The Sexual Objectification Experiences of Non-Binary People

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THE SEXUAL OBJECTIFICATION EXPERIENCES OF NON-BINARY PEOPLE

by

Lee R. Pradell

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

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ABSTRACT

The Sexual Objectification Experiences of Non-Binary People

by

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Utah State University, 2023

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Transgender people are a historically marginalized and disenfranchised group, leading to discriminatory interpersonal treatment such as sexual objectification experiences (SOEs). Women are also a minoritized group, however cisgender and White privilege have led to White cisgender women being the subjects of the predominant body of work on SOEs. Research has begun to explore the SOEs of transgender people, however no research has yet explored the SOEs of non-binary people specifically. Using a qualitative approach, this collection of studies seeks to better understand non-binary people's diverse experiences with sexual objectification.

The first study explored non-binary people's experiences of sexual objectification through qualitative interviews. Non-binary participants shared sexual objectification experiences, the impact SOEs had on their wellbeing, and the resilience they cultivated in the face of SOEs. The second study used a flow chart tool adapted from Cognitive Behavioral Therapy to process SOEs, instructing participants to use the chart in real time to move through a SOE. Participants described an emotionally rich experience with this tool and generally found it helpful as well as challenging. Finally, the third study used

body maps, or the artistic expression of participants' relationships with their bodies, to further explore the impact that SOEs had on the participants' relationship with their bodies. Implications for clinical practice and research are discussed.

(149 pages)

PUBLIC ABSTRACT

The Sexual Objectification Experiences of Non-binary People

Lee R. Pradell

Transgender people are a historically marginalized and disenfranchised group, leading to discriminatory interpersonal treatment such as sexual objectification experiences (SOEs), a type of objectification. Women look at themselves the way men look at them, reducing themselves to objects for someone else's viewing. This flattening of oneself to value your bodily presentation over functioning increases dissociative states and promotes disordered eating behaviors. Non-binary people experience additive stressors within objectification experiences as people with less social power than cisgender women. This thesis is composed of three separate studies aimed at understanding the SOEs of non-binary people.

The first of three studies recruited 10 non-binary people to explore their SOEs through interviews. Non-binary participants shared sexual objectification experiences, the impact SOEs had on their wellbeing, and the resilience they cultivated in the face of SOEs. The second study used a flow chart tool to process SOEs in a sample of 10 non-binary people, instructing participants to use the chart in real time to move through a SOE. Participants described an emotionally rich experience with this tool and generally found it helpful as well as challenging. Finally, the third study used body maps, or the artistic expression of participants' relationships with their bodies, to further explore the impact that SOEs had on the participants' relationship with their bodies with 10 non-binary participants. It is our hope that findings from these thesis studies will be used for

increased awareness and advocacy on the experiences of non-binary people in clinical

practice and research.

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A special thanks to my family, friends, loved ones and professional anchors that hold me down when graduate school makes me want to fly away. Thanks Renee, this wouldn't be possible without you, and you know it.

Lee Rosemary Pradell

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CHAPTER I

INTRODUCTION

Objectification theory posits that cisgender women internalize "the male gaze,"
when thinking about themselves, reducing themselves to objects for someone else's
consumption (Fredrickson & Roberts, 1997). This flattening of oneself to value your
bodily presentation over functioning increases dissociative states and promotes
disordered eating behaviors (McKinley & Hyde, 1996; Sinclair & Myers, 2004; Wiseman
& Moradi, 2010). Occupying additional marginalized identities adds layers of oppression
creating unique objectification experiences at these intersections (Collins, 2002; Meyer,
1995; Meyer, 2003).Societal trends that restrict transgender participation in public life,
like exclusion from bathrooms (Weinberg, 2009) or sports teams (Love, 2014), result in
non-binary people carrying an additional level of emotional vulnerability and burden into
sexual objectification experiences over their cisgender peers. This current study fills the
gap in the literature by exploring non-binary people's experiences from a non-binary
perspective.

Non-binary people are part of the lesbian, gay, bisexual, transgender, queer, and
other non-heterosexual and non-cisgender identities (LGBTQ+) community. While the
grouping of non-heterosexual and non-cisgender people is often referred to as one
community, many LGBTQ+ people, specifically transgender and LGBTQ+ BIPOC, do
not experience community with White, cisgender, LGBTQ+ men and women (Parmenter
et al., 2021). Non-binary people exist under the transgender umbrella of people who
identify differently than the gender that aligns with their sex assigned at birth (American
Psychological Association, 2015). Non-binary people are people that identify outside of

the gender binary, meaning they define themselves as neither solely feminine or masculine, where gender can exist beyond the binary, fluctuate, or reject the binary altogether (Scandurra et al., 2019). Existing data is inconclusive regarding how many transgender people identify as non-binary, with a UK study identifying more than half of transgender respondents as non-binary (Government Equalities Office, 2018) and a U.S. study with 27,715 transgender people finding more than one-third (35%) (James et al., 2016; Scandurra et al., 2019).

Employing a range of data collection and analytical strategies seeks to honor the breadth of non-binary people's experiences. Generating three manuscripts follows the qualitative research guidelines Levitt et al. (2018) outlined for reporting on the wide range of themes and information collected in qualitative research projects. From participatory action research (Kidd & Kral, 2005), to interpretative phenomenological analysis (Parmenter et al., 2021; Smith et al., 2012), to reflexive thematic analysis (Braun & Clarke, 2006, 2019, 2022), the current research study leverages a multifaceted methodological approach to properly capture the complexity our non-binary participants offered in their interviews, body maps, and process charts. The types of data collection pay particular attention to the bodily elements of experiencing/responding to sexual objectification, prioritizing first-person reporting to honor non-binary narratives. Written, artistic, and spoken methods allow a breadth of identity expression for non-binary people to document/explore their experiences; this breadth also provides a nuanced understanding of non-binary people's experiences for clinicians to expand their cultural competence before serving non-binary people.

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CHAPTER 2

THE SEXUAL OBJECTIFICATION EXPERIENCES OF NON-BINARY PEOPLE[1]

Abstract

Non-binary people simultaneously identify outside the binary and experience the consequences of living in societies that embrace the gender binary to varying levels. The current study uses a qualitative, interpretative phenomenological analysis (IPA) approach to understand how non-binary people experience sexual objectification, which historically has focused on binary gender assumptions and populations. A sample of 10 non-binary people in the United States shared their sexual objectification experiences (SOE), the impact of SOE, and acts of resistance against SOE. Participants highlighted difficulties navigating multiple marginalized identities through SOE, such as racialized fetishization and being perceived as women. Participants offered vivid descriptions of what SOE does to them physically, such as increasing chronic pain, anxiety, and dissociation. Individuals and communities reclaimed their bodies and built community in resistance to SOE. Understanding the unique SOE experiences of non-binary people may provide information for counseling psychologists to build affirming interventions that are tailored to non-binary people managing SOEs. Implications for future research on the experiences of SOE among non-binary people are discussed.

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Introduction

Sexual objectification occurs when someone is reduced to their body parts, sexual functioning, and reproductive capacity for another person's benefit (Moradi et al., 2005). Objectification theory was originally developed by Fredrickson and Roberts (1997) and focused on binary gender systems, specifically the ways cisgender women experience objectification. Objectification research has since been expanded to understand the experiences of transgender men (Velez et al., 2016), transgender people of color (TPOC; Flores et al., 2018), and transgender women (Brewster et al., 2019; Comiskey et al., 2020). Sexual objectification research has yet to focus on the unique sexual objectification experiences (SOEs) of non-binary people. Research shows that non-binary people experience discrimination differently (Matsuno & Budge, 2017) and have worse health outcomes than their binary transgender and cisgender peers (Lefevor et al., 2019). The current study investigates the SOEs of non-binary people, the impact of these experiences, and the acts of resistance non-binary people engage in when responding to sexual objectification. Understanding the unique SOEs of non-binary people may aid in expanding objectification theory and underscore how the SOEs of non-binary people are distinctive from their binary transgender peers. Additionally, the current study may provide information for counseling psychologists to build affirming interventions that are closely tailored to non-binary people managing SOEs.

Objectification Theory

Objectification theory stipulates that beauty is culturally defined by the people in power, with cisgender men defining what is deemed beautiful in patriarchal societies (Fredrickson & Roberts, 1997). Women and girls objectify themselves when they

internalize the male gaze and view themselves as objects to be appraised and evaluated (i.e., self-objectification). Women experience societal pressure to modify their bodies to fit dominant cis-hetero-patriarchal standards of beauty. Scholars have found that women engage in body surveillance, body shame, and appearance control beliefs which are associated with disordered eating and negatively impact overall wellness (McKinley & Hyde, 1996; Sinclair & Myers, 2004). While Fredrickson and Roberts (1997) acknowledged that class, ethnicity, sexuality, and other identities create heterogeneous objectification experiences across women, they stipulated that "having a reproductively mature female body," creates a shared set of SOE's (Fredrickson & Roberts, 1997, p. 175). Objectification theorists have since urged scholars to expand our understanding of such phenomenon by examining how race, class, sexuality, gender and other identities complicate objectification experiences (Comiskey et al., 2020; Flores et al., 2018; Velez et al., 2016).

Objectification theory (Fredrickson & Roberts, 1997) explains objectification from a cisnormative gender perspective primarily focused on the White, heterosexual, cisgender women's experience. Researchers have since broadened their scope to explore lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) people's unique experiences of objectification. Elements of objectification theory have been supported among sexual minority women (Brewster et al., 2014; Moradi et al., 2019; Tebbe et al., 2018) and sexual minority men (Breslow et al., 2020). There has been a specific movement to understand the impacts of SOE on transgender people given the associations with gender dysphoria, body dissatisfaction, and risks of developing eating disorders (Brewster et al., 2019; Flores et al., 2018; Velez et al., 2016).

Pantheoretical Model of Dehumanization among Gender Diverse People

Transgender scholars (Brewster et al., 2019; Velez et al., 2016) have recently applied the pantheoretical model of dehumanization to explain the individual and societal impacts of dehumanizing discrimination experiences on transgender people. Moradi (2013) originally developed this theory to understand how discrimination experiences lead to both an internalization of stigma and a heightened awareness of potential for future discrimination experiences. Together, internalization and cognizance can lead to affective responses (e.g., heightened shame, anger, and anxiety), cognitive responses (e.g., interrupted attention), and psychological responses (e.g., lower internal awareness and heightened stress). Importantly, Moradi (2013) highlighted the societal consequences of dehumanization of marginalized people, such that exposure to dehumanization may lead to self-dehumanization, ultimately impeding efforts to challenge oppressive attitudes and systems.

Velez et al. (2016) introduced the use of the pantheoretical model of dehumanization to understand the impact of discrimination experiences on transgender people by examining eating disorder concerns among transgender men. Anti-transgender discrimination significantly predicted higher body surveillance and lower body satisfaction, mediated by transgender congruence (i.e., positive identity beliefs and physical appearance congruence), demonstrating that discrimination directly impacts the relationships between transgender people and their bodies (Velez et al., 2016). Body surveillance may be one strategy for binary transgender people to pass as cisgender, minimizing the dehumanization and discrimination that visibly transgender people experience (Flores et al., 2018). Discrimination and violence against transgender people

are well documented across domains, including housing, workplace settings, the criminal justice system, and in intimate partner relationships, underscoring the reason some transgender people may aim to appear cisgender (i.e., "pass") to mitigate discriminatory experiences (James et al., 2016). The marginalization of transgender people is pervasive across systems; 39% of transgender women in San Francisco perceived stalled careers or job loss as a consequence of their gender identity (Sugano et al., 2006), contextualizing why many transgender people delay transitioning in work to avoid discrimination (Grant et al., 2011).

Brewster et al. (2019) used the same pantheoretical model of dehumanization as Velez et al. (2016) to describe transgender women's disordered eating, confirming that dehumanization in the form of discrimination and sexual objectification is related directly to disordered eating and internalization. Dehumanization was also indirectly related to body surveillance and body dissatisfaction, mediated by internalization. Flores et al. (2018) found that transgender participants of color described dissociative self-objectification experiences during sex and increased self-doubt as a consequence of sexual objectification. Sexual objectification experiences were rooted in exploitation, fetishization, and transgender incongruence, highlighting unique transgender experiences relative to those of their cisgender peers (Flores et al., 2018). Scholars have documented that SOEs are impacted by identity (e.g., gender, sexual, ethnoracial), specifically that multiple marginalized identities create uniquely difficult dehumanization experiences (Chmielewski, 2017; Flores et al., 2018; Tebbe et al., 2021; Velez et al., 2015). Indeed, there is a growing body of research on the SOE of transgender people; however, there is currently no qualitative or quantitative published research examining the SOE of non-

binary people. Research is needed to elucidate the ways that SOEs attempt to force non-binary people back into the binary gender system, directly oppressing their identities.

Experiences of Non-Binary People and The Current Study

Research confirms that non-binary people experience their gender identity, development, and discrimination differently than binary transgender peers (Factor & Rothblum, 2008; James et al., 2016; Lefevor et al., 2019; Rankin & Beemyn, 2012; Webb et al., 2017). Non-binary people report a variety of gendered experiences related to gender expression, many using non-medical (e.g., binding, altering body hair, accessorizing) and/or medical (e.g., hormone replacement therapy, bottom surgery, top surgery) forms of transition (James et al., 2016; Rankin & Beemyn, 2012). When non-binary people come out, others may be less likely to understand their gender identity. As a result, non-binary people may repeatedly come out by reminding others of their pronouns or gender identity and be less likely to come out to family than their binary transgender peers (Factor & Rothblum, 2008; Lefevor et al., 2019; Webb et al., 2017). Genderqueer people felt their gender identity was perceived accurately 'a little bit' and 'moderately' on average as compared to binary transgender peers who felt their gender identity was often perceived accurately (Factor & Rothblum, 2008). When compared to binary transgender peers, non-binary people received lower support from families and friends than binary transgender counterparts (Scandurra et al., 2019). The 2015 Transgender Report (James et al., 2016) found that non-binary respondents (49%) were more likely to report currently experiencing serious psychological distress than binary transgender peers (35%). Non-binary people reported self-harm and suicidality higher than cisgender or binary transgender peers, where Lefevor et al. (2019) found ⅔ of non-

binary participants had contemplated and nearly 50% had attempted suicide. Non-binary people report body dissatisfaction related to gender incongruence (Riboli et al., 2022) and experience lower sexual esteem related to body perception when compared to their cisgender peers (Kennis et al., 2021). Additional research is warranted to understand the embodied impacts of SOE on non-binary people.

While large quantitative studies are needed to understand the similarities and differences between the experiences of non-binary individuals and their binary transgender peers, qualitative studies may aid in capturing the nuanced experiences of non-binary people needed in order to launch additional scholarship. By documenting non-binary SOEs, the current study aims to expand the objectification theory literature that is currently based on binary gender systems. Additionally, this study will elucidate the ways that SOEs attempt to put non-binary people back into the gender binary, directly oppressing their identities. Our study may provide important implications for counseling psychologists to engage in social justice initiatives to combat cis-heteropatriarchal structures that impact the identity and well-being of non-binary people. The current study was guided by the following research questions: 1) How do non-binary people experience sexual objectification?; 2) How do these experiences influence non-binary people's identities?

Methods

Positionality and Researcher Reflexivity

The current study contributes to a body of research on non-binary experiences by non-binary researchers for non-binary people. Researchers brought their identities to the study and embraced the impossibility of conducting research without influence from

previous experiences (Creswell, 2013). The first author is a White, non-binary, pansexual psychology doctoral student from an upper-middle-class upbringing. My perspective as a non-binary person experiencing sexual objectification informs my research questions, analysis, and commitment to the study based on a personal understanding of the impact of these experiences. During group coding, the first author particularly focused on how their White ethnoracial identity biased their interpretation and collaborated with co-authors of various ethnoracial identities to better understand the participants of color's experiences. The remainder of the research team was comprised of scholars with a range of sexual and gender identities (cisgender, binary transgender, nonbinary, asexual, gay/lesbian), experience with the study topic (personal, professional, and clinical experiences of sexual objectification), diverse professional roles and experiences (e.g., faculty advisor, undergraduate student, graduate student), and varying academic/scholarly specialties (e.g., intersectional identity development, positive identity, STEM disciplines). Throughout data analysis, authors discussed and reflected on the impact their identities had on their interpretation of the findings. For example, one of these conversations reflected on an annoyance the first author felt with one participant; upon reflection and collaboration with the third author, the first author navigated their differing understandings of non-binary identity from this participant. Afterward, data analysis honored this difference and highlighted this participant's perspective throughout the results.

Participants

Because we sought to understand how non-binary participants experience and process sexual objectification, we intentionally sampled a heterogeneous population of

non-binary people in terms of the identified research criteria. Following institutional review board approval from the first author's university, purposive and snowball sampling were used to intentionally identify individuals who met the criteria for the study: (a) 18 years of age or older; (b) English speaking; and (c) identify as non-binary or another non-binary gender identity. Although residing in the United States was not an inclusion criterion, participants were recruited through Transgender/Queer Facebook groups and LGBTQ+ community centers across the United States, creating a sample of participants residing in the United States. Ten assigned female at birth (AFAB) non-binary people participated in online video-conferencing interviews. Authors determined that data saturation was attained when no additional information was found after the tenth participant interview (Flynn & Korcuska, 2018). Table 2.1 provides further information on the identities participants chose to disclose, specifically their pseudonym, gender, pronouns, age, ethnoracial identity, and sexual identity labels.

Table 2.1

Participant Demographic Data

Pseudonym	Age	Gender *(pronouns)*	Sexuality	Ethno-racial Identity
Rowan	23	Butch, genderfluid, non-binary *(they/them & he/him)*	Queer, dyke, aspec, lesbian	White
Moss	21	Non-binary *(they/them)*	Panromantic Demisexual	White
Miz	20	Non-binary & transgender *(he/him & they/them)*	Lesbian	Mexican
Bee	27	Agender *(they/them)*	Demisexual & Queer	Mixed race *(Japanese & White)*
Petra	34	Genderfluid *(she/her & he/him)*	Bisexual	Hispanic

Mickey	25	Non-binary (they/them)	Gay	White
Bettle	18	Non-binary (she/her & they/them)	Bisexual	White
Elliot	30	Non-binary (they/them)	Queer	White
Jessi	31	Non-binary (they/them)	Queer	White & Jewish
Bex	31	Non-binary (they/them)	Queer & Pansexual	White

Procedures

Data Collection

The current study is part of a larger research project on the sexual objectification experiences of non-binary people that was not preregistered. While the three studies use the same sample and related procedures, each study answers a distinct set of research questions. Participants were recruited for a study documenting non-binary people's sexual objectification experiences on transgender/queer Facebook groups and through LGBTQ+ community centers in the United States. Recruitment text provided a link to a demographic survey on Qualtrics that included a letter of information. Participants were contacted by the first author via email to set up an initial Zoom meeting to review the study's three tasks, a body map (MASKED FOR REVIEW), a process chart (MASKED FOR REVIEW), and an interview. Participants were financially compensated for their completion of three tasks with $100 total, split between each of the three tasks to incentivize retention. Participants received $40 for participating in the interview.

The present study focuses on interviews with participants about their SOEs. All online interviews were conducted by the first author and ranged from 45-90 minutes. The interviews and member-checks were aimed at exploring participants' experiences of

SOEs. To answer the two overarching research questions, open-ended interview questions ranged from broad to specific (Flores et al., 2018; see Appendix A for the interview protocol). The interview protocol is adapted from Flores et al.'s (2018) interview protocol investigating the sexual objectification experiences of non-binary people. Adaptations included altering questions to focus on embodied experiences and participant's relationships with their bodies. Additionally, the first author took reflexive memos and reflected on interviews with the second and third authors given the need to attend to our positionality throughout data collection and analysis (Creswell, 2013). Meetings about the interviews focused on understanding the first author's initial interpretation of the data, specifically focusing on how differing identities, experiences, and viewpoints may influence interpretations.

Data Analysis

We employed interpretive phenomenological analysis (IPA), which is a hermeneutic (i.e., interpretive), phenomenological, and ideographic analysis used to explore the lived experience of participants as they themselves understand a phenomenon (Chan & Farmer, 2017; Parmenter et al., 2021b; Smith et al., 2012). IPA expands beyond the aim of descriptive methodologies by adding interpretations of the studied phenomenon rooted in participant's reported experiences (Smith et al., 2012). IPA places particular emphasis on understanding the participants' contexts and how these factors alter, enhance, or change the phenomenon of study (Chan & Farmer, 2017; Parmenter et al., 2022; Smith et al., 2012). IPA is ideally suited for work with non-binary individuals because of the emphasis on how context mediates the lived experience of SOEs.

The first author immersed themselves in the data, conducting all interviews and initial analyses. The research team then individually engaged in coding, by analyzing and identifying words or phrases that capture a concept. All the authors then met as a group to discuss their individually coded interviews. Using the inductive approach of IPA, authors engaged in additional coding to elucidate the interrelationships within and between codes, organizing and collapsing lower-level concepts into broader categories (Smith et al., 2012). Thoughtful data interpretation and reflective collaboration between the authors determine which themes emerged from these codes. The first author then organized the created themes into a framework of categories and subcategories that reflect the participants' experiences as a coherent narrative of how non-binary people experience, process, and incorporate sexual objectification.

Credibility Checks

Consistent with previous IPA research studies (Chan & Farmer, 2017; Parmenter et al., 2021; Smith et al., 2012), we engaged in multiple levels of credibility checks to increase the trustworthiness of our findings. First, participants from this study were offered the opportunity to review and correct the findings, increasing the credibility of these qualitative findings. Two participants engaged in the revision process, such as highlighting the limitation that no AMAB (assigned male at birth) experiences were captured in this study. During the member checking process, each participant was asked: (a) "Do these results represent your experiences, process, and narrative?" (b) "What is missing from the analysis from your perspective?" (c) "Do you have any thoughts, feelings or reactions to share about these findings?" (d) "Is there any information you'd like removed from the results?" (Ellis & Chen, 2013). Additional information gathered

during member checking procedures further clarified and refined the findings. Offering

participants the opportunity to remove information they did not want shared ensured

ethical research practice (Ellis & Chen, 2013). No participants elected to remove any

information from the results section. Second, memo writing was used to increase the

credibility of these findings by methodologically triangulating the data to document our

roles as researchers and monitor the participant-researcher relationship (Creswell, 2013).

Continually reflecting on their evolving assumptions, insights, feelings, and choices

throughout the research process increased the rigor of these findings. Negative case

analysis served as the final measure of trustworthiness to account for data differing from

the general themes and to complicate the emerging themes (Smith et al., 2012). For

example, negative case analysis supported us in understanding sexual objectification as a

potential nexus of empowerment and expression for participants, thereby illuminating

future research directions and limitations of the study. Negative case analysis allowed

further examination of the data and our positionality, ultimately improving the

trustworthiness of the current study.

Results

All non-binary participants shared experiences of sexual objectification,

highlighting the ubiquitous nature of these experiences. Broadly, participants' stories can

be organized into three general categories: (1) experiences of sexual objectification, (2)

impact of SOE, and (3) communal and individual acts of resistance.

Experiences of Sexual Objectification: Navigating Multiple Worlds

All ten non-binary participants described SOE, which were influenced by their

overlapping identities and contexts. SOE included being sexualized as women, family

sexualization, and fetishization. Sexual objectification was rooted in being perceived as women, which complicated the emotional landscape of being sexualized. Moss described this as "I'm an AFAB [assigned female at birth] person … who is both fortunately and unfortunately, endowed with certain aspects of my body that are quite sexualized all of the time." Moss and Jessi articulated that being perceived as women comes with emotional and physical cost. Jessi explained the weight of transphobia and misogyny in their SOE as:

> Especially painful as a non-binary person because it's usually centered around them perceiving me as a woman. And it comes with a lot of misgendering, and things that just don't feel good emotionally or physically. (Jessi)

Moss explained that "saying I'm not a woman is something I weigh carefully," because "if the other person can respond then it makes me feel very vulnerable as I fear being dismissed." Moss also described an additional layer to being sexualized as an asexual/demisexual person because they do not see themselves as inherently sexual. "I've spent my entire life sort of battling with my body image to … be a person rather than to be a sexual thing." Moss's experience emphasizes the complexities of processing SOE with varying identities.

Four participants described the further complexity and invalidation associated with being sexually objectified by their family members. Moss and Miz described an extra layer of betrayal when objectification came from their families, emphasizing that "it has to do with being still perceived like a woman in my household," (Miz) where "the objectification tends to also go with the invalidation of my identity" such as "how can you be non-binary you're such a pretty girl?" (Moss). Bex and Miz emphasized the

entitlement their families felt to comment on their bodies. Miz explained that their mom justifies her behavior with "I spent like so many hours birthing you like, you're my daughter, I have like the right to your body." Miz further explained that they feel "like I'm on display for you … and like I don't like it." Bex also experienced "a sexualization of my body" when their family made comments around reproduction expectations, where they "think that my family expects me to have kids and I'm like 'No, it's not what I'm about." Despite their firm stance, they are told "you're gonna change your mind one day," and "Oh you're going to have kids it's like incredible" (Bex). Invalidating comments disregard the bodily autonomy of non-binary family members by emphasizing their primary and secondary sex characteristics.

Two participants of color (Petra and Bee) described racialized fetishization experiences where they were objectified by senior personnel at their places of work. Petra saw being targeted as a consequence of being "eccentric," pointing out that "when you are on stage, it's really easy for people to forget that you are a person." As racialized non-binary people, Bee and Petra described how racist cultural scripts about women of color define their objectification experiences. Petra described experiences that assumed his second-class citizenships, a form of microinsult, as opposed to the exoticization experiences that Bee recounted with their art teacher:

> When I handed it [book they'd made for art school about their sexual assault
> experience] to the teacher who had a very serious problem with fetishizing a lot of
> Asian cultures, she announced to the class that it was reminding her of the pillow
> book, which is an instructional book for Japanese women to fuck men for money.
> And it was so offensive and so wrong, and so terrible and disrespectful of my

ethnicity, and the book that I had written and the experiences that I was talking

about.. (Bee)

Bee clearly articulated the racist overtones behind these comments:

There's some overlap between the gender and ethnicity cues that we're sort of

talking about where nobody sexualizes Japanese men like that's not a thing at all

like it, it is inherently tied to the race and gender overlap… And I think that is a

really complex issue with appropriation of Japanese culture across the board,

where the fashion comes from images, anime, all the stuff, it's all pointed towards

the sexualization, and bothering the young Japanese women. (Bee)

Bee contrasted the objectification they experienced with various partners, where their

most "eccentric" couple presentation got the most hateful public treatment. They

explained that with their "cis White partner who was a woman," they were "harassed in a

way that was reflective of porn categories." With their trans partner, they are both "super

gender non-conforming … loudly," and there's "a lot more anger, violence, and not a lot

of sexual harassment when we're together. I'll get that by myself." The difference

between these treatments, both within and between participants, highlights the

intersectional oppression our participants of color experienced.

Navigating the medical system and detecting SOE were unique challenges for our

disabled participants. Mickey and Bex described difficulty accessing gender affirmative

care because of SOE; Mickey described one such experience with a replacement nurse

who violated their boundaries:

I was wearing a work shirt with birds on it, and instead of asking if - she wanted

to know what it said - so instead of asking me like a normal human she reached

out and touched my shirt, and that did not feel good because she touched my

chest. (Mickey)

Mickey was treated as an inanimate object, able to be moved without consent. SOE put

up barriers for non-binary disabled people to access care. Three participants described

themselves as neurodivergent and explained how this identity impacted their perspectives

on SOE. Bex spoke about the difficulty their anxiety and ADHD caused, explaining that

"it's hard to hold conversations with people when I am heightened or when I am feeling

overwhelmed and overstimulated." Moss explained that as a neurodivergent person, they

only notice the SOE when it's "real explicit because sometimes you have to be … for me

to take notice." Elliot explained that their status as disabled is "really an interesting kind

of thing for me," because "I'm fairly able-bodied, but … I'm autistic and I have some

hearing problems." They explained that SOE are hard for them because "[it's] hard for

me to understand what other people are doing at times." In this way, it is clear that ability

complicates the experience of SOE and adds additional identities to navigate, within and

outside of the medical system.

Impact of SOE

Each participant described the impact of SOE on their bodies, modifying their

appearance, and coping mechanisms.

Embodied Impact

Anxiety. Nine participants characterized anxiety and physical sensations as

embodied impacts of SOE. When asked about the physical impact of SOE, participants

spoke about physical and SOE-related anxiety. Multiple participants mention "spiraling

like mentally into a deep negative thought" (Miz) or "ruminating on the situation [SOE]"

(Bex), showing that these SOE stay with participants long after the incidents are over. Miz and Bex described negative thoughts about themselves, such as "even if you were to get top surgery, you would still look ugly … nothing would help" (Miz) or "trying to figure out how I could have avoided it while it's happening, a lot of like self-blame a lot of like shame." The messages of self-loathing that participants levy against themselves showcase how external stressors become internalized. Elliot described anxiety around correcting students about their pronouns because "if I'm that person who's constantly correcting students about my gender in the classroom, how's that going to bleed into my evaluations?" Anxiety about self-worth and job security also manifest physically, as Beetle explained that in reaction to SOE, they "scrape off the skin of my thumb as kind of like a nervous tic."

Two disabled participants (Jessi and Bee) described specific fears that strangers will not intervene on their behalf, a stressor unique to those who inhabit certain intersections of oppression, like queer, disabled people of color. Bee spoke to their fear associated with being visibly disabled in public:

> I have a cane, I haven't left the house with it. I practice at home but I'm like, nervous to go out because I have heard so many stories of people being bothered. Just harassed, or sexually harassed… it's that preemptive, or protective measure coming into play where I just would rather suffer in pain, or have a difficult time walking, or not go out at all, than even be near an experience where I could be harassed or bothered in any way. (Bee)

Bee's focus on preventing harassment by limiting themselves was shared by other participants in several ways (i.e., avoiding public transit, modifying appearance), but

navigating public spaces with their specific ability concerns presents a challenge their able-bodied peers did not face.

For five participants, difficulty with public transportation translated to a generalized difficulty in public. Elliot reflected on the increase in SOE when "having to go on public transit and walk lots of places versus like being in my car from door-to-door places." Moss elaborated with an experience at the bus stop:

> as a child, I was always sort of sexualized, objectified, you know. I couldn't walk home by myself from the bus stop when I had to- when I needed to, because… there were like three people on the walk home that would just make me feel unsafe and uncomfortable, and even then, the person that walked me home wasn't trustable.

Jessi explained the emotional toll this takes on them:

> I feel like I have a number of them [SOE] throughout my life, and they've largely been on public transportation, which is really unfortunate. It makes me angry and sad because it limits my access to places… I know it's rationally I know that I'm not doing anything to attract this kind of behavior. But it's also hard because it starts to feel like you have a magnet for crazy the way that I'm approached. (Jessi)

Jessi's account begins to illuminate the emotional impact of SOE on participants beyond limiting their access to public spaces.

Body dysphoria. Six participants also described varying levels of body dysphoria in conjunction with their anxiety. Miz shared their internal dialogue around being perceived without their shirt, where "people like perceiving me and like thinking, it just makes me feel so grossed out." They explained that "being nude makes me spiral... I

genuinely am never like able to be." Miz went on to say they, "don't even view myself sexually. I always tell my girlfriend I'm 'how.. like, how are you attracted to me?'" The self-hate around their body undermines their self-image and their confidence in their sexuality, illustrating the impact of internalized SOE. Mickey characterized dysphoria as the consequence of SOE, stating "I was just dysphoric throughout the entire day." While Elliot also experiences dysphoria, they use positive sexual objectification to help "with like any like kind of dysphoric feelings that I may feel around my body." While both Mickey and Elliot described dysphoria, neither described how the anxieties around their body hold them back. Beetle poignantly described their pervasive self-silencing triggered by body dysphoria that they experienced when they were perceived as a woman. Beetle shared how they felt invalidated, used, and compelled to dismiss their feelings for someone else's pleasure. They described immense difficulty breaking up with their first boyfriend, "trying to explain why I wanted to break up with him," ultimately leading to a "mini … anxiety … attack," which they characterized as "uncomfortable for everyone." Participant reactions to body dysphoria continue to reveal the physical impact of SOE.

Physical symptoms. Nine participants describe the physical impacts of SOE, explaining the immediate sensations, chronic pain, exhaustion, and dissociation they experience. Through imagery, participants described the physical sensations and urges that arise after SOE. Moss described their reaction to SOE as "a duller blade that I will feel absolutely gut wrench of just like my insides are twisting it feels like…my entire abdomen has been comprised now of jello and like worms." Others echo this vivid imagery within their stomach, Petra feeling "this sort of… expanse that feels like-and in the pit of my stomach… feeling like my belly is full of cold stones." These feelings in

their stomachs emphasize the power of SOE to produce complicated physical experiences for non-binary participants. Miz and Elliot described freezing up in various ways; Elliot described their reaction as "I just kind of like want to shrink, close myself off… I wish I had a jacket or something I could wrap myself up. And feel like clammy and kind of frozen." Miz felt "this like weight in my chest" as they ask themselves "am I going to rock the boat?" by advocating for themselves when their family sexually objectifies them. Miz, Elliot, and Bex described a "freeze response" (Elliot) or "fawnlike nervous system response" (Bex) to SOE, one of the three archetype fight-flight-freeze responses to trauma (Tyler, 2012).

Six participants saw SOE as the cause of chronic pain, exhaustion, and dissociation. Two participants saw SOE as exacerbating their chronic pain and causing stress-associated illness. Jessi observed that their emotional states cause "really strong sensory reactions," where

> If I'm anxious or getting amped up, I get a really tight chest, I can barely breathe. If it's a lot of adrenaline going on I'll start shaking and my shoulder issue will become really bad, I think mainly because my whole body tenses up. So it's also a trigger for my chronic pain issues. (Jessi)

Bee echoed Jessi's sentiment, stating "the way that stress affects the body, like where I hold my stress, the chronic pain that I experience. If I get really stressed out, I get sick, I get like a stress cold," where they become "super frustrate[d] that like somebody has bothered me so much that now I'm sick." Participants articulated a link between external stress and internal chronic pain that demonstrates how SOE acts as stressor in our participant's environments, which they understand as the cause of their chronic pain.

Lastly, participants mentioned "just a mental exhaustion," (Rowan) when faced with SOE. Jessi shared, "afterwards, I always feel exhausted like I just ran a Marathon, even if I did nothing but sit there and wait out a situation." Quotes like this are testimony to how much energy enduring SOE takes. Jessi noted they are "just sore, uncomfortable for even up to like a day afterwards," highlighting the lasting effect of SOE. In the face of SOE, four participants also dissociated as a strategy to remove themselves from difficult circumstances. Participants understood their dissociative episodes differently. While Moss described an "out of body like-like almost a third person over my shoulder" experience, Petra described their dissociation as

> Sometimes like my limbs will get really cold. It's-again, it feels like I'm stepping back out of my-like out of my body to like get away from a feeling or a situation … So I'll just like feel really empty in like my rib cage and my belly, or I feel like I'm getting pulled out away from myself. (Petra)

Both Moss and Petra described stepping out of their bodies. Petra explained that if, "it has a big toll on my happiness … [If] I'm dissociating all the time, it takes a big toll on my health." Participants clearly see dissociation as a coping strategy for SOE that has large emotional and physical consequences itself. Bex uses this as a tactic to escape "non-consensual experience[s]," showing that although dissociation has large impacts on the health and wellbeing of our participants, it may also be the safest coping mechanism in SOE.

Modifying Appearance

Participants shared they often resorted to modifying their appearance (e.g., clothing, physical appearance) as a tactic to protect themselves from SOE. Others

acknowledged the pressure for compulsory performance of their gender assigned at birth.

Clothing became a way to guard against unwanted sexual advances and objectification in

the face of the reality that "clothes that are maybe … a little bit more revealing … make

me more visible. And so it's kind of an easier target for objectification" (Elliot). Moss

shared "I do wear bulkier clothes sort of to hide my body, whether that's for weight

reasons or objectifying reasons… also it's a shield to hide my body." Using bulkier

clothing as a shield shows the innovative ways our AFAB participants change their

experience with their environment. Bex expressed the same sentiment with looser

clothing:

> after transitioning … I wear like really baggy clothes and cover a lot of my body,
>
> so I don't get unwanted attention. And so like the amount that I felt actually
>
> objectified by like strangers shifted a lot … I like try to present as like invisible in
>
> a lot of settings.

Bex used clothing to shield themselves from people in their environment, going so far as

to attempt to be invisible and avoid "unwanted attention" (Bex). Participants viewed

modifying their physical appearance as a protective measure, in which they balanced

their ideal gender expression with body modifications that warded off unwanted

attention. Bee saw a "line between what I prefer, if I was just in a vacuum and didn't

have these experiences, and how to merge that in a respectful way to myself with the

protective measures." They walk this line by shaving their head as a protective measure

that they ultimately feel "works much better."

Four participants talked about the financial privilege required to engage in

resistance to SOE, referencing resources and gender affirmative expression. Bee

explained that "[Sexual objectification] costs me money, it costs me time, it costs me, resources, emotional stuff, time in therapy like a whole lot of stuff." Other participants also focus on the resources required to respond to SOE, highlighting that life circumstances and identities influence your access to time and money. Rowan explored their privilege in reference to their workplace:

> Yeah, it's like thinking about how much time is a luxury … I've had time to
> pursue reporting sex discrimination at work but if I, you know, was a single dad,
> if I had other things going on, if I had to be really careful not to lose the job…

They go on to say they have been "really aware" of their socioeconomic status when weighing the risks of reporting the sex discrimination they experienced. Elliot also highlighted the privilege it takes to acquire gender affirming clothing and appearance modifications, "I put off a lot because … I could save this money and then I won't have to like feel stressed about food next month, or I can …get my haircut and feel more comfortable." Their interview emphasized the bind non-binary people are in between dressing and styling themselves in gender-affirming ways or working towards financial security.

In addition to the agentic ways participants modify their experiences, participants simultaneously acknowledged the pressures to perform their gender assigned at birth through their hair and dress. Bex described another line that non-binary AFAB participants walk:

> I feel like barrier adverse to like dressing femme … the result of people not
> listening to me expressing like my pronouns, or …even objectifying me sexually
> would [make dressing femininely] really … detrimental. (Bex)

While they want to dress femininely sometimes, they know that cisnormativity prevents people from listening to their pronouns when they are "appearing femme." Pressure to fit into a normative idea of what it means to be feminine follows our AFAB non-binary participants. Miz lamented that their lesbian sexual and gender identity is, "a huge part of… how I see myself, and I genuinely forget that like sometimes I'm not perceived as that." AFAB participants are unable to escape biological essentialism, or the assumption that being cisgender is normal and gender identity should match sex assigned at birth (Bradford & Syed, 2019), and see this toll as "really detrimental" (Bex).

Maladaptive Coping

In addition to protective measures, four participants engaged in what they characterized as "not-so-healthy" (Jessi) coping mechanisms such as substance use (two participants) and identity concealment (two participants). Jessi and Bex described negative coping mechanisms of drinking and smoking. When listing their coping mechanisms, Jessi said they'd "start with the not-so-healthy [coping mechanisms] because they're very easy and that's the problem." They smoke marijuana for their chronic pain "but it's also easy to turn to when I am sad." They described themself as a "very functional alcoholic," characterizing these coping mechanisms as "in my toolbox and I think they do have their time in place, but I probably rely on them too much." Jessi's description of these coping mechanisms as unhealthy and also sometimes their best option highlights the tremendous weight of minority stress. Bex described their coping mechanisms as "the art one is great, the drinking and smoking is not as good." They noted that they use less healthy mechanisms more often "because I'm so stressed about being back in social situations," highlighting the stress others cause non-binary

participants. Moss described overindulging in baked goods as a stress reaction that they engaged in to feel close to others despite the negative consequences over-eating has on their wellness.

Identity concealment similarly acts as a maladaptive coping mechanism for participants based on the pain it causes. Miz, a non-binary, lesbian, transgender participant who lives with their family, explains:

> I'm still like in the closet in like around my family... constantly being perceived as like a woman or girl. I'm having to like live that every day and I'll never be in the safe space of having to be out. (Miz)

Participants described both the pressures of others to stay "in the closet," (Miz) and internal pressures not to "identify as non-binary" (Bex). It took Bex a "long time to like realize that I was non-binary because of those hurdles … I just had to like get it out of my head that I couldn't identify as non-binary because the way my body looked." Bex's statement furthers our understanding of the dysphoria and biological essentialism pressures participants experience, creating difficult internal dialogues around what it means to look non-binary.

Communal and Individual Acts of Resistance

In the face of SOE, participants engage in acts of resistance that combated cis-heteropatriarchy by reclaiming their bodies and forming community. Rowan noted that their ability to engage in self-advocacy is related to their "solid internal sense of who you are," because "a lot of people who are newly out and still really trying to get their footing … would be a lot more vulnerable to this kind of nonsense." Rowan highlights the relationship between self-worth and time spent living authentically as a non-binary

person. Rowan's emphasis on self-worth, "perspective," "experience," and "support system," contextualize reclaiming the body and creating community as acts of resistance non-binary participants engaged in.

Reclaiming the Body

Through balance, re-perceiving the self, engaging in safety measures, and using objectification as a tool, participants reclaimed their bodies after SOE. Participants who used imagery to describe the physical sensations they experienced during SOE prioritized rebalancing the body and changing their body chemistry. Bee sees time as the determining factor in finding and maintaining their balance; "with the amount of time that I've had to play around with gender and stuff like I've settled on something that feels really comfortable and sort of has that line in between protection and authenticity." Other participants recognize when they're "feeling too … heightened" (Bex) and find things for their "anxiety", like art for Bex. Bex reclaims their body by "do[ing] things with my hands," showing the physicality in their rebalancing. Others change their body chemistry, like Petra who "exercise[s] a lot to try to get back into my body. The more that I can be engaged with … my body and feel strong, muscularly, the better I'll feel of my confidence." Petra also uses "hot water, hot tea, or tak[ing] a bath, or eat[ing] warm food" to try to "warm up that belly space." They do this in an effort to stay close to their belly when they feel "like I'm going away from it."

In addition to physically rebalancing the body, participants engage in cognitive reframing to reclaim their agency after SOE. Participants re-perceive themselves, develop safety measures, and use objectification as a tool by reframing their current situations to

put themselves in a position of strength. Bee used pictures as a way to re-perceive themselves in their own image.

> I use pictures as a way to sort of re-perceive myself. And, like, will take some front camera pictures with my phone, and just sort of look over them, and experience myself the way that I want to. (Bee)

Their method of reclaiming their image by "experienc[ing] myself the way that I want to," shows the power of self-perception in non-binary identity development.

Two participants mentioned safety measures they take to protect themselves in public and in the workplace. Jessi explained that their "chronic pain makes me not feel strong enough for a lot of things," and they do worry about self-protection. They have "dealt with the fears [by]… just preparing myself as much as I can," carrying pepper spray and learning some basic self-defense techniques. In this way, Jessi is recreating their body as one of safety and ability instead of weakness or vulnerability. Three participants used objectification as a tool to explore their gender and enjoy their bodies. Bee described how, "… enacting consensual displays of objectification, like female objectification, was actually really helpful in the processing, like the non-consensual objectification that happened to me." Although they frame it as helpful, they also said that "it has helped me realize who I am in a way that's actually very terrible," suggesting that using objectification in this way may be a complicated negotiation between self-discovery and re-enacting trauma. Elliot had an explicitly positive experience of "consensual subject-sexual objectification experiences," as "a way of playing with that [objectification]."

my body was like a sex toy that we're bringing into the relationship and into the

sexual encounter as a way to like spice up our time together. I think that that helps

me connect with and experience my body in a way that doesn't feel invalidating.

(Elliot)

Petra also anticipated that "if I had muscles that I worked hard on, I think I would enjoy

having them complimented too even if it was in an objectifying way." Both Petra and

Elliot's framing of sexual objectification positions SOE as a way to validate the beauty

and joy of their bodies.

Community

Equally as important as reclaiming their bodies was forming community to

validate, process, and support participants through SOE. Participants felt their

communities "affirmed" (Elliot) their SOE by listening and validating their experiences.

Elliot explained that:

before I was really like more out about my identity, I was struggling a lot with

these experiences, kind of internally. And being able to talk to my friends about it

and share those experiences and have them affirm me … I don't feel the kind of

like depression and anxiety, and like physical symptoms lasting as long as when I

was kind of trying to manage that on my own. (Elliot)

Elliot uses friends to help them pass through these difficult mood states. Miz "genuinely

ha[s] to talk it out to someone to hear someone say like oh, no genuinely like that person

was being like, gross or like an asshole." Participants used others to help label the SOE as

real, validating that they were not "being too dramatic" (Miz) or "crazy" (Petra).

Community listening also allowed participants to process SOE and deepen their

community connections. Jessi said, "the processing and talking about it with people in my life … has had an overall good impact." They explained that afterward, they, "feel much more sure of myself," and know "this [SOE] is not ultimately about me." They showcased how processing moves participants from positions of self-blame and isolation to empowerment, connection, and defusion from the situation. Bee's community helps them with the self-care part of processing SOE, asking, "how are you taking care of yourself, do you want to take a bath, do you want to FaceTime? Do you want some tools … when I'm kind of in a brain fog." Both Jessi and Bee described help processing SOE at different points in the process, clarifying that non-binary people may need support at various stages in the process of navigating SOE. Participants recommended building community to other non-binary people experiencing SOE, speaking to the power of connection in combating SOE. Moss creates community both when they're sad and when they're in good spirits by "mak[ing] a meal and you know, help[ing] … cause it's something I know I can do well." Bee explicitly recommended "any sense of community that can be had." They said

> even having a Facebook group with a bunch of people where you might anonymously send this experience and just get some validation that that was fucked up, that's not your fault. That's not who you are, anything you can do to not experience that in isolation is super important. (Bee)

Bee emphasized the importance of community in the validation and processing stages, framing building community support as a positive coping mechanism for non-binary people against SOE.

Discussion

Experiences of SOE

Our AFAB non-binary sample confirms many tenets of the Objectification Theory literature with samples of cisgender women, showing the link between consistent objectification by others and the "internalization of an observer's perspective on their bodies" (Fredrickson & Roberts, 1997; p. 184). Additionally, participants echoed many themes identified by Flores et al. (2018) about the SOE of TPOC, including themes of systemic discrimination, power and privilege, and experiences of sexual objectification. Of particular note were the new findings at the intersection of disability and non-binary identity. Mickey described being treated as an inanimate object, a type of objectification other able-bodied participants did not describe. Three others explained how their neurodivergence changed the way they interacted with others, making it difficult to understand or notice SOE. Being unable to ascertain the dimensions of a SOE could put participants at a disadvantage to respond dexterously while also protecting their mental energy and minimizing the internalization or self-objectification.

Impact of SOE

Although no previous research has explored the specific SOEs of non-binary people, previous research has explored the impact of SOE on transgender women (Brewster et al., 2019; Comiskey et al., 2020), transgender men (Velez et al., 2016), and TPOC (Flores et al., 2018). Studies have largely modeled how SOEs impact transgender people, paying particular attention to disordered eating (Brewster et al., 2019; Comiskey et al., 2020) and compulsive exercise (Velez et al., 2016). The current study's departure from primarily focusing on eating concerns created space for participants to explore

different parts of embodied impact, such as their anxiety, somatic symptoms, and body dysphoria.

All ten participants described a wide range of SOE-related anxieties, echoing previous research findings around hypervigilance, self-doubt, and expectations of rejection (Flores et al., 2018), and transgender incongruence (Brewster et al., 2019; Comiskey et al., 2020; Velez et al., 2016). New findings included the anxieties two disabled participants expressed around being disabled and non-binary in public, specifically fears that no one would intervene on their behalf (Bee & Jessi). Furthermore, although our participants' public safety concerns were similar to findings documenting hypervigilance and physical safety anxieties felt by transgender participants of color (Flores et al., 2018), their public transportation anxieties warrant further investigation. Participants described limiting their access to public spaces because of the SOE they experienced on public transit. It is well documented that transgender people are marginalized in public spaces (Namaste, 1996) through the cis-sexist arrangement and enforcement of bathrooms (Journell, 2017), sports teams (Sharrow, 2021), housing (Yarbrough, 2021), and healthcare (Romanelli & Lindsey, 2020). Mobility justice scholarship suggests that transgender people experience uneven access to movement through public transport because public transit reproduces gendered hierarchies that privilege White, cisheteropatriarchal values, potentially leading to immobility for marginalized people (Lubitow et al., 2020; Shakibaei & Vorobjovas-Pinta, 2021).

Participant accounts of the physical pain and symptoms after SOE expand previous literature on the distress experienced by TPOC during SOE (Flores et al., 2018). Our participants' focus on metaphor and chronic pain strengthen the implications of this

paper by exposing a link between dehumanization, sexual objectification, and chronic pain. Chronic pain is understood as an issue of equity when marginalized people are more likely dispositioned to live with pain and higher degrees of pain (Campbell et al., 2012; Wallace et al., 2021). Each time marginalized people interact with the physicality of their pain (e.g., through treatment, movement), they are reminded of the injustices and inequities experienced as a function of stigma related to race, class, gender, sexuality, mental health, and other aspects of identity (Wallace et al., 2021). Initial data suggests that transgender people may experience chronic conditions at higher rates than their cisgender counterparts (Dragon et al., 2017). Taken together, chronic pain is a clear issue related to the dehumanization of non-binary people and highlighting this unique manifestation of pain may further illuminate some of the pathways involved in the quantitative objectification models (Brewster et al., 2019; Comiskey et al., 2020; Velez et al., 2016). Objectification models document the relationship between anti-transgender discrimination and transgender incongruence in transgender men (Velez et al., 2016) as well as the link between dehumanization and body dissatisfaction, moderated by internalization, in transgender women (Brewster et al., 2019). The present study's qualitative findings narrate these same pathways, being the first to link SOE to the body dysphoria experienced by non-binary people. Additional research is needed to understand the impact of this body dysphoria on health concerns, such as disordered eating or compulsive exercise as studied in binary transgender populations.

Our findings specified how non-binary people modify their appearances as a protective measure to experiencing SOE, elaborating on the cautionary/protective measures subtheme identified by Flores et al. (2018). Our non-binary sample used

metaphors of armor and invisibility, framing their clothing as a barrier between themselves and an inhospitable world. AFAB participants referenced wearing "bulkier" or "baggy" clothes to shield their bodies, walking a delicate line between being a feminine, "easier target for objectification," and a masculinized AFAB person who may be targeted for defying societal scripts for AFAB bodies.

Resistance to SOE

Participants described both community creation and reclamation of their bodies as acts of resistance in the face of SOE. Findings on community cultivation as a space to process and move through SOE mirror strategies used by TPOC, such as increasing their relatedness to others who also face SOE and seeking out social support in the face of SOE (Flores et al., 2018). Our non-binary participants elaborated on the themes of seeking support and self-care identified by Flores et al. (2018), in that participants relied upon others to ensure they took care of themselves after SOE. Unique to our findings are participants' testaments of body reclamation and the processes of engaging in that reclamation, specifically the emphasis on re-establishing bodily chemistry, re-perceiving the self, and using SOE as a tool. Participants described using temperature and exercise to physically regulate their embodied reactions to SOE, locating SOE as an embodied experience that needs to be responded to with somatic interventions. Similarly, participants complicated Flores et al.'s (2018) finding of (re)defining gender in the face of SOE by using their phones to re-experience themselves. Bee's use of photos to find themselves in their own vision tether the cognitive reframes outlined by Flores et al. (2018) to a practice, offering concrete strategies to non-binary people. Their tactic also reveals a way to leverage our self-valuation based on appearance by centering on the

images of oneself where their identity is most embodied. Finally, framing self-objectification as a tool in the face of SOE is a revolutionary stance initially implied by Flores et al. (2018) and furthered in our findings. Participants described reenacting trauma narratives to process "female objectification" (Bee) as well as using consensual SOE to play with objectification they experience (Elliot). Although participants do stress that it is complicated, sexually processing an objectifying sexual event may offer healing otherwise inaccessible through efforts that fail to engage the survivors sexuality.

Implications

Importantly, the present study is the first to offer an examination of non-binary people's experiences of sexual objectification, resulting in directions for future research and counseling implications. Future research with non-binary people of color needs to go beyond subsamples and follow suit of Flores et al. (2018), focusing specifically on the experiences of non-binary people of color (NBPOC) to explore the depth and nuance both between and among NBPOC. Additionally, research is needed to explore the chronic pain experiences within this population, specifically linking experiences of discrimination and resistance to chronic pain outcomes. Although we initiate important study of non-binary SOEs, we did not focus on specific outcomes associated with SOE, such as disordered eating, loss of flow states, or self-objectification. Current research suggests that gender affirmation surgery may alleviate disordered eating symptomatology (Ålgars et al., 2012; Bandini et al., 2013); future research exploring both the impact of SOE on disordered eating and the impact of gender affirmative care on coping for non-binary people may shine a light on specific mechanisms to resist oppression.

The present study resulted in several clinical implications, aligning with previous research and current guidelines for working with transgender and gender nonconforming persons (American Psychological Association [APA], 2015; Flores et al., 2018). First, locating public transportation as a nexus for SOE offers the opportunity for tailored interventions, such as driver training and educational messaging around gender-diverse people in public spaces, which may be proactive ways to increase the safety for TGQ (transgender and genderqueer) people on public transit (Shakibaei & Vorobjovas-Pinta, 2021). Second, chronic pain interventions that acknowledge the trauma disproportionately experienced by non-binary and transgender populations, as well as the social stigma of being a multiply marginalized person with chronic pain, may target the specific needs of this population and maximize intervention retention in health care settings. Third, clinical interventions should pay particular attention to the heterogeneity of non-binary gender identities and experiences, which this article began exploring from AFAB perspectives and did not from AMAB perspectives. Clinical interventions should also attend to the intersecting identities of non-binary people, which alter their SOEs and shift intervention targets (APA, 2015). For example, within our non-binary participants of color, we detailed a wide range of experiences all tied to both their gender and ethnoracial identities, necessitating varied responses. Miz explained SOEs within a familial context whereas Bee and Petra described different experiences still with strangers, needing different affirmations and emotional support as a result. Fourthly, community-level social justice interventions such as education for cisgender and binary transgender LGBTQ+ people, their loved ones and non-binary people on the idiosyncrasy

of their experiences may increase awareness of the pain and need for connection around SOEs.

Limitations

There are several limitations to our study that inform interpretation of our findings. Internet recruitment strategies both extend and limit the possibilities of who can participate, specifically in transgender populations defined by disproportionately low income, high housing insecurity, and potential limited access to internet (Grant et al., 2011; Lee Badgett et al., 2019). Our aim was to explore non-binary experiences of SOE but our sample of all AFAB people limits the breadth of experience we were able to capture. Specifically studying AFAB non-binary people was both a limitation and strength in this context, highlighting the nuance of being objectified as women for a group of people who may fight to be perceived differently. Additionally, our study explored some themes of racialized objectification and fetishization; our sample contained three NBPOC and is insufficient to do more than shed light where future research is needed. Although the present study involved a research team with varied researcher racial identities, the lead author is a queer White researcher from an upper middle-class background, undoubtedly altering the focus of the findings and potentially clouding the findings on racial themes. Future research teams should continue to position researchers of color as integral to the projects, potentially prioritizing researchers of color as lead authors. Finally, while the current study engaged in a variety of credibility checks, our study could have benefitted from more participants engaging in member-checking to further improve the accuracy of the findings.

Conclusion

Taken together, these results create a framework of how non-binary people experience sexual objectification, specifically attending to embodied impact and resistance to these experiences. By focusing on the embodied elements of SOE, participants described what SOE does to them physically, such as increasing chronic pain, anxiety, and dissociation. Importantly, participants resisted SOE by reclaiming their bodies and fostering community. The current study extends previous research on SOE among transgender people by focusing on non-binary experiences, offering nuance to previous research that included non-binary people of color in a larger transgender sample (Flores et al., 2018). Future research is needed to further explore the specific outcomes associated with SOE in non-binary people as well as to focus more specifically on the experiences of non-binary people of color and AMAB non-binary people.

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CHAPTER 3

"IT WAS ODDLY CATHARTIC AND JUST GOOD – FREEING": AN

ADAPTATION OF A COGNITIVE RESTRUCTURING TASK FOR NON-

BINARY PEOPLE EXPERIENCING SEXUAL OBJECTIFICATION[1]

Abstract

The present study uses action research and critical trans theory frameworks to adapt a cognitive restructuring task from Cognitive Behavioral Therapy (CBT) to assist non-binary people in minimizing internalization from sexual objectification experiences (SOEs). Nine non-binary participants completed 3-5 process charts each (32 total) documenting their experiences with SOEs. Participants also completed interviews about their experience with the process chart. Findings explored the nine individual categories of the process chart and the process of completing the process charts, highlighting the power participants reclaimed by interrogating objectifying sentiments and managing their environments in the wake of SOEs. We discuss research and clinical implications, such as utilizing our study's process chart to better support non-binary and other marginalized peoples through objectification and dehumanization.

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Introduction

Transgender and non-binary people experience high rates of discrimination (Matsuno & Budge, 2017), particularly the policing of their bodies and gender expression. Transgender people experience higher rates of discrimination (Matsuno & Budge, 2017) and worse mental health outcomes than their cisgender peers (Valentine & Shipherd, 2018), and about one-third of people who identify as transgender identify as non-binary (Matsuno & Budge, 2017). Non-binary people experience discrimination differently than binary transgender or cisgender people (Matsuno & Budge, 2017). Specifically, non-binary people experience elevated rates of harassment, sexual abuse, and trauma as well as suicidality, disordered eating, depression, and anxiety as compared with their binary transgender peers (Lefevor et al., 2019; Matsuno & Budge, 2017). Discrimination directly impacts the relationships between transgender and non-binary (TNB) people and their bodies. While previous research has examined discrimination experiences among binary transgender people and the impacts on their bodies (Brewster et al., 2019; Velez et al., 2016), research remains limited among non-binary people (Scandurra et al., 2019).

Sexual objectification (i.e., reducing someone to their body parts, sexual functioning, or reproductive capacity for someone else's consumption; Moradi et al., 2005), a form of discrimination, places undue burden on TNB people to process and internalize the oppressive behaviors of others (Comiskey et al., 2020; Flores et al., 2018). While objectification theory was originally developed to understand the experiences of cisgender women (Fredrickson & Roberts, 1997), it has since been expanded to explore

the experiences of transgender men (Velez et al., 2016), transgender people of color (TPOC; Flores et al., 2018), and transgender women (Brewster et al., 2019; Comiskey et al., 2020). Internalization of sexual objectification experiences (SOEs) was positively correlated with body surveillance and body dissatisfaction in both transgender men (Velez et al., 2016) and transgender women (Brewster et al., 2019). Some qualitative studies on SOE that include non-binary people articulated the process of internalizing SOEs (Flores et al., 2018; MASKED FOR REVIEW). Internalization of SOE has physiological and psychological impacts, such as depressive affect, disordered eating, and sexual dysfunction in cisgender women (Moradi & Huang, 2008) as well as negative impacts to self-worth (Flores et al., 2018) and disordered eating in transgender women (Brewster et al., 2019; Comiskey et al., 2020).

While the research on SOEs among non-binary people is limited, research has begun to capture how non-binary people respond to SOEs such as (re)defining gender to resist oppressive environments that promoted their gender dysphoria and "empowering themselves to define their own gender identity" (Flores et al., 2018; p. 317). A qualitative study on SOE's among non-binary people also documented the exoticization of non-binary people of color (NB-POC), as well as SOEs in the form of microinsults that assume non-binary people's second-class citizenship (MASKED FOR REVIEW). Non-binary people also reclaimed their bodies through physically recentering around food and exercise, as well as prioritizing community in the coping process (MASKED FOR REVIEW). Taken together, non-binary people experience and resist SOEs uniquely from their peers within the gender binary, necessitating further research to understand the SOE

process for non-binary people. However, there are a lack of tools that specifically aid TNB people in processing SOEs.

Cognitive restructuring is a foundational cognitive behavioral therapy (CBT) skill meant to aid in processing internal experiences by targeting cognitive distortions or thought errors (Clark, 2013). The cognitive restructuring task in its original form aims to shift emotion by addressing cognitive distortions directly by examining evidence that supports or challenges automatic thoughts. Commonly included strategies in cognitive restructuring, as defined by Clark (2013), include reattribution (i.e., externalizing the cause of an individual's struggle to address self-blame), generating alternative (i.e., reformulating ideas about the self or experience to accurately represent external realities and improve functioning), positivity reorientation (i.e., refocusing on positive, adaptive coping strategies), and consequential analysis (i.e., evaluating costs and benefits of continued acceptance of maladaptive beliefs; Clark, 2013). Although these tasks can involve varying verbal strategies, they all employ collaborative empiricism (i.e., client and therapist shared expertise to address client's problems), verbal intervention, and empirical hypothesis testing in their therapeutic process (Clark, 2013). Few studies have extended CBT to lesbian, gay, bisexual, transgender, and queer (LGBTQ+) populations (Craig et al., 2021; Hall et al., 2019; Pachankis et al., 2022) and no studies, to our knowledge, specifically utilize CBT to aid in processing SOE among TNB.

Infusing frameworks, such as critical trans theory and action research, into CBT skills may be useful in creating an affirming tool that aids TNB in processing SOEs. Critical trans theory aims to move towards TNB liberation by changing societal structures and practices that recreate and sustain oppression (Evans, 2019). Critical trans theory is

particularly relevant for understanding non-binary experiences by moving beyond the binary underpinnings of transgender theory, which historically prioritized the perspectives of transgender women and has since been expanded to place transgender men's perspectives (Vidal-Ortiz, 2008). Despite prioritizing binary transgender identities, critical trans theory attempts to destabilize the binary by disrupting the link between sex, gender, and sexuality by defining gender as a fluid and evolving part of one's identity (Stryker, 2013). Action research historically uses methodology to promote social change and intervene in systemic injustice as it occurs (Avison et al., 1999). Cognitive restructuring tasks traditionally frame internal thought processes as problematic for an individual's functioning and position the solution as a change in the individual's thoughts and feelings (Hupp et al., 2008). While the internalization of oppression ultimately exists internally, it is not an individual problem but rather a reflection on the individual level of a systemic issue. Using action research to approach cognitive restructuring with a critical trans lens provides opportunities to address oppression as the cause of internalization instead of positioning negative core beliefs as the reason non-binary people internalize their oppressors (Brydon-Miller et al., 2003; Clark, 2013).

The Current Study

The current study adapts a cognitive restructuring task through a critical trans lens, which is critical to shift focus from internal functioning to combating external, systemic oppression (Bettcher, 2009). Our study builds on the limited research on SOEs of non-binary people (MASKED FOR REVIEW) and TPOC (Flores et al., 2018) by exploring how non-binary people cognitively process SOEs. The current study employs a cognitive restructuring task, operationalized as a 9-step flow chart outside of a

therapeutic context, using the verbal intervention strategies reattribution, generating

alternative, positivity reorientation, evidence gathering, and consequential analysis

(Clark, 2013). Critical trans theory and action research methodology played important

roles in adding a section to interrogate objectifying sentiments and integrate self-care

practices into the activity (see Figure 1). While the current study aims to capture how

non-binary people process SOEs, using the process chart tool also provides important

implications for psychologists to intervene against discrimination and harassment

experiences with their non-binary clients. Additionally, combining research and practice

to intervene in the cycle of oppression can aid in promoting liberation for non-binary

people rather than simply studying the phenomenon and making post hoc

recommendations (Avison et al., 1999; Brydon-Miller et al., 2003). By using

methodology as intervention, the present study takes a clear stance in promoting justice

by empowering non-binary people to be their own nexus of change while reducing self-

blame and internalization of SOEs. The current study was guided by the following

research questions: 1) How do non-binary people use the process chart tool to aid in

processing SOEs?; 2) How do non-binary people experience the process chart tool?

Methods

Study Design and Positionality

The Institutional Review Board (IRB) at the first author's university approved all

materials and procedures of the current study (protocol #11999). The current study is part

of a larger project examining SOEs among non-binary people. Following the standards

outlined by Levitt et al. (2018), although three studies from this project use the same

sample and related procedures, each study addresses a unique set of research questions,

utilizes different sources of data, and has a distinct focus. We utilized critical trans theory (Evans, 2019) as our research is aimed to promote the liberation of non-binary people from SOEs. Integrating a critical trans framework aids in critically reflecting on the nuanced experiences that emerge for non-binary people during SOEs without fitting non-binary experiences into a binary SOE framework (Stryker, 2013).

Instead of attempting the impossible task of conducting objective research, we leveraged our overlapping and differing identities to approach data analysis from a multitude of perspectives (Levitt et al., 2018). The eight authors are scholars with a breadth of sexual and gender identities (binary transgender, non-binary, cisgender, queer, asexual, gay/lesbian), experiences with the topic area (professionally, personally, and clinically), professional experiences and roles (e.g., graduate student, undergraduate student, faculty member), and academic specialties (e.g., positive identity, intersectionality). Data analysis focused on discussion and reflection of various biases the authors diverse identities had on their interpretations of the findings. For example, the first author did not initially understand the classification of misgendering as a SOE, which came from their personal experiences being frequently misgendered. Authors of similar and different gender identities assisted in his interpretation of these experiences, highlighting the participant's first-person authority in defining their experiences. Additionally, the first author paid particular attention to their White ethnoracial identity's impact on their interpretation of the findings, collaborating with co-authors of various ethnoracial identities to nuance their interpretations during group coding sessions.

Participants

Participants were recruited through Facebook groups and LGBTQ+ community centers in the United States. Participants met inclusion criteria if they were 18 years of age or older, English speaking, and non-binary identifying. Thirty people accessed the Qualtrics survey and nine participants met inclusion criteria and submitted at least three process charts documenting SOEs. Table 3.1 provides information on the identities participants chose to disclose through their interview, specifically their pseudonym, gender, pronouns, ethnoracial identity, and sexuality.

Table 3.1

Participant Demographic Data

Pseudonym	Age	Gender *(pronouns)*	Sexuality	Ethno-racial Identity
Rowan	23	Butch, genderfluid, non-binary *(they/them & he/him)*	Queer, dyke, aspec, lesbian	White
Moss	21	Non-binary *(they/them)*	Panromantic Demisexual	White
Miz	20	Non-binary & transgender *(he/him & they/them)*	Lesbian	Mexican
Bee	27	Agender *(they/them)*	Demisexual & Queer	Mixed race *(Japanese & White)*
Petra	34	Genderfluid *(she/her & he/him)*	Bisexual	Hispanic
Mickey	25	Non-binary *(they/them)*	Gay	White
Bettle	18	Non-binary *(she/her & they/them)*	Bisexual	White
Elliot	30	Non-binary *(they/them)*	Queer	White
Jessi	31	Non-binary *(they/them)*	Queer	White & Jewish
Bex	31	Non-binary *(they/them)*	Queer & Pansexual	White

Procedures

Recruitment text with a link to a Qualtrics survey was sent to LGBTQ+ Facebook groups and centers across the United States. Those interested in the study utilized the link to complete the informed consent, screener questions (e.g., gender identity), demographics survey, and a request for an email address to follow-up about interview scheduling. The first author contacted eligible participants to set up a Zoom meeting orienting participants to the study's three tasks: 1) a process chart, 2) body map (MASKED FOR REVIEW), and 3) an interview (MASKED FOR REVIEW). Analysis for the current study focused on the process charts participants filled out after SOEs and the associated question from their interviews about participants' experiences with the process chart (i.e., "How did the process chart go for you?").

The process chart is based on key elements from a cognitive restructuring task used in brief CBT to guide clients through cognitive restructuring (Ellis, 2003). Unlike the CBT method, our multi-step chart specifically aims to help participants process SOEs, reduce internalization of cis-sexist/objectifying messages, acknowledge the impact of these experiences, and prioritize their well-being by planning self-care. Participants were given the chart filled out with an example of an SOE the first author experienced for reference (see Appendix B & C for the process chart with an example). All participants completed process charts over the course of 3-6 weeks. Participants were instructed to document three SOEs after they occurred using the process chart. Participants were sent an electronic copy of the process chart, pictured in Appendix C. The process chart prompted participants to identify the SOE and the immediate thoughts and feelings it elicited. Instructions then asked participants to name the objectifying sentiment expressed and evidence supporting or disputing this sentiment, ultimately leading to a non-

internalizing thought. Participants then listed their feelings post-process chart and planned a way to take care of themselves, acknowledging the energy involved in experiencing and processing sexual objectification. The first author made weekly contact with participants through email to check-in on progress and participant well-being during this potentially challenging task. The first author reflexively documented the emerging themes across process charts and reflected on their evolving beliefs and assumptions regarding non-binary SOEs (Braun & Clarke, 2019; Levitt et al., 2018). Participants were compensated with $100 total for the three tasks, split between each task to incentivize retention. Participants received $30 for documenting three SOEs.

Data Analysis

After the first, sixth, and eighth authors transcribed the interviews, the research team used a reflexive thematic analysis with both a deductive and inductive approach to analyze our data (Braun & Clarke, 2006, 2019, 2022). Previous qualitative studies with TNB samples have utilized reflexive thematic analysis with inductive and deductive approaches (Abreu et al., 2021; Matsuno et al., 2022). The deductive approach used the process chart as an organizing model for our analysis while the inductive approach allowed for the researchers to develop themes around how participants uniquely experienced the process charts (Braun & Clarke, 2022; Matsuno et al., 2022). Reflexive thematic analysis allowed us to emphasize the active role of researcher subjectivity in data analysis and theme generation, leveraging researchers' lived experiences with SOE as an asset to the project (Braun & Clarke, 2019). The authors followed the six phases of thematic analysis outlined by Braun and Clarke (2006). First, all authors independently familiarized themselves with the data, highlighting notable quotes and making reflexive

notes in the margins. After familiarizing themselves with the data, all authors participated in a data interpretation meeting where authors collaborated, reflected, and refined themes identified in the interviews while paying close attention to context (i.e., survey patterns, identities of participants). Multiple authors coded and interpreted each process chart, prioritizing reflexive collaboration as codes were created and defined. The authors grouped themes using the process chart format as a guide (i.e., deductive reasoning). Additional theme refinement resulted in collapsing some columns of the process chart into a singular theme to capture the co-occurrence of internal experiences (i.e., inductive reasoning). For example, columns two and three (i.e., "Automatic Thoughts Elicited" and "Emotions/Mood") were collapsed into a singular theme (i.e., "Automatic Thoughts and Immediate Emotions") to capture non-binary people's internal experiences following SOE. Subsequent rounds of coding prioritized emerging themes that did not follow the process chart framework, such as the participant's experiences using the tool.

Methodological Integrity

All participants had the opportunity to revise, edit, and correct the findings from this study to enhance credibility (Levitt et al., 2018). Of the nine participants that completed the process chart task, three revised the findings by answering the following questions during the member checking process, emphasizing that the findings matched their experiences: (a) "Do these results represent your experiences, process, and narrative?" (b) "What is missing from the analysis from your perspective?" (c) "Do you have any thoughts, feelings or reactions to share about these findings?" (d) "Is there any information you'd like removed from the results?" (Ellis & Chen, 2013). While no participants elected to remove any information from the results section, offering

participants the opportunity to remove information ensured ethical research practice (Ellis & Chen, 2013). Of the three participants that offered feedback, all answered that the results reflected their experiences and provided little additional feedback. Authors continued to discuss and refine themes until consensus was reached for a final thematic structure.

Results

Nine participants documented 3-5 SOEs (32 total) with the process chart pictured in Appendix C. Results are organized as 1) The Process Chart (SOE situations, Automatic Thoughts & Immediate Emotions, Objectifying Sentiments, Non-internalizing Thoughts & Associated Emotions, Managing Environment to Reclaim a Sense of Self) and 2) Processing the Process Chart (i.e., experiences of completing the process chart).

The Process Chart

SOE Situations

Participants described a range of perpetrators (e.g., romantic partners, family members, healthcare providers, strangers, colleagues, clients) and locations (e.g., private settings, workplace settings, public transportation, family gatherings) in which SOE occurred. Many of the SOE reports were complicated by the fact that perpetrators were close to participants. Of the five participants that shared SOEs perpetrated by loved ones, three (Elliot, Petra, Beetle) were aggressed by romantic/sexual partners, and two (Miz, Moss) by family members. Moss and Miz described experiencing SOE from family members, where they received comments such as "you would be so pretty if only you lost more weight" (Moss), were shamed for their attraction to women's breasts which left Miz feeling "predatory", and experienced inappropriate objectifying actions by men in their

family (Miz). Indeed, experiences of SOE were often complex and intertwined with other microaggressive behaviors. Petra (he/she) shared being objectified by "someone who I thought I was partners with," who bragged to a mutual friend about having sex with her, and Beetle described being groped by a partner in public. To the contrary, Elliot described consensually using SOE with their partner "in a sexual setting," showing that SOEs are not definitively negative experiences.

Four participants (Bex, Petra, Jessi, Rowan) described colleagues, clients, or strangers objectifying them in various workplace settings where SOEs undermined participants' feelings of safety and belonging. Petra and his aerial partner were called "delicate" while performing whereas someone asked Rowan their deadname during an investigation of "sex discrimination against me." Jessi described being accosted by a "drunk man" who "got up in my personal space," then "made fun of me to his friend, misgendering me, and then called me a bitch." These three experiences capture the breadth of perpetrators and situations in which non-binary participants experienced SOE in the workplace. Three participants described SOEs at the pharmacy when deadnamed (Rowan), in the doctor's office when they were forced into a conversation about their reproductive capacity during a visit about their sinuses (Bex), and on their way to a doctor's appointment (Bee). Of the seven participants that described SOE occurring in public spaces, two (Bee and Bex) described experiencing SOE at the grocery store, two on public transportation (Jessi and Elliot), and one while in a public restroom (Elliot). These common spaces indicate situations that may be particularly difficult for non-binary people to navigate, creating potential barriers to being in public.

"I'm too femme to be respected as non-binary": Automatic Thoughts & Immediate Emotions

All nine participants described distress at being perceived as women that elicited varying automatic thoughts and emotions. Elliot explained that their, "body is being perceived as something to look at, probably being read as a woman and being examined with sexual interest," thereby invalidating their non-binary identity. The discomfort participants described when perceived as women is contextualized by the euphoria Bex and Jessi described when they were perceived as men. Bex described euphoric thoughts such as "people are finally beginning to be unable to determine my gender on a CIS-normative scale," that turn into "catastrophizing thoughts," when the stranger switches from "sir" to "ma'am" in reference to them. Jessi's thoughts were more questioning, asking "does he see me? (as not woman, as nonbinary, as somehow manly?) Does he really think I'm a man or is he messing with me because I look queer?" Both Jessi and Bex's thoughts showcase the internal process non-binary participants go through when processing SOE, highlighting the confusing nature of SOEs. Five participants described assumptions and stereotypes put upon them during SOEs accompanied by automatic thoughts such as "I am just an object, a fantasy, not a person" (Petra).

The automatic thoughts and emotions participants described varied both within and between participants. Participants described both internalizing thoughts blaming themselves for the SOE, such as "I want a different body!! I have already chopped my titties off! What more can be done!!!" (Bee). Bee's thought shows them grasping for control after getting aggressed and ultimately taking on the impossible responsibility of making SOEs stop. Elliot described both internalizing and empowering automatic

thoughts, expressing "I'm too femme to be respected as non-binary" in one situation and "I'm glad I have a partner that allows me to play with [my] gender." The juxtaposition between these thoughts highlights the wide variety of impacts that SOEs have on participants' experiences. Common emotions participants described in reaction to SOEs were anger (8 participants), frustration/irritation (5), sadness/depression (5), fear (4), shame (5), dissociation (3), discomfort (4), and confusion (3). Less common emotions were gender euphoria (Jessi), dysphoria (Bex), betrayal (Rowan), violation (Jessi and Beetle), gross (Beetle and Miz), "not heard" (Bex), "adrenaline rush" (Jessi), and fulfillment (Elliot). The complex emotional landscape again highlights the variability between and within participants, for example, where Jessi described both violation and gender euphoria in the same experience.

Objectifying Sentiments: Supporting and Disputing Evidence

Participants described objectifying sentiments that reduced them to their bodies and sexual functioning. One common theme among seven participants was "my body is for other people, not my own to decide how it is identified, what I do with it, and what happens to it." (Bex). Miz explained that their "body is on display for others to sexualize and judge even in my own home," implying the pain associated with SOEs in the home. Bee highlighted that "my time is not important, I am to be harassed at any time," showing that SOE has far-reaching impacts beyond the body.

Supporting Statements

When asked to describe evidence *supporting* these objectifying sentiments, some participants used self-deprecating comments or partially excused objectifying behavior. Moss made self-deprecating comments suggesting the internalization of SOEs, such as

"I'm not conventionally attractive" and "I have gained some weight over quarantine."

While Rowan did not self-deprecate, they acknowledged that the investigator "did need

to ask me *some* personal things as part of her job," when deadnamed at work. However,

most participants clearly articulated the objectifying sentiment without buying into it,

citing "there is nothing that realistically supports this sentiment" (Beetle), labeling

societal inequalities, and providing empowering statements about themselves when

prompted for supporting evidence. For example, six participants cited "SOCIETAL

PRESSURES" (Bex) such as "bigoted lesbophobia" (Miz) and "misogyny" (Moss) as

supporting sentiments. Others provided examples of oppressive structures as support for

objectifying sentiments, like Elliot explaining that "gendered bathrooms that don't allow

for a space that I belong," as support for objectifying sentiments. Focusing on social

inequities demonstrates participants externalizing instead of blaming themselves or their

bodies for SOEs. Petra used humor and empowerment to mockingly support the

objectifying sentiment, acknowledging that "my butt IS good, but it's not OK for

everyone to talk about it all the time." Petra's process showcases her use of both humor

and empowerment as coping mechanisms in the face of invalidating experiences. Thus,

while some participants bought into objectifying statements, most participants inherently

rejected and refuted SOEs.

Disputing Objectifying Sentiments

When prompted to *dispute* the objectifying sentiment, participants centered on

increasing their understanding of themselves, others, and systemic inequities. All nine

participants practiced self-understanding and self-appreciation as strategies for handling

SOEs. Beetle explained that while objectifying themselves is "painful," it "helped me

realize I was non-binary and I learned how to be confident in my own skin." Petra affirmed that "I have a lot more to offer than being attractive. I consider my silliness and my wit as more intriguing qualit[ies]." Rowan commented on the impact they have on others, noting "when I walk into temple events, people light up and come talk to me."

Three participants referred to societal inequities when disputing the objectifying sentiments. Jessi explained that because "my personal experience is outside of the mainstream … no matter what I wear, some asshole will have something to say." Again, referring to systemic issues shows participants moving from internalizing to externalizing patterns of understanding objectifying sentiments. Of note, two participants expressed they were unsure what disputed the objectifying sentiment, highlighting the difficulty externalizing their oppressor.

"I am more than my appearance,": Non-internalizing Thoughts & Associated Emotions

Participants were prompted to create a non-internalizing thought as a formal step toward reducing self-objectification and refuting SOE. All participants referenced their identities separate from the SOE, practiced perspective-taking to separate themselves from the objectifying sentiment expressed, and recognized their complicated associated emotional states. Moss simply put it as "I am more than my appearance," in response to being called a "goth mommy dommy," while live streaming. Bee asserted "I do not have a gender and my body is good at taking care of my community," emphasizing the importance of community for non-binary people. Beetle acted as a negative case, combining internalizing and externalizing thoughts in one non-internalizing thought, stating "I should have stopped him, but he should have not done that in the first place."

Beetle continuing to blame themselves while simultaneously refuting internalized

thoughts demonstrates the pervasive internalization process for non-binary people in the

face of SOE. Jessi expressed perspective-taking for a man who told them they were

"asking for it," based on their clothing: "This dude was so closed-minded and

misogynistic it's sad." They also lamented that this man's behavior must "limit the kind

of relationships he can have with folks who aren't other cis[gender] men," externalizing

the situation to be about the perpetrator and not about their clothing choices. Rowan

combined compassion for their rabbi having a "hard time adjusting to the new post," and

asserted that their "presence in the Jewish community and relationships as a trans person

are not dependent on any one man for validation." Their strategy highlights the power of

perspective-taking and self-validation when moving from unhelpful automatic thoughts

to non-internalizing thoughts. Bex practiced perspective-taking to dispute the objectifying

sentiment twice, expressing that an aggressor was "not a bad person, just an ignorant

one." They also expressed compassion for their coworker who reprimanded a child for

touching their chest.

> The teacher probably dislikes it when students touch their chest and was
>
> projecting this onto me. So they saw this as a moment to remind a student to
>
> observe the boundaries of others, instead of touching. … We are both doing our
>
> best. (Bex)

Bex appears to humanize both themselves and the perpetrator of the SOE, showing a

certain level of dissonance.

Upon completion of the process chart, all nine participants expressed increasingly

complex emotional states that acknowledged the energy expended to endure SOE. In the

face of being objectified by their coworker, Bex felt both "grounded," and "disassociated," exemplifying the complex and contradictory nature of emotional responses to SOE. Common emotions participants described were disappointment (3), anger (6), annoyance/frustration (7), calm(er) (3), and tiredness (4). Other less common emotions were disgusted (2), grounded (2), acceptance/letting go (2), pity (1), empathy (1), proud (1), flippant (1), and happy (2). Participants exhibited a pattern of moving from intense, highly activated emotions to grounded emotions. When told they were "asking for it," Jessi moved from anger, shame, and depression to empathy, resolve, self-love, and tiredness. Elliot documented a similar experience, moving from anger and sadness to anger, acceptance, and tiredness, showing that while anger may remain, a processed emotion like acceptance was cultivated through the process chart. Some participants moved to a more "guarded" (Petra) or "closed off" (Miz) state after processing SOE, showing a coping strategy that distances participants from their objectifying environments.

Managing Environment to Reclaim a Sense of Self

All participants described coping strategies they use in the face of SOE - comforting their bodies, seeking community or alone time, and advocating for themselves. Seven participants described comforting themselves by comforting their bodies. Petra specified she will "move around my house in a non-sexual way" and "hug my dog," reclaiming his body after SOE by getting in touch with other forms of his identity. Bex reconnects through physical touch: "hug and massage chest/place hands over flat chest and take deep breaths. Feel the relief that comes with remembering I don't have breasts anymore." The relief they feel when remembering what their body actually

is, as opposed to how it's perceived, is a similar strategy to Bee who takes photos of themselves and sends them to friends to "reaffirm my sense of reality." Bee also planned to "reaffirm that I like these clothes and I will shave my hair shorter," showing that reclaiming the body extends to reclaiming their gender expression. Elliot planned to "wrap up in something cozy and hide away for a while," using alone time and touch to soothe themselves.

Participants described both stepping away to be alone and actively seeking social support, displaying a wide range of potential wants and needs after SOE. Eight participants described activities they do at home that were likely solo (although without specifying they were alone), such as doing art (3), journaling (2), showering/bathing (5), and reading (2). Petra specified "be alone," as self-care after a sexual partner described him as a friend and then "brags to their friend about fucking me." Six participants specified "spending time with friends who love me and accept me as non-binary" (Elliot) in various ways. Four participants talked to someone about the event but outlined varying motivations; Rowan aimed to "reach out to another trans-Jewish convert to commiserate and another rabbi to keep involved locally," while Petra aimed to tell "everyone I know in the field about my experience to protect them." Participants that sought community both connected with others for support and to advocate for/promote safety, showing that community creation serves multiple functions for non-binary people.

Four participants advocated for themselves despite the energy required to do so after being drained by SOEs. Petra was asked to "drop everything," to join a polyamorous community, and then "spent time asking around the community if anyone knows if this is a known predator." Bex "continue[d] to advocate and find ways to express my non-binary

gender," after someone called them sir then pointedly switched to ma'am. Rowan

approached being deadnamed by the pharmacy "AGAIN," with the attitude "well, if they

won't fix things on their end, I can fix them on mine." They chose to "stop notifications

from them entirely. I'll just set reminders in my calendar myself." After being harassed

on the street on the way to their doctor, Bee resolved to "tell my doctor, and ask for a

buddy to walk me back to my car." Participants' abilities to advocate for themselves after

difficult circumstances demonstrate their individual and collective strength, but also

spotlight a system-level problem that depends on victims to prevent their own

victimization.

Processing the Process Chart

In individual interviews scheduled after completion of the process charts,

participants explored the charting process. Some characterized nuanced ways the chart

was "good/positive" (5) and/or "helpful" (5) while others described the impact of the

experience or used that space to continue telling their story. Three participants who had a

positive experience still acknowledged difficulty completing the process chart while

noting that it acted as a tool to help them engage in a difficult task. Moss described the

process chart as "sometimes a little difficult, but it was oddly cathartic and just like good-

freeing." Experiencing the process chart as "freeing" or mutually beneficial is a core goal

of action research (Brydon-Miller et al., 2003). Those who explained that it was helpful

emphasized "seeing it like written out and breaking down my experiences in language,

was really helpful" (Jessi). Other participants also focused on language, showing that the

critical trans theory adaptation of the cognitive restructuring tool is accomplishing a

similar goal of helping people make negative core beliefs about themselves concrete and then interrogating them. Petra described this as:

> …thoughts are just bouncing around in my head all the time, and I find that to be like a useful tool to be like here's what we're going to do. We're going to go [through]ABC, and then by the end, we're going to maybe feel something different.

Petra found the tool useful enough to "write down the steps in my phone so that I don't forget," showing that participants have the opportunity to continue experiencing benefits from the process chart tool after completing the study. Integration of the process chart into participants' lives suggests that the method served as a micro-intervention in SOE contexts for non-binary people. Participants emphasized making thoughts or processes concrete, whereas Bee thought "the structure was helpful in sort of, like, categorizing and filing those experiences." Bee also used the tool to help them create distance between themselves and SOEs, where "after something had happened, I sort of came back to it a couple days later, just to give some time and space." Seven of our nine participants expressed that they found the process chart to be a useful tool to orient them to the difficult task of reflecting on painful and potentially traumatic experiences.

A subset of participants (5) described emotional or psychological impact across their three (or more) process chart experiences. Elliot saw the process chart "bleeding over into real life conversations," describing how self-objectification helps with their gender dysphoria:

a conversation that came up like a friend posted something on social media about how we objectify ourselves, and how that helps us … me and several other people have mentioned using it as a way to deal with dysphoria.

It is important to note that Elliot did not describe the process chart as a tool to address gender dysphoria. However, emphasizing that this tool assisted in processing self-objectification experiences alludes to the potential for this tool to guide non-binary people through the gender dysphoria many of them experience (Taylor et al., 2019). Generalizing the cognitive restructuring task to "real life" is the goal of CBT exercises broadly (Hupp et al., 2008), so the ability for the process chart to bridge the gap between research task and everyday thought process is critical when evaluating its utility. Miz found that the chart provided them new insight about their relationship with their body, where "I always told myself like well I'm very neutral about my entire body, like I'm neutral about it but like I do have some opinions about it."

Four participants also used the time when asked about their process chart to tell or clarify their story, potentially showing the need for connection and community that participants described in the chart itself. For participants who retold their stories, the opportunity to discuss how the process chart went captured their experience in the middle of the story of SOE as opposed to their relationship to the tool. Beetle had found the chart helpful to realize that "I am confused and going through like a trip kind of a gender confusion identity period of time," then proceeded to explain this confusing period of time. Both these accounts illustrate the need to connect beyond solely processing SOE, pointing to the promise of interventions that incorporate this process chart into a broader course of therapy for some non-binary people.

Discussion

The present study sought to explore how non-binary people utilize a multi-step process chart to process experiences of SOEs. Not only did our study provide novel information about how non-binary people process SOEs, but we also provide useful information on how our methodology (i.e., process chart) may serve as a micro-intervention in reducing internalization of SOEs among non-binary people. Action research rejects the notion that research is objective and intentionally positions itself in favor of democratic social change (Brydon-Miller et al., 2003).

Participants described layered SOEs that, while body-related, overlapped with microaggressions related to multiple forms of identity (e.g. deadnaming, misgendering, fat-shaming). Of note, the SOEs that participants described were rarely as singularly misogynistic as those described by cisgender women in the original objectification theory literature, such as cat calling, touching someone without their permission, or body-related comments (Fredrickson & Roberts, 1997). The SOEs described by our participants mirror the complex notions behind the SOEs of TPOC (Flores et al., 2018) and transgender women (Comiskey et al., 2020). For example, Petra described fetishization experiences similar to those noted by other TPOC (Flores et al., 2018; MASKED FOR REVIEW), revealing an additional layer of dehumanization when they were reduced to a delicate ornament in their work as a dancer. Moradi (2013) and Velez et al. (2016) emphasize the intersectionality in objectification experiences, noting the textured nature of dehumanization as people occupy additional minoritized statuses. The present study extends scantly documented SOEs of non-binary people (Flores et al., 2018) previously neglected in the literature, illuminating the everyday experiences marginally studied in

this population (Flores et al., 2018; Matsuno & Budge, 2017; Valentine & Shepherd, 2018).

Participants identified systemic structures as evidence for their automatic thoughts and feelings, ultimately externalizing their oppressor and engaging in other self-empowerment and self-care practices to take care of themselves. Participants were able to reframe SOEs as experiences that exist outside of them (i.e., externalizing oppressors) instead of something they are personally responsible for, transforming their shame into empowered emotions like self-love. Participants reclaimed their bodies through activities like showering/bathing, expressed themselves through art, or journaling. Others advocated for themselves or connected with others in the face of SOEs, encapsulating a transition from shame to power. While the majority of non-binary people in our study described self-empowerment, several participants chose to accept the situation because they felt they had no control to change their circumstances. Two participants were not able to refute the objectifying sentiment in their SOEs, highlighting that this task was not clear or empowering for all participants. Despite difficulty countering their oppressors, all participants described altered emotional states after completing the process chart, illustrating that they were all able to take control of their internal experience to some extent. Describing complicated emotional states such as anger and annoyance/frustration place the object of their emotional blame external to themselves, showing a non-internalizing stance despite difficulty articulating why they were not to blame for their SOEs.

Methodology as Intervention: A Critical Trans Adaptation

Traditional cognitive restructuring in CBT conceptualizes the "faulty" and dysfunctional thoughts as something inside the individual that they need to recognize and change (Hupp et al., 2008). Our process chart task applies a critical trans framework that conceptualizes the unhelpful thought as a product of oppression and inequity at the systemic level. The power of methodology as intervention is evidenced by the self-empowerment our participants cultivated in the face of complex, multifaceted SOEs they faced. The impact of our adaptation is evidenced in participants' reactions to their process charts. Participants found it useful to make the implicit process of internalization explicit, emphasizing the utility of writing down their experiences as an aid in processing SOEs. Some participants, such as Petra, noted how helpful the structure of the task was in guiding them through a step-like process that aided them in reframing thoughts and changing their emotional state. Without emphasizing the objectifying sentiment as an external process, participants would not have been guided to a place of non-internalization but rather to a place of cognitive reframing self-hate and self-destructive thinking (i.e., catastrophizing thoughts, helplessness). The power of methodology as intervention is evidenced by the self-empowerment our participants cultivated in the face of complex, multifaceted SOEs they faced. Our adaptation of the cognitive restructuring task can be evaluated as successful. However, rigorous trials are needed to test the specific mechanisms within this adaptation that cultivated change, whether that be the self-care step at the end or disputing the objectifying sentiment central to the task. In its current form, the process chart serves as a potentially helpful tool to non-binary people processing SOEs and has far reaching potential for the processing of other

microaggressions that communicate dehumanizing, objectifying sentiments to non-binary and other marginalized peoples.

Limitations

The findings of this study should be understood with the following limitations in mind. Our study used internet recruitment through LGBTQ+ community centers across the United States, which limited participants to those with enough resources (i.e., internet) to become involved in a community center and access recruitment emails. TNB people experience housing and income insecurity at disproportionate rates to their cisgender peers (Grant et al., 2011; Lee Badgett et al., 2019), and those experiencing such inequities were likely excluded from this sample. Additionally, recruitment specified non-binary identifying people but our sample of all AFAB people limited the experiences within these process charts (e.g., no experiences of AMAB people being objectified as cisgender men). While a purely AFAB sample is a limitation, it is also a strength in that our participants nuanced the difference between cisgender women's SOEs previously captured in the literature (Fredrickson & Roberts, 1997) and AFAB non-binary people's SOEs. Another limitation is the lack of NBPOC in this sample; with only three NBPOC, we were unable to adequately explore the racialized objectification experiences described by Petra, Miz, and Bee.

To this point, the lead researcher of this paper is a White, non-binary person from an upper middle-class background, shaping the focus of the findings and potentially neglecting in depth exploration of racial themes. While our research team is composed of researchers with various racial identities, future non-binary research should continue to position and center the voices of NBPOC and non-binary researchers of color in all parts

of the research process. Methodologically, action research approaches research with the goal of social change (Brydon-Miller et al., 2003), potentially obstructing the possible discoveries within the dataset if it was approached with a less focused goal. Process charts are methodology as intervention, limiting the knowledge created when approaching qualitative research through grounded or phenomenological methods. Although participants did provide feedback on their experiences with the process charts, their hindsight insight may limit our ability to capture what they were thinking and feeling during the task. Similarly, these process charts may have missed opportunities to explore the intensity of emotional sensations and how the intensity of emotions changed across pre- and post-completion of the process chart. Future research should consider utilizing methodologies to capture in-the-moment experiences of processing SOEs.

Clinical Significance

The present study has far reaching implications for developing micro-interventions for non-binary and other marginalized people. Adapting a CBT exercise from a critical trans perspective positions our research as a form of activism and resistance with the clearest clinical and research implications (Rosenthal, 2016). Psychologists may use this tool to address the SOEs of non-binary people or for extended objectifying or dehumanizing situations, such as workplace discrimination, interactions with the legal system, or invalidation within public spaces. Additionally, the clinical use of this process chart should not be limited to non-binary people but rather people from any marginalized identity that experience SOEs. While there have yet to be rigorous research studies testing the effect size of the chart on halting internalization or increasing self-care practices, our preliminary results suggest directly addressing oppression may

benefit marginalized people greatly when dehumanized. Additionally, psychologists may use these findings to inform them on the types of SOEs non-binary people are experiencing and what self-care practices or strategies they are using to directly combat SOEs. The evidence to dispute objectifying sentiments section may serve as particularly useful in guiding clients towards framing SOEs as systemic injustice instead of an individual failing to prevent oppression.

Research Implications

Due to the process chart's relative uniqueness as a critical trans micro-intervention, research implications are vast. Additional research is needed to firmly validate it as a tool for other populations, specifically focusing on intervening in populations that are multiply oppressed such as TPOC and NBPOC. Robust quantitative studies may pinpoint the impact of various pieces of the process chart, such as differentiating the active ingredient (e.g., interrogating objectifying sentiments, promoting self-care practices, prompting emotional awareness). The utility of providing participants with built in space to evaluate the process chart highlights the importance of actively involving participants in the research process (Brydon-Miller et al., 2003), increasing the credibility of the findings by using participants feedback to contextualize the findings. Future research may prioritize methods that position participants and researchers as co-creators of knowledge. Our non-binary participants acted as sources of knowledge and resistance, emphasizing the empowering and illuminating nature of methodology as intervention.

Conclusion

These results elucidate how non-binary people process sexual objectification, specifically how they work against internalization in objectification situations. By approaching cognitive restructuring through a critical trans adaptation, our process chart serves as an example of methodology as intervention, following a lineage of action research that promotes social change through the research process. Importantly, participants found the tool a helpful and empowering way to move through objectification experiences by making SOEs concrete and interrogatable. Participants processed complex emotions, moving from self-blaming, internalized states (e.g. shame, dissociation, confusion) to externalized states (e.g. anger, disappointment, annoyance/frustration). Importantly, the current study extends prior research on SOEs by focusing on AFAB non-binary experiences, adding nuance to the previous literature including NBPOC in a larger TPOC sample (Flores et al., 2018). Future research is needed to validate the process chart as a tool for processing SOEs and potentially extend this to other marginalized populations, with particular focus on those that are multiply marginalized.

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CHAPTER 4

"I THINK I LOOK CUTE": BODY MAPS COMPLICATE THE NARRATIVE OF

NON-BINARY PEOPLE RELATING TO THEIR BODIES

Abstract

The purpose of this art-based study was to work with non-binary people to explore the impact of their sexual objectification experiences (SOEs) on their relationships with their bodies. Ten non-binary people completed body maps, or artistic representations of their bodies in the context of sexual objectification. Results revealed an idiosyncratic, complicated picture of mixed metaphors and powerful imagery illustrating non-binary SOEs. Themes included a focus on sex characteristics where participants played with nudity, censorship, and boundaries to express and assert themselves. Other forms of expression involved language, facial, gender and cultural expression as well as nature imagery and pain. Participants spoke to their positive, interesting,and challenging experience with the body map itself. Psychologists and clinicians are encouraged to follow best practices when working with non-binary people experiencing sexual objectification, paying attention to how heterogeneous gender identities create unique experiences.

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Introduction

Non-binary people experience unique identity-related challenges as compared with their cisgender and binary transgender peers (Lefevor et al., 2019). When compared to those who identify as cisgender, transgender people (i.e., people that identify differently than their sex assigned at birth, including non-binary people; Valentine & Shipherd, 2018) experience higher rates of discrimination (Matsuno & Budge, 2017) and worse mental health outcomes (Valentine & Shipherd, 2018). Due to stigma, transgender people have limited opportunities and access to resources across key life domains (e.g., employment, healthcare), negatively impacting their physical and mental health (Hughto et al., 2015). Non-binary people, specifically, are more likely than cisgender people to have chronic health conditions, poor quality of life, and disabilities (Downing & Przedworski, 2018). Compared to binary transgender people (i.e., transgender men and women), non-binary people report higher frequency of serious psychological distress (49% vs. 35%; James et al., 2016). Additionally, non-binary people experience their gender development differently than binary transgender peers, in that they feel others perceive their gender less accurately. Non-binary people are also less likely to come out to family than their binary cisgender peers (Factor & Rothblum, 2008; Lefevor et al., 2019). Taken together, the developing body of literature suggests non-binary people experience gender differently and are perceived differently than binary transgender and cisgender people (Lefevor et al., 2019). Specifically, they face distinctive challenges finding affirming, validating contexts for gender expression and confirmation, which warrants additional research focused on the unique experiences of non-binary people.

Non-binary Experiences of Sexual Objectification

Among these unique identity experiences, research shows that members of marginalized communities experience sexual objectification in idiosyncratic and nuanced ways. Sexual objectification occurs when a person's humanity is reduced to their body parts and sexual functioning (Fredrickson & Roberts, 1997; Flores et al., 2018). Early objectification research focused on the sexual objectification experiences (SOEs) of cisgender women. For example, Fredrickson and Roberts (1997) highlighted that the most ubiquitous SOE is "through gaze, or visual inspection of the body" (p. 175). They also noted the consequences of SOE, such as shame, anxiety, sexual dysfunction, and eating disorders. Further, researchers observed that various sexual, ethnoracial, class, and age identities may lead to unique SOEs (Flores et al., 2018). Thus, although Fredrickson and Roberts (1997) posited that being female-bodied leads to a shared set of social and psychological experiences, sexual objectification research shows that people with multiply marginalized identities experience SOEs differently than White, cisgender women described in Fredrickson and Robert's initial findings (Flores et al., 2018).

Research on the SOEs of transgender people of color (TPOC) suggests that differences in privilege and oppression based on participants' various identities shapes SOEs, describing intersections of cissexism, racism, and sexism (Flores et al., 2018). In the same vein, scholars have documented that possessing multiply marginalized identities predisposes individuals to uniquely painful dehumanization experiences (Chmielewski, 2017; Flores et al., 2018; Tebbe et al., 2021; Velez et al., 2015). The published literature is limited with regard to exploring both the SOEs of non-binary people and their relationships with their bodies. While the research on transgender people's SOEs is

growing, little research on the SOEs of non-binary people exists (MASED FOR REVIEW; MASKED FOR REVIEW).

Initial sexual objectification research with non-binary populations has begun to focus on the impact of SOEs on non-binary people's relationships with their bodies (MASKED FOR REVIEW) and how non-binary people interacted with a cognitive restructuring task proposed to mitigate the internalization of SOEs (MASKED FOR REVIEW). In sum, non-binary participants see SOEs as impactful in their relationships with their bodies and find processing SOEs useful yet draining (MASKED FOR REVIEW; MASKED FOR REVIEW). Collaborative research with non-binary people on the SOEs they experience is critical to understand unique pressures to fit into the gender binary and resultant impact on positive identity development, gender expression, and mental health.

Participatory Action Research

Participatory action research (PAR) necessitates diverse methodologies to fully capture the experiences of underrepresented voices. Action research has epistemological roots in using methodology that facilitates social change, intervening in systemic injustice as it occurs (Avison et al., 1999). Engaging in PAR necessitates that research move beyond knowledge gathering to empowering the community of interest by co-creating knowledge that is directly useful (Kidd & Kral, 2005). A reflexive approach is critical in PAR to facilitate the dynamic process between action and reflection that makes each PAR project uniquely suited to the needs of the community, often engaging in an iterative dialogue evaluating the research itself (Kidd & Kral, 2005). A reflexive approach is crucial when considering the core tenets, such as acknowledging biases, co-creating

research, and navigating the micropolitics of the community with which you seek to simultaneously create knowledge, action, and change (Smith et al., 2010). Instead of prescribing specific methodology, PAR provides researchers with a stance from which to conduct communal research from concept generation to publication (Smith et al., 2010).

Consistent with the principles of PAR, art serves as a novel way to co-create research projects with participants, empowering them to define the parameters of the project. PAR seeks to create a context for change to occur through a variety of methods, including artistic methods such as drawings (Ornelas, 1997), Photo Voice (Lykes et al., 2001), and theater (Delgado, 2018). Through artistic methods, Spaniol (2005) fostered a partnership between themselves and their participants, building community and trust that empowered diverse participants to co-create an understanding beyond the verbal element of the project. Linking artistic methodology with a PAR approach is a unique way to empower historically disenfranchised voices by allowing participants to co-create the research space (Goessling, 2020).

The Current Study

The current study co-creates an understanding of the influence of SOEs on non-binary people's relationships with their bodies by empowering participants to define the bounds of their artistic representation. Through a PAR approach, our study builds on the initial research on the SOEs of non-binary people (Flores et al., 2018; MASKED FOR REVIEW) by exploring the embodied impact of SOEs. The current study employs a body map task, an art-based prompt for participants to illustrate their relationship with their body in relation to SOEs (see Data Collection section for prompt). By using artistic methods, the present study takes a social justice stance that positions non-binary people

as their own centers of change to reduce binary-defined understandings of body and gender in relation to sexual objectification. The current study was guided by the following research questions: 1) How do non-binary people relate to their bodies?; 2) How do SOEs influence the relationship between non-binary people and their bodies?

Methods

Study Design and Positionality

The current data set is part of a larger research project on the sexual objectification experiences of non-binary people. Despite overlapping samples and procedures, each of the three studies seeks to answer unique research questions with distinct methodological approaches. In order to maintain distinct manuscripts, all data analyzed in this manuscript are separate from the data used in the other two manuscripts. To amplify the voices and experiences of non-binary people, the authors chose to write three papers to honor the depth and breadth of the collected qualitative data (Braun & Clarke, 2006; 2013; Levitt et al., 2018).

The authors possess a range of racial, ethnic, gender, and sexual identities, creating a backdrop for textured, complex conversations throughout the data analysis process. The eight authors contributing to this manuscript brought a range of sexual and gender identities (binary transgender, non-binary, cisgender, queer, asexual, gay/lesbian), topical experiences (personally, professionally, and clinically), academic specialties (e.g., intersectionality, identity, positive identity) and professional roles (e.g., undergraduate student, tenured professors, postdoctoral researcher, graduate student). Given the diverse identities within the research team, members used collaborative meetings (i.e., coding, manuscript preparation) to identify each other's emerging assumptions and biases (Abreu

et al., 2021). MASKED FOR REVIEW, who are cisgender, stepped into auditor roles during the coding process, facilitating discussions with MASKED FOR REVIEW to interrogate their potential biases as non-binary authors. MASKED FOR REVIEW also used their perspectives as cisgender authors to work toward balance and objectivity in the data analysis process (Gonzalez et al., 2022). Additionally, White authors interrogated their racial biases, working with BIPOC authors (MASKED FOR REVIEW) to elucidate the implicit biases present in the data analysis completed by our White authors. This collaboration led to fruitful discussions about the body maps of our Black, Indigenous, and People of Color (BIPOC) participants, specifically illuminating the artistry in a more abstract illustration by a BIPOC participant.

Participants

Participants in the study (N=10) self-identified as non-binary people. In Table 4.1, we have used the demographic labels participants provided to honor their self-defined identities. Participants who identified themselves as non-binary, lived in the U.S., were 18 years of age or older, and spoke English were eligible for participation in this study. The first author contacted LGBTQ+ community centers in the United States and posted on queer Facebook groups to recruit participants.

Procedures

Data Collection

Recruitment through transgender/queer Facebook groups and LGBTQ+ community centers in the United States included text providing a link to a demographic survey on Qualtrics. After participants completed the survey and electronically signed a letter of information, the first author contacted them via email to schedule a Zoom

meeting to orient them to the three tasks of the project, a body map, process chart

(MASKED FOR REVIEW), and interview (MASKED FOR REVIEW). To answer the

research question of how non-binary people experienced their relationship with their

bodies in terms of sexual objectification, the prompt for the body map was non-specific

to avoid priming participants with visual modalities. The instructions given to

participants read as follows:

Table 4.1

Participant Demographic Data

Pseudonym	Age	Gender *(pronouns)*	Sexuality	Ethno-racial Identity
Rowan	23	Butch, genderfluid, non-binary *(they/them & he/him)*	Queer, dyke, aspec, lesbian	White
Moss	21	Non-binary *(they/them)*	Panromantic Demisexual	White
Miz	20	Non-binary & transgender *(he/him & they/them)*	Lesbian	Mexican
Bee	27	Agender *(they/them)*	Demisexual & Queer	Mixed race *(Japanese & White)*
Petra	34	Genderfluid *(she/her & he/him)*	Bisexual	Hispanic
Hunter	33	Non-binary *(they/them)*	Bisexual	White
Bettle	18	Non-binary *(she/her & they/them)*	Bisexual	White
Elliot	30	Non-binary *(they/them)*	Queer	White
Jessi	31	Non-binary *(they/them)*	Queer	White & Jewish
Bex	31	Non-binary *(they/them)*	Queer & Pansexual	White

Create a body map or an artistic representation of your relationship with your body. This project asks questions about sexual objectification experiences, so incorporate that to the extent that it makes sense with your lived experience. This is about you expressing your experience in a way that makes sense to you, so these instructions are specifically vague to allow you to take this project where you need it. Potential mediums include collage, word maps, drawing, painting, a digital art project, etc. You'll share a photo/file of your project before the interview.

Participants were given 3-6 weeks between their initial meeting and scheduled interview to complete the body map and accompanying process chart (MASKED FOR REVIEW). Throughout these weeks, the first author contacted participants weekly via email to assess participant well-being and progress. The first author collected all body maps and conducted interviews before beginning coding meetings with other authors. Interviews ranged from 45 to 75 minutes and began with a prompt for participants to describe their body maps and reflect on the process of creating the map. Only the transcribed discussions of the body maps were included in analyses for the current study (the remainder of the interviews addressed other research questions). The first author took memo notes, reflexively documenting their assumptions and emerging themes throughout data collection (Braun & Clarke, 2019; Levitt et al., 2018). The financial compensation for this project was $100 total, split between the three tasks, where participants received $30 for completing the body map. Participants were compensated $40 for the associated interview, which they began by briefly describing their experience completing the body map.

Data Analysis

Following data transcription by the first, sixth, and eighth authors, thematic analysis (Braun & Clarke, 2006, 2019) was used to explore the relationships between non-binary people and their bodies with regard to SOEs. The authors employed an inductive approach, allowing us to code the content of the body maps for emerging themes instead of generating a theory of how non-binary people relate to their bodies (Braun & Clarke, 2006). Additionally, we relied on a reflexive approach by reflecting heavily on our own identities throughout the analysis process, paying particular attention to how our positionalities shaped our analysis and interpretation of participant artwork (Braun & Clarke, 2013; Abreu et al., 2021). Thematic analysis offered a way for authors to center the participants' artistic expression and pair that with the transcriptions of their discussions of their experiences of completing the body map. The authors independently coded the body maps and associated interview clips for patterns within and between participants. Authors began by breaking down the body maps into digestible chunks (i.e., colors, symbols, medium) and grouping together body maps with similar expressions across various domains. The authors then reviewed the body maps and associated interview clips for content, specifically messages communicated through their artwork. After individual coding, authors met to discuss the preliminary themes that arose from grouping body maps with similar content (e.g., artistic components and meaning) and interviews describing similar experiences (Gonzalez et al., 2022). After an initial coding meeting, the first author reviewed and revised the initial codes to establish representative themes for the data. All authors then coded each body map and interview excerpt they reviewed into the established themes. The first and second, as well as the first and third,

authors met weekly to review code names and address coding difficulties as they emerged. Together, they refined the themes into additional codes and collapsed related themes into overarching codes until the thematic structure presented in the results section was finalized (Gonzalez et al., 2022).

Methodological Integrity

In accordance with Levitt et al.'s (2018) qualitative research guidelines, all participants were offered the opportunity to revise and correct the findings. Of the ten participants, one participated in the revision process, offering contributions such as wording when describing their cultural identities. Each participant was asked: (a) "Do these results represent your experiences, process, and narrative?" (b) "What is missing from the analysis from your perspective?" (c) "Do you have any thoughts, feelings or reactions to share about these findings?" (d) "Is there any information you'd like removed from the results?" via email (Ellis & Chen, 2013). To ensure ethical research practice, participants were offered to remove any information they did not want to be shared (Ellis & Chen, 2013). Additionally, data triangulation was used both through multiple data sources (e.g., interviews and body maps) as well as memo writing to document our roles as researchers in relationship with our participants (Cresswell, 2013). Continuous reflection on research choices, insights, and assumptions enhanced the rigor of these findings.

Results

All our non-binary participants that created a body map (1) referenced sex characteristics and (2) played with expression to nuance the illustrations of their

relationships with their bodies. Eight participants also referenced their experience with the body map process, characterizing it both as positive and difficult.

Complex Presentation of Sex Characteristics

All ten participants drew attention to primary and secondary sex characteristics through nudity, censorship, and physical representations of boundaries.

Nudity

Six participants illustrated themselves as fully nude (5) or getting undressed (1), focusing on their relationship with their physical body instead of their relationship with their clothing and accessories. Of the five participants that represented themselves nude, three drew in primary sex characteristics. Interestingly, two drew penises and one drew a vagina, although all three are assigned female at birth (AFAB). Jessi and Bex's (pictured in Appendix D) representation of their penises are central to their body maps, both fully facing the audience and depicting noticeable pubic hair that calls attention to their primary sex characteristics. Their illustrations reflect a potentially complicated relationship for non-binary people with their genitalia beyond a pain-based understanding of genital dysphoria. Contrary to participants' genital representations, Bex's depiction of dragging their bloody breasts cut from their body depicts the pain potentially present in dysphoria. For Bex, "one thing that came up for me … was feeling like my breasts are still attached to my body even though they're not, they're very much not there … People think my breasts are still there, which they're not, and that sucks." Our participant's illustrations of their sex characteristics showcase the importance of non-binary people's self-defining imagery and language of their sex characteristics. Moss drew themselves unzipping their pants with a bra covering their chest (Appendix D). The progression

towards nudity is an interesting way to represent their body, suggesting an opening up with themselves they may currently be navigating. As they said, "it reflects better how I feel, even if it is a little bit more scattered." Participants played with nudity and omission when representing their sex characteristics.

Censorship

Six participants used censorship of their primary or secondary sex characteristics, using various artistic means (4) and clothing (3) to hide their nudity. Bee used a transparent null sign to cover their genitalia, showing their pants through the sign, and blacked out their chest completely, labeling their chest as "nothing to see here folx." Both Rowan and Miz drew themselves as human forms without any features, concealing their sex characteristics by depicting none of their characteristics (Rowan created three body maps, depicting facial features in one map and no characteristics in the other two; Miz's body map is pictured in Appendix D). Beetle used their hands to cover their chest, labeling this "I wish these were removable, to take off/put back on with care." Three participants used clothing "to hide feminine legs" (Beetle), and two specifically used underwear to cover their sex characteristics, which we could understand as a socially normalized form of covert censorship.

Boundaries

Three participants illustrated boundaries in their body maps, two of which were accompanied by labels to understand what purpose they served. Petra drew two curved blue lines from his hips to her knees, surrounding her genitals. He also drew a blue spiral above her head, taking up space beyond the bounds of his body and therefore creating a boundary past which others cannot go. Two participants labeled their boundaries,

creating a "personal protection zone," (Hunter) and a "touch map" to depict where they could be touched (Rowan). They labeled their secondary and primary sex characteristics "lovers/inner circle or I'll fight you," specifying who has access to this part of their body. These three participants' depictions of boundaries show very clearly that other people are present in their body maps, in both their stance and understanding of their relationship with their bodies.

Expression

All ten participants used various means to express themselves with their body maps, manipulating facial expressions, gender and cultural expression, nature imagery, pain, and language to illustrate their relationships with their bodies.

Facial Expression

Seven participants drew themselves with facial features in various expressions, all seven playing with eye level and facial expression. Of the seven participants, three drew themselves looking down at the ground, illustrating a "gender confusion identity period of time" for Beetle. Jessi and Bex, the other two participants with neutral facial expressions, did not endorse this interpretation. Four other participants depicted themselves looking straight ahead, one off to the side, and three at the audience. Of the three participants looking straight at the audience, two labeled their eyes with "Don't look at me" (Bee) and "what do you see in me" (Elliot), again showing a clear space for others in participants' understandings of themselves. Rowan depicted themselves smiling head-on at the audience in their body map with a facial expression, showing defiance reflected in the labeling of their "touch map" with categories like "maybe (probably not though)," and "as long as you're not being creepy."

Gender and Cultural Expression

Seven participants used various gender or cultural references in their body maps to communicate messaging they have received (1), group membership (2), and their relationship with femininity (6). Elliot wrote "why did you cut it? I like it better long," around their head, referencing someone commenting on their recent haircut. Two other participants used identity labels like "heart from Japan and Poland," (Bee) and "Argentine tango dancer," (Rowan) to describe themselves, showing the presence of participants' membership to non-gendered ethnic groups in their understanding of their SOE. Of the six participants who depicted their relationship with femininity, two used illustrations to distance themselves from their uterus, such as removing their uterus (Beetle) or drawing it outside of themselves (Moss). Moss's depiction of their uterus is particularly interesting. They illustrated their fallopian tubes as circular saw blades, acknowledging the "complicated relationship" (Beetle) non-binary people may have with their reproductive organs. Beetle explained, "each time I have my period, I'm [reminded] I have woman parts, that's kind of like a reminder every month … I would like to not have a period, not [to] think about that." Beetle's description is distinct from the focus of several participants on their external sex characteristics, showing discomfort at the reminder that their bodies have a reproductive process that is gendered and brings about dysphoria. Elliot depicted their relationship with femininity differently, using a key to identify the "most common areas of objectification" (genitals, lips, and chest), showing how the objectification of others has influenced their understanding of their relationship with these body parts.

Nature Imagery

Four participants used nature imagery in their body maps, illustrating plants (3), the Sun (2), and the weather (Jessi) in their art. Hunter surrounded themselves with foliage, prominently positioning a lotus flower and *kitsune* (fox in Japanese folklore) above each shoulder. They also illustrated a pine tree between their legs. Unfortunately, Hunter is the participant that did not participate in interview questions about their body map, so we do not know the context of how they understood their body map. Elliot illustrated vines flowing from their fingertips, whereas Rowan drew themselves as a landscape with rivers, mountains, and fields. Both participants used nature to communicate an expansive message, Rowan drawing themselves encompassing mountains and Elliot expanding their reach. Two participants depicted their heads as the sun, Hunter labeling the sun "closest zone within the membrane - light on at full blast." Illustrating the sun as their heads highlights the power these participants see in themselves. Jessi similarly used weather to communicate messages about power, illustrating themselves holding a lit cigarette with smoke pluming, then turning into lightning and striking their opposite shoulder. They drew the arm of the struck shoulder twice the length of their opposite arm, shaded pink like the lightning. Their use of size and color represents the impact smoking may have on their life.

Pain

Five participants depicted pain through their body maps in the form of stress (2), chronic pain (2), and dissociation (4). Bee depicted their stress by labeling their body parts "ouch my joints," in their knees, and "carry all of my stress right here," in reference to their neck. Their labeling shows their salient understanding that the stress from SOE becomes a burden to physically carry with them. Bee also depicted their chronic pain by

labeling their shoulder "constant pain." Similarly, Jessi illustrated smoke from their cigarette becoming lightning striking their shoulder, presumably inflicting pain on their shoulder. Their illustration is a visual representation of maladaptive coping mechanisms non-binary people may use in the face of SOE and the impact these coping mechanisms may have on their health (MASKED FOR REVIEW). Four participants illustrated themselves as dissociating or with disembodied heads, communicating their separation from the present moment when reflecting on the impact SOE has had on their bodies. In their interview, Bex stated their "normal response [to SOE] is definitely to dissociate." They creatively used color and shading to create a body map that is "not grounded and fuzzy and faded." Bee sees their dissociation directly stemming from their genitals, poignantly labeling the null sign that covers their genitals, "I actually don't have a body at all." Bee drew attention to the potential depersonalization non-binary participants may feel in connection to their sex characteristics. Two other participants used floating body parts to depict their relationship with objectification. Moss said "it feels like … along with objectification there are bits and pieces of me that are floating around rather than one connected person I am this thing…" Moss and Beetle both depicted floating heads, Moss drawing themselves with a hippo head and Beetle drawing themselves with two extra heads. Beetle's extra heads are a skull because "everyone looks the same under their skin," and a face with long hair to represent "a side where I'm comfortable presenting as a woman." Participant depictions of disembodied heads illustrate the separation from oneself that SOE may cause non-binary people.

Language

Four participants used language throughout their body maps to express their relationship with sexual objectification. Of the three participants who used emotionally laden words in their body maps, Rowan only used positive labels such as "sturdy," "strong," and "loyal." Hunter also labels themselves "sturdy," and "strong," writing "too powerful" over their chest. Bee used language to communicate a more nuanced relationship with their body, using varied labels like "I need a new spine," and "makes cool things." They did not comment on a literal or figurative meaning of needing a new spine; however, both depict a weakness they may feel in the face of SOE counter to Hunter and Rowan's understanding of themselves. Bee also used labels to reflect a defiance they feel towards the audience, labeling the black box over their chest, "nothing to see here, folx." Miz referenced the comfort they felt with various parts of their body through a heat map with three categories, "uncomfy/don't like," in red, "semi-comfortable/okay," in yellow, and "euphoria/feel good about" in green. Connecting their most comfortable category with euphoria indicates that comfort for non-binary people, in itself, may feel euphoric.

Participant Experiences

Eight participants provided feedback during their interviews on their experience with the body maps, characterizing it as a positive (5), interesting (3) challenge (3) that connected (4) or distanced (2) them from their bodies. Both Miz and Jessi thought it was interesting to reflect on their bodies, using this "eye-opening" (Miz) exercise to notice that "things have changed a bit … from before." Bee felt it was a "challenge," to the point that they "kind of blacked out when I was doing it." They "procrastinated" the body map, explaining that they weren't "quite ready to look at and think about my body that

directly." Beetle also described it as a challenge, explaining that while "it was a positive experience," "thinking about what happened in the past specifically with my SOE was really hard." Four other participants also characterized it as a "positive experience" (Beetle). Bex "had a lot of fun. I actually think that I related to my body more." Elliot also "thought it was positive to kind of sit down and think through." Six participants also referenced the experience as distancing (2) or connecting (4) themselves to their bodies. Bee explained that they were distant from the process of creating their body map to the point of "looking at it as a whole was interesting as I'm like 'I've never seen this before.'" Four other participants referenced the body map as a "[helpful] endpoint for me … to bring myself back into my body" (Bex). Miz explained that before the body map, they "told myself 'well I'm very neutral about my entire body' … but I do have some opinions about it." The varied tones and descriptions participants provided for their body map process show how textured the intersection of embodied identity and SOE may be for non-binary people.

Discussion

"More of a Challenge Than I Thought It Would Be" (Bee)

All participants reflected conflicting feelings of pain and reclamation within their body maps as they grappled with challenging relationships with their bodies. Eight participants spoke to this directly in their associated interview, where some highlighted the energy it took to endure this task with effects such as dissociation (4) and distance from themselves (2). These findings contribute to a body of literature highlighting non-binary peoples' experiences with their bodies (Rankin & Beemyn, 2012; Richards et al., 2016), expanding the literature by exploring themes beyond medical transitions and

physical changes to address gender incongruence. Participants' fixation on primary and secondary sex characteristics painted a complicated picture that supports and expands existing research findings on the relationship non-binary people have with their bodies. The genital dysphoria that some non-binary people feel is becoming well documented (Byne et al., 2020), and the way participants manipulated their ovaries (Moss & Beetle) depicts the out-of-body experience they have when thinking about their primary sex characteristics. Participants' use of nudity, censorship, and boundaries often subverted the depiction of sex characteristics, showing a path for non-binary people to reclaim their bodies. Their reclamation follows sexual objectification literature with TPOC where non-binary participants (re)defined gender to cope with transgender incongruence in the face of SOEs (Flores et al., 2018).

Current literature highlights the heterogeneous nature of non-binary gender identity expression (American Psychological Association [APA], 2015; Rankin & Beemyn, 2012; Richards et al., 2016), however this literature is quantitative (Lefevor et al., 2019; Tatum et al., 2020) or mixed methods in nature (Rankin & Beemyn, 2012), with qualitative findings centering interviews with genderqueer (Rankin & Beemyn, 2012) or genderqueer and binary transgender (Valentine & Shipherd, 2018) samples. The use of art as the medium of analysis allows the participants to illustrate their experiences of dissociation or distance with themselves - for instance, creating a fuzzy backdrop (Bex) or drawing their head as decapitated from their bodies (Moss & Beetle). Artistic modalities allowed us to capture the visual metaphors non-binary people may use to make sense of their experiences. An extension of the existing literature is the dissociation four participants depicted. The dissociation echoes early objectification theory research

(Fredrickson & Roberts, 1997) that conceptualized the way SOEs impacted cisgender women, through dissociation and loss of flow states.

Participants also documented the pain they felt as a consequence of SOEs, which is currently minimally documented in the literature about transgender people experiencing SOEs (Flores et al., 2018). Flores et al. (2018) noted the disproportionate number of transgender POC participating in their study that experience chronic pain, which two participants (Bee & Jessi) artistically depicted in this study as well. It is well documented that minority stress impacts mental health outcomes and is linked to higher victimization rates in genderqueer people (Flores et al., 2018; Hendricks & Testa, 2012; Lefevor et al., 2019). Less research has been done on the physical health outcomes of minority related stress, where theory has focused on health behaviors (i.e., smoking, condom use) (Meyer, 2003). Previous research has explored the link between poor physical health outcomes and minority stress in sexual minority populations (Lick et al., 2013); however this research does not mention chronic pain.

"I Think I Look Cute" (Bex)

Despite the difficult and painful relationship many participants depicted, we also found substantial efforts to celebrate and affirm themselves, showing a self-empowerment effort previously noted in the literature (Flores et al., 2018). This study pushes beyond the previous documentation of self-empowerment by documenting the bodily sites of empowerment for non-binary people. From depicting their heads as the Sun (Rowan & Hunter) to drawing their ovaries with blades (Moss), participants used art to illustrate their (re)defining of gender (Flores et al., 2018), again offering space to understand the metaphors non-binary people may use to understand themselves and their

bodies. Non-binary participants also used language and cultural expression to create themselves in their own image in the face of sexual objectification messaging, showing a resilience that comes in the face of gender-based oppression (Hendricks & Testa, 2012). Art as the medium of qualitative data collection revealed potentially empowering words and phrases associated with non-binary identity, such as "sturdy," "strong," (Hunter & Rowan) and "loyal" (Rowan). Participants also leaned on their ethnic culture to define themselves, illustrating that non-binary identity extends beyond gender and that ethnoracial identity can be a source of identity pride and resilience (Ghavami et al., 2011). Taken together, the findings from this study expand how we understand pride in non-binary identity and how non-binary people experience euphoria in their bodies.

Limitations

While the current study expands the literature on non-binary SOEs, it is limited by diversity concerns as well as a methodological shortcoming. The sample and authors' low level of racial/ethnic diversity may have contributed to relatively low levels of ethnoracial dialogues about the ways racism, sexism, and cis-sexism intersect to impact the SOE's non-binary BIPOC experience. Of the ten participants, three (Miz, Bex, and Petra) are BIPOC and the research team includes one BIPOC author. Previous literature with TPOC has documented racialized SOEs and fetishization based on identities (Flores et al., 2018), neither of which were highlighted in the non-binary BIPOC participants' body maps. Although other manuscripts from this same project explored the racialized experiences of non-binary BIPOC (MASKED FOR REVIEW), the current study did not capture those experiences. Despite gender diversity, the research team is also limited in its ability to investigate racialized themes due to the disproportionate number of White

authors whose positionality inevitably influences the findings of the current study (Holmes, 2020). Additionally, not all participants participated in a follow-up interview where they were able to reflect on their experience with the body map. Hunter specifically did not participate, which limits the clarity with which we can interrupt their art.

Clinical Implications

All the clinical implications that emerged from this study align with previous research and practice guidelines for working with non-binary and gender-nonconforming people (APA, 2015; Flores et al., 2018; Hendricks & Testa, 2012). The findings of this study support current clinical best practices by paying particular attention to the embodied nature of discriminatory experiences that non-binary people face, which highlighted the heterogeneous nature of non-binary experiences. The varied nature of the experience of this task should serve as a cautionary tale for practitioners looking for a singular recommendation when working with gender-diverse clients experiencing SOE's, pointing to the need to focus on client empowerment throughout treatment. Affirmative therapeutic practices, such as cultural humility and encouraging non-binary clients to build community with other transgender people, are a recommended way for clinicians to validate the idiosyncratic nature of non-binary people's experiences (APA, 2015; Flores et al., 2018).

Knowledge is also affirmative in that practitioners need to be knowledgeable of the guidelines for working with non-binary people as well as the systems of oppression within which they exist. The APA (2015) guidelines for working with transgender and gender nonconforming (TGNC) people prioritize "Foundational Knowledge and

Awareness," and "Stigma, Discrimination, and Barriers to Care," stressing the importance of clinicians understanding the worlds of non-binary people. These guidelines, along with prior research (Hendricks & Testa, 2012), stress providing culturally competent assessment and treatment, which is done through knowledge building and thoughtful experiences serving gender diverse clients. Part of the knowledge building is attending to systems of oppression that cause individual distress, as addressed in APA (2015) Guidelines 5 and 6. As Flores et al. (2018) noted, clinicians will better address TGNC SOE's by understanding SOE's as experiences of discrimination and oppression based on the multiply marginalized identities of each individual. Without a focus on the matrix of domination, psychologists lose the ability to attend to racialized or ability-related fetishization experiences that non-binary people with various other oppressed identities may experience.

Finally, the current study points to a need for art therapy with transgender clients. Current literature links art therapy with positive psychology (Wilkinson & Chilton, 2013), which could be particularly powerful when working with non-binary people. Often clinical practice and research when working with transgender people's SOEs have a deficit approach, focusing on the distress TGQ people experience (Flores et al., 2018; Velez et al., 2016). Focusing on the positive aspects of identity, such as empowerment and resistance, cultivates individual strengths and moves beyond "the relief of suffering to a state of flourishing" (Wilkinson & Chilton, 2013, p. 4).

Conclusion

Although little research has been done thus far on the SOEs of non-binary people (Flores et al., 2018), it can be seen that TGNC experiences are heterogeneous (APA,

2015). Results revealed a heterogeneity of non-binary experiences of SOE's impact on their relationships with their bodies, presenting complicated relationships with sex characteristics and expression, as well as a wide variety of their experiences with the body map itself. Amidst these experiences, participants found it to be positive (5), interesting (3), and challenging (3), framing art as a potential option for therapy with non-binary clients. "Psychotherapists and medical professionals should be aware that [non-binary] individuals may narrate their lives differently" such that clinicians need to pay particular attention to the metaphors and language non-binary people use to make sense of their worlds (Tatum et al., 2020; p. 384).

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CHAPTER V

GENERAL DISCUSSION

The purpose of this thesis was to (a) investigate the sexual objectification experiences of non-binary people, and (b) explore the embodied aspects of these experiences through a diverse range of methodologies. Throughout the general discussion, we highlight the project's major contribution of methodological flexibility as well as present broader implications for research, practice, and advocacy.

Major Contributions

This thesis project aimed to further the existing body of research on non-binary people's experiences (Lefevor et al., 2019; Matsuno & Budge, 2017; Valentine & Shipherd, 2018), paying particular focus to the embodied nature of these experiences. Furthermore, this thesis project sought to expand the current literature on the objectification of transgender people (Brewster et al., 2019; Comiskey et al., 2020; Flores et al., 2018; Velez et al., 2016) by focusing specifically on the SOEs of non-binary people. The current literature on the objectification of transgender people uses a pantheoretical model of dehumanization to link objectification experiences with eating disorders in transgender men (Velez et al., 2016) and women (Brewster et al., 2019). Additional research finds correlations between objectification experiences and body surveillance, disordered eating, and silicon implant seeking in transgender women (Comiskey et al., 2020). The current literature documenting the SOEs of non-binary people pulls from a subsample of Flores et al.'s (2018) study examining the SOEs of TPOC, finding specific forms of pain and resistance in their non-binary subsample (N=3).

This thesis project furthered Flores et al.'s (2018) research by examining non-binary SOEs with a larger sample and varied methodologies.

The methodological creativity of the current set of studies allowed the authors to include varied non-binary perspectives of SOEs, widening the lens of what conclusions and implications can come from qualitative research. This is particularly important for the validity of gender research with non-binary participants. If we approach research questions with binary gender assumptions, the information we collect about people outside of the binary is limited and altered. Using varied methodological approaches, such as thematic analysis, participatory action research, and critical trans theory, allowed us to document participant experiences with their own voices. This is particularly important to understand how non-binary people identify and reckon with the gender assumptions placed upon their bodies. Individual interviews, body maps, and process charting throughout SOEs provided a range of self-report methods to understand the sexual objectification process from non-binary people's perspectives. These three methods provide breadth through three different types of data to collect spoken, artistic, and written expressions of embodied identity.

Research and Clinical Implications

Of the three studies within this thesis project, each converges and contributes uniquely to current guidelines for research and practice when supporting non-binary people. All three studies widen the field by providing nuance and context for non-binary SOEs, showing that non-binary people perceive a clear link between SOEs and their well-being. Additionally, all three studies point to an increased need for investigating chronic pain and fatigue amongst this population, specifically studies that link discrimination and

resistance experiences to chronic pain outcomes. Chronic pain and fatigue emerged throughout all three studies, showing a clear need for support and intervention in clinical settings as well as further directions for research. In response to SOEs and the negative health outcomes our participants described, participants found modes of resistance within all three forms of expression. From censorship in the body maps to managing environments in the process chart, participants displayed resistance and resilience in the face of SOEs. The two studies using interviews and the process chart pointed to sexual objectification as a possible form of self-exploration when done on our participants' own terms. Each study also offered unique contributions to the literature due to varied methodological approaches and theoretical perspectives.

The first study that analyzed the interviews of non-binary participants identified the unique impact of SOEs on non-binary people, creating clear next steps for research and practice with non-binary people. Breaking down SOEs into experience, impact, and resistance pointed to interesting intersectionality findings at various stages of SOEs, such as highlighting the ability-related dimensions of experiencing sexual objectification or the ability-related anxiety two disabled participants described in public. The participants' focus on ability in this study provides clear next steps for ability and transgender identity research, specifically investigating the experiences at this intersection. Of all three studies, the interviews spoke most clearly to a need for community creation as a form of resistance, clinically implying we need more TGQ-specific support groups to avoid gender-diverse stories getting lost or flattened in LGBTQ+ spaces. Finally, this study pointed to the need for psychoeducation of friends and loved ones of non-binary people to increase awareness of SOEs and promote connection.

The second study utilized a flow chart to process SOEs with a sample of non-binary people, providing a valuable micro-intervention tool for further future research and clinical practice. Participants described complicated emotional states after SOEs, highlighting the idiosyncratic nature of experiencing sexual objectification. Psychologists and researchers may use the process chart as a tool to address SOEs that non-binary people or other marginalized people face, positioning future research and practice as social justice advocacy. Participants outlined journaling, showering/bathing, art, community cultivation, and advocacy as ways they responded to SOEs, giving therapists working with non-binary clients a starting point to brainstorm personalized coping strategies with non-binary clients. To validate the tool, additional research is needed to pinpoint the active ingredient of the 9-step process chart. Future research could also adapt therapeutic tools and measures using a critical trans theory to identify cisgender assumptions to promote valid and accurate care for non-binary clients.

Finally, the third study using body maps to document the relationship between non-binary people and their bodies in the light of SOEs provided clear clinical implications for working with and supporting non-binary clients. All clinical implications align with previous research implications (Flores et al., 2018) and APA (2015) best practices guidelines for working with transgender clients. Honoring the varied nature of non-binary SOEs is critical in providing the best care and self-education before working with non-binary clients. Additionally, infusing art therapy with positive psychology may serve as a therapeutic approach for non-binary people struggling with identity in the face of SOEs. By honoring non-binary people's voices and focusing on the positive aspects of

identity, art therapy may help non-binary people move from reducing suffering to thriving (Wilkinson & Chilton, 2013).

Taken together, the three studies from this thesis project provide clear contributions to the research and clinical fields for scholarship and practice with non-binary people. Findings from these studies provide new avenues for researchers to further academic knowledge within this population. We suggest that scholars use the current findings to better understand SOEs within the non-binary population, specifically the impact of these experiences on their well-being and the resistance non-binary people cultivate in the face of SOEs.

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    pantheoretical model of dehumanization with transgender men: Integrating objectification

    and minority stress theories. *Journal of Counseling Psychology,* 63(5), 497-508.

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APPENDICES

Appendix A

Interview Protocol

Interview Protocol

1. How do you identify within the queer/transgender community? What pronouns do you use?

2. How else do you identify? In what ways do those identities inform your self-concept?

3. In what ways does your identity as a non-binary person shape your life experiences?

4. The purpose of this study is to learn about the experiences of sexual objectification faced by non-binary people. Please tell me about some of your experiences of sexual objectification.

    > Sexual objectification is the experience of being treated as a body (or collection
    >
    > of body parts) valued predominantly for its use to (or consumption by) others

5. Are there particular experiences that stand out the most? Why do you think this stands out the most to you?

6. How do you think being a non-binary person influences your experience of sexual objectification, if at all?

    a. How do you think your gender identity and/or gender expression influence these experiences, if at all?

    b. How do other aspects of identity (racial, disability status, ses, etc.) influence these experiences, if at all?

    c.   What do you think is the impact of the combination of your gender and other identities in these experiences, if at all?

7. Why do you think these experiences happen to non-binary people? How do you think the experiences of non-binary people differ from other LGBTQ+ people?

8. What type of environment(s) and/or situation(s) have you noticed these experiences tend to occur in?

9. How do sexual objectification experiences impact you physically?

    a.   What sensations, urges, or emotions happen for you physically during these experiences?

    b.   How do physical aspects of these experiences stay with you afterwards, if at all?

    c.   What internal reactions do you experience in these situations?

10. Do you respond in these moments? If so, how do you respond?

11. What impact have these experiences had on your overall wellbeing, if any impact at all?

12. What are some ways you cope with these experiences, if at all?

13. What impact have your ways of coping had on your wellbeing, if any impact at all?

14. How do sexual objectification experiences affect how you identify?

15. Have any benefits arisen from these experiences? Please explain.

16. What advice/message would you give another non-binary person who may experience sexual objectification?

17. Is there anything else that you would like to add about your experience with

sexual objectification?

Appendix B

Process Chart Example

Appendix B

Below is the example given to participants:

1. ***Sexual objectification situation*** Man ogles and cat calls me from the third story of a building under construction.

2. ***Automatic thoughts it elicits*** "I am dressed like a slut"

3. ***Emotions/Mood*** Shame and dysphoria

4. ***What objectifying sentiment was expressed?*** "Your body and presentation are not yours to define; you cannot escape cisnormativity/being seen as a woman/being a woman"

5. ***What evidence supports this sentiment?*** Nothing definitively. If I believe that catcalls are the defining feature of my identity, or that other people define my identity, then this reaction carries weight.

6. ***What evidence disputes this sentiment?*** I don't believe that that man/any man/anyone else has a direct say in my identity. Jeering is unpleasant and personally gross to experience but the catcalling really has nothing to do with me or my gender identity. Because anyone that reads this as straight is tripping & I don't trust their judgement.

7. ***Non-internalizing thought*** "That's trash behavior, he both looks foolish and I feel for him that all his relationships with women/femmes are diminished by his inability to see women as full people."

8. ***Mood/Emotions now*** Slightly tired/steady/centered

9. ***Planned self-care*** Chapter of poetry from *Red: Passion and Patience in the Desert* by Terry Tempest Williams
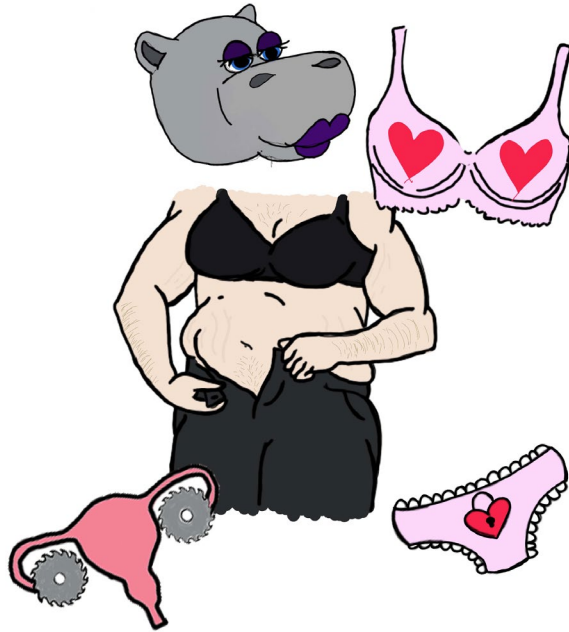
Appendix C

Process Chart

Appendix C

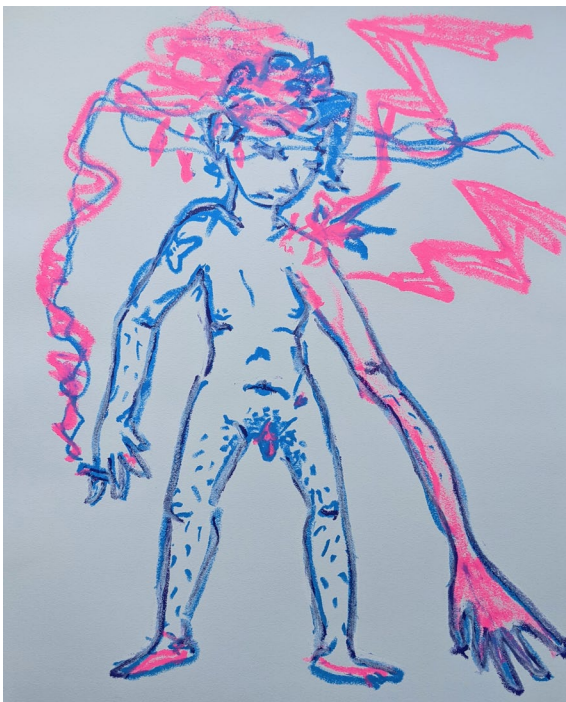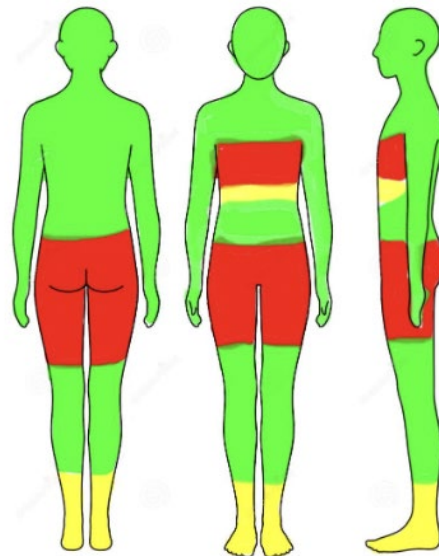| 1) Sexual Objectification Situation	2) Automatic Thoughts Elicited	3) Emotions/ Mood	4) What objectifying/bigoted sentiment was expressed?	5) What evidence supports this sentiment?	6) What evidence disputes this sentiment?	7) Non-internalizing Thought	8) Mood/ Emotions Now	9) Planned Self-Care

Appendix D

Chosen Body Maps

Appendix D

Bex

Moss

Jessi

Red: Uncomfy/don't like
Yellow: Semi comfortable/okay
Green: euphoria/ feel good about

Miz

CURRICULUM VITAE

LEE ROSEMARY PRADELL

EDUCATION & TRAINING

2020-Present   **Ph.D. Candidate in Clinical/Counseling Psychology,** Utah State
University
Full-Time Graduate Student
Proposed Master's Thesis: *"Sexual Objectification Experiences of Non-Binary People"*
Advisor: Renee V. Galliher

2018   **Bachelor of Science, Honors**
University of Delaware
Majors: Math & Economics
Minor: Psychology

2018   **Bachelor of Arts, Honors**
University of Delaware
Majors: Women & Gender Studies
Minor: Psychology

RESEARCH

PEER REVIEWED PUBLICATIONS

Lamer, S. A., Suitner, C., Maass, A., Caccioppoli, R., & **Pradell, H.** (2021). The function of vertical and horizontal space to social group identity. *Self and Identity*, *20*(6), 774-810. https://doi.org/10.1080/15298868.2020.1785929

Wong, E.G., Galliher, R.V., **Pradell, H.**, Roanhorse, T., & Huenemann, H. (2022). Positive identity strategies of religious/spiritual LGBTQ+ BIPOC. *Identity, An International Journal of Theory and Research, 22*(1), 35-50.

MANUSCRIPTS UNDER REVIEW

Pradell, H., Parmenter, J.G., Galliher, R.V., Berke, R.B., & Rowley, L. (under review). LGBTQ+ Students in Engineering Spaces: A Framework of Identity-Related Experiences. *Journal of Research in Higher Education.*

Pradell, H., Parmenter, J.G., Galliher, R.V., Grace Wong, E., Chi, K., Huenemann, H., & Rowley, L. (under review). "It was oddly cathartic and just good - freeing": An

Adaptation of a Cognitive Restructuring Task for Non-Binary People Experiencing Sexual Objectification. *Journal of Gay & Lesbian Mental Health*.

Pradell, H., Parmenter, J.G., Galliher, R.V., Berke, R.B., & Rowley, L. (under review). LGBTQ+ Engineering Students' Recommendations for Sustaining and Supporting Diversity in STEM. *The Journal of Women and Minorities in Science and Engineering* .

Pradell, H., Parmenter, J.G., Galliher, R.V., Grace Wong, E., Rowley, L., Huenemann, H. (in progress). The Body Maps on Non-Binary People: An Exploration of Sexual Objectification. *Psychology of Sexual Orientation and Gender Diversity.*

Pradell, H., Parmenter, J.G., Galliher, R.V., Grace Wong, E., Rowley, L., Huenemann, H., South, S. (under review). How Non-Binary People Experience Sexual Objectification. *Sex Roles.*

Pradell, H., Parmenter, J.G., Galliher, R.V., Rowley, L., Turner, K., & Berke, R.B. (under review). Master and Alternative Narratives in the Stories of Transgender and Non-Binary Engineering Students. *The Journal of Diversity in Higher Education.*

PRESENTATIONS

Crowell, S., Johnson, R., Opayemi, O., **Pradell, H**., Wong, E.G. (2022, February). Pride in the Field: Intersections on Inclusion Series. Moderator for panel sponsored by the Center of Intersectional Gender Studies & Research and the Utah State University Libraries, virtual.

Galliher, R.V., Parmenter, J. G., **Pradell, H.**, & Berke, R. (August, 2022). Navigation of identity constellations in the context of identity marginalization. In N. de Ruiter and E.S. Kunnen (Chairs), *Identity construction: Processes, functions, and developmental outcomes*, symposium to be presented at the meeting of the European Association for Research on Adolescence, Dublin, Ireland.

Pradell, H., Chi, K., Parmenter, J., & Galliher, R.V. (2022, March). LGBTQ+ Students in STEM Spaces: An Overview of Identity Related Experiences. Poster presented at the International Society for Research on Identity, New Orleans, LA.

Pradell, H. & Lindstrom, E.D. (2021, October) TRANS 101: Being Transparent about Gender. Workshop facilitator at the USU Inclusion and Excellence Symposium; virtual.

Pradell, H., Wong, E.G., & Galliher, R.V. (2022, April). Beyond Publishing: Disseminating Community-based Research. Workshop presenter at the 8th Utah State University Eastern Diversity Conference, Price, UT.

Wong, E.G., **Pradell, H.**, Parmenter, J., & Galliher, R.V. (2022, January). Critique and Celebration: LGBTQ+ identity and community experiences in North America.

Symposium at the National Multicultural Conference and Symposium Biannual
Conference, virtual.

AWARDS

2020-2021   *Center for Intersectional Gender Studies and Research Graduate Fellow*
             <u>Principle Investigator</u>: $1500
             Utah State University, Logan, UT

RESEARCH EXPERIENCE

2021-Present **PRI²DE Lab**, Utah State University
             Supervisor: Renee V. Galliher, PhD.
             Research Assistant: Lead project and manuscript development on
             LGBTQ+ identity topics; NSF funded research on LGBTQ+ engineering
             students; supervise undergraduate research assistants

2018-2019   **Social Perceptions & Attitudes Lab (SPA),** University of Denver
             Supervisor: Max Weisbuch, PhD.
             Advanced Research Supervisor: Assist with data collection from children,
             design & program studies, assist with data analysis, mentor other RA's,
             organize lab
2019   **Traumatic Studies Group,** University of Denver
             Supervisor: Anne DePrince, PhD.
             Undergraduate Research Assistant: transcribe interviews; assist with data
             entry

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CLINICAL

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2022-Present *Practicum Graduate Student Therapist*
             Sexual and Gender Minority Support Services, Utah State University
             Supervisor: Tyler Lefevor, Ph.D.
             Conduct intake assessments with prospective clients seeking
             psychotherapy, provide integrative care, conceptualize cases from
             humanistic, DBT, and existential perspectives, support clients in gender-
             affirmative medical interventions, participate in weekly individual
             supervision.
             <u>Total Hours</u> = 124; <u>Direct Contact Hours</u> = 90

2022-Present *Practicum Graduate Student Therapist*
             USU Counseling and Psychological Services, Utah State University
             Supervisor: Justin Barker, Ph.D.

Conduct psychological assessments for ASD, ADHD, anxiety, depression, and other psychological disorders; write integrated psychodiagnostic reports; deliver client feedback.
<u>Total Hours</u> = 40; <u>Assessment Hours</u> = 20

2021-2022   *Practicum Graduate Student Therapist*
SCCE Community Clinic, Utah State University
Supervisors: Susan Crowley, Ph.D., Sara Boghosian, Ph.D., Marietta Veeder, Ph.D.
Conduct intake assessments with prospective clients seeking , provide evidence-based psychotherapy for child and adult clients, conduct integrative assessments evaluating intelligence and achievement abilities, participate in weekly group and individual supervisions.
<u>Total Hours</u> = 329.5; <u>Direct Contact Hours</u> = 128.5; <u>Assessment Hours</u> = 13

TEACHING

TEACHING EXPERIENCE

2020-2021;   **Teaching Assistant**
2022-2023   **Psychology 4320: Gender & Psychology**
Utah State University
 Responsibilities: graded assignments and exams, modified course material, facilitated class discussions
 Supervisor: Sue Crowley, Ph.D.
2020-2021   **Teaching Assistant**
Psychology 3210: Abnormal Psychology
Utah State University
Responsibilities: graded assignments and exams, facilitated group discussions
 Supervisor: Clint Field, Ph.D.