7(2), 106–116. <https://doi.org/10.1016/j.bodyim.2010.01.001>
- Yelland, C., & Tiggemann, M. (2003). Muscularity and the gay ideal: Body dissatisfaction and disordered eating in homosexual men. *Eating Behaviors*, 4(2), 107–116. [https://doi.org/10.1016/S1471-0153\(03\)00014-X](https://doi.org/10.1016/S1471-0153(03)00014-X)