

ORIGINAL RESEARCH

Being in a queer time: Exploring the influence of the COVID-19 pandemic on LGBTQ+ body image

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Abstract

Aim: The isolating public health measures mandated during the COVID-19 pandemic had complex influences on the lives and body image of lesbian, gay, bisexual, trans, and queer individuals (LGBTQ+) in Canada. The aim of this study was to explore the impact the COVID-19 pandemic had on body image for LGBTQ+ Canadians.

Methods: The qualitative research process was guided by queer theory and poststructuralism and consisted of an online survey with open-ended questions and semi-structured virtual interviews. A total of 70 self-identifying LGBTQ+ individuals completed the survey, and eight individuals partook in the interviews. Responses were analysed using Foucauldian discourse analysis.

Results: Four major discursive considerations were found to shape participants' experiences, including, (a) time for reflection, (b) time away from social surveillance, (c) time to work on oneself, and (d) time to (dis)connect. Woven through these considerations were social discourses of hetero-cis-normativity, healthism, and resistance.

Discussion: The COVID-19 pandemic was a 'queer time' for LGBTQ+ people. Competing social discourses created complex and often contradictory meanings of bodies and body image. COVID-19-related self-isolation was for some participants a reprieve from constant body monitoring while for others it was a time of continued pressure to embody body ideals. Participants suggested that nutritional messages during such times be ones of compassion and non-judgement of bodies.

KEYWORDS

body image, coronavirus, LGBT, pandemics, poststructuralism, qualitative research, queer theory, sexual and gender minorities

1 | INTRODUCTION

The complex reality that bodies exist within is shaped by interconnected systems of social discourses, meanings and practices.^{1,2} According to Foucault, these discourses go beyond the structure of language by understanding that the subject is influenced by all thoughts and

practices, whether known or unknown.² The social, cultural, and medical discourses of the modern day are constantly creating and recreating standards for the body and currently position the heterosexual and cisgender subject as the standard for good, productive citizenship.³ Social discourses not only have shaped the way heterosexual and cis bodies are known but also the way queer

and trans bodies are known, and subsequently, the beliefs, values, and practices of lesbian, gay, bi, trans, queer, and other gender and sexually diverse (LGBTQ+) individuals relating to their bodies.

Foucault conceptualises power in complex ways and through multiple modes. Power is not strictly held by one person or group but flows between them and is productive in nature.⁴ Foucault describes one mode of power as disciplinary power. Through this mode of power, people control themselves on the basis of societal messages about how we are supposed to live, be, and look. Disciplinary power is the way we try to be 'normal' whether that is in relation to gender, sexual orientation, or our bodies. Disciplinary power is exerted through surveillance mechanisms and knowledge.⁴ For example, such as through knowledge about dieting and health sciences and through acts such as controlling food.⁵ Disciplinary power is illustrated through the concept of the panopticon.⁶ As subjects in the panopticon, all people are pressured to fit the body standards created by social surveillance to body norms and social pressures to self-regulate towards 'good behaviour'. This remains even when the observer is out of view as was the case during the height of the novel coronavirus (COVID-19) pandemic.

As COVID-19 infections rose to nearly 1 113 907 total cases in Canada as of April 2021,⁷ health-care authorities took action to reduce the burden of disease. Regional, provincial, and federal governments in Canada had similar messaging to minimise COVID-19 infection rates: stay home and stay away from others. Integral to this effort was the implementation of social (physical) distancing guidelines, restriction of travel and gatherings, closure of non-essential businesses and institutions like universities, and the encouragement of self-isolation within households. With the watchful public eye seemingly gone, the observer in the panopticon of modern society remained but transformed into increased governmental and online surveillance instead. The pressure to achieve or maintain body norms also remained, especially as weight stigma increased secondary to health systems linking larger bodies to higher risk of COVID-19 infection and worse outcomes.^{8,9}

The COVID-19 restrictions also impacted many peoples' perception of time.^{10,11} Rather than a linear concept of time, the experience became more fluid and malleable, or in other words, considerably more 'queer'. COVID-19 disrupted the tenets of heterotemporality, where one builds a nuclear family through a series of sequential steps including marriage and reproduction with a heterosexual partner. The temporal uncertainty of COVID-19 is familiar to many LGBTQ+ people even during non-pandemic times as they wait to be their authentic selves. As

Judith Haberstan puts it, 'Queer time for me is the dark nightclub, the perverse turn away from the narrative coherence of adolescence–early adulthood–marriage–reproduction–child rearing – retirement – death'.¹² The familiarity of 'queer time' to many LGBTQ+ people did not immunise us against the pandemic's disruptive nature but rather provided an overarching framework for which to view our unique and complex experiences of the pandemic and how it relates to the body.

While the pandemic limited nearly the entire population in some way and had negative social, health, and well-being consequences for all people, it was soon determined that it disproportionately impacted those afforded less privilege in society.¹³ Income, race, ethnicity, education level, gender identity and sexual orientation all played a role in the barriers an individual could face amidst the pandemic.^{14–18} The barriers that LGBTQ+ individuals had, such as a drop in access to safe and supportive environments, such as LGBTQ+ service organisations, lack of supportive family during isolation or requirements to isolate with non-supportive family members, and the lack of availability to gender-affirming medical care, led to unique experiences during the on-going pandemic.^{13,19–21} Facing barriers is not a new experience for many LGBTQ+ individuals who, even during non-pandemic times, who experience physical, emotional, and mental harms as a result of societal norms and structural inequalities.^{22–24}

Many societal norms and discourses shape bodies. Heterocisnormativity, or the assumption that being heterosexual and cisgender is natural, is one such discourse. Heterocisnormative discourses privilege straight, cisgender individuals, and creates aversion to anything outside those binary conventions.^{3,25} For the sake of this research, heterosexism, cissexism, and gender discourses are all under the umbrella of hetero-cis-normativity.

Another hegemonic discourse, the healthism discourse, is rooted in the economic concept of neoliberalism, which favours capitalistic doctrines of individualism and competition over more socially democratic philosophies based on communal life.²⁶ Healthism fosters health as an individual and moral imperative to achieve ethical citizenship, with the 'fit' body as the only valid representation of wellness, self-discipline, and middle-class respectability.²⁷ For the purposes of this article, healthism discourse serves to encompass several concepts such as discourses on weight, the medicalisation of larger bodies, productivity, and diet culture. Healthism and hetero-cis-normativity discourses, amongst many other known and unknown influences. For example, the 'ideal' body for sexual minority men has been influenced by hegemonic notions of masculinity,²⁸ encouraging the importance of physical appearance and centring self-

worth on achieving an athletic, muscular build.²⁹ These body norms vary within LGBTQ+ subgroups, from masculine-presentation denoting 'real lesbians',³⁰ to the pressure to conform to a binary gender as a trans person,^{31,32} and are influenced by intersections such as those of ethnic stereotypes.³³

With the flow of power within social structures, opportunities to resist, subvert, or challenge dominant ways of being are also created.⁴ This resistance may help people under the LGBTQ+ umbrella to find strength. The discourse of resistance tells a counter-hegemonic story as a response to the power of the dominant ideal, occurring when individuals feel that change is desperately needed either gradually, immediately or spontaneously.³⁴ Within the context of this article, the resistance discourse addresses radical acceptance of one's queer 'non-normative' body and self.

By exploring various societal discourses, medical professionals, including dietitians, can come to more fully understand how bodies are shaped by such discourses and how people come to view and know their bodies. This research aims to explore the discourses during the COVID-19 pandemic and how such discourses shaped the experiences of body image for self-identifying LGBTQ+ individuals in Canada.

2 | METHODS

This study took place virtually from Nova Scotia, Canada. Ethical approval for this study was received through the Research Ethics Board of Mount Saint Vincent University (Ethics Clearance Number 2020-045).

Poststructuralism and queer theory were the guiding methodologies for this research. These paradigms contextualise how identities and experiences, including the body, are personally, socially, and institutionally constructed. Queer theory also serves to re-envision identity, gender and sexuality and bodies beyond the socially manufactured binary. Many queer theorists, alongside poststructuralist theorists such as Foucault, argue that 'there are no objective and universal truths, but that particular forms of knowledge, and the ways of being they engender, become 'naturalised', in culturally and historically specific ways'.³⁵ These frameworks understand the individual as the expert of their experience and makes space for one to recognise the multifaceted nature of body image and allows us to question the fundamental assumptions of gender and sexuality often present in dietetics.

Interview and survey data were collected from September to November 2020, which represents the resurgence of cases seen in all provinces and territories in Canada, also known as the second wave. During this

time, public health measures were like those seen during the first wave of the COVID-19 pandemic period during March and April 2020, including physical distancing, travel restrictions, work-from-home orders, closure of non-essential businesses and some workplaces, and restriction of physical and mental health services to mainly virtual consultations.³⁶ The most notable difference between these time periods was the introduction of the family bubble introduced in early May, that varied in size from 5 to 10 individuals as the case count grew or shrank. Many affirming spaces and resources for LGBTQ+ body image, such as inclusive community centres, genders and sexualities alliances and pride clubs, and sexual health centres were also closed, although grocery stores remained open. All these factors led to periods of isolation experienced by the participants in this study and challenged accessing their usual support networks.

Individuals self-identifying as LGBTQ+ were recruited to complete a survey of open-ended questions. At the end of the survey, participants were invited to leave their contact information if they wanted to partake in a semi-structured interview to provide more context to responses. Recruitment was done through LGBTQ+ community organisations and ads placed on Facebook, Instagram, and Twitter. The survey was hosted on LimeSurvey,³⁷ a free and open-source on-line survey program. The interviews were conducted over Zoom^{38,39} to maintain public health safety measures and to create a safer space for expression for the interviewee.⁴⁰ Data were collected from September to November 2020.

Both the survey and the interview questions were designed to explore how the experiences of LGBTQ+ individuals, relating to body image, were shaped during the beginning of the COVID-19 pandemic. Participants were encouraged to describe their experiences in much detail as possible. The researchers report on the findings relating to three of the survey questions, namely (a) tell me about your experiences at home during the COVID-19 pandemic in relation to how you feel about your body; (b) describe the connection between your COVID-19 pandemic situation and your body image; and (c) tell me about your experiences of supports, or lack of supports during the COVID-19 pandemic, relating to your body image. Interview questions expanded on the survey questions.

The data were analysed via discourse analysis, a non-linear method used for evaluating patterns within data that are well situated for various types of health research.^{41,42} This method, under a poststructural and queer lens, analyses text beyond surface level meaning by situating it within the socio-cultural context, which for this research was the COVID-19 pandemic. Discourse analysis consists of five phases, including (a) repeated

data reviews; (b) production of initial meaningful codes; (c) sorting and grouping codes into potential discursive considerations; (d) review and fine-tuning of the potential discursive considerations; and (e) definition and finalisation of the discursive considerations. Data from the survey were exported to a Microsoft Excel (Microsoft Corporation)⁴³ spreadsheet and analysis was done in the Excel file. Data from the interviews were transcribed into Microsoft Word (Microsoft Corporation)⁴⁴ documents.

Creswell⁴⁵ writes extensively on the evaluation of qualitative studies and discusses the postmodern views of Richardson, which we used as guidelines in this research. Richardson⁴⁶ states that ‘the central imaginary for ‘validation’ for postmodern texts is not the triangle – a rigid, fixed, two-dimensional object. Rather the central imagery is the crystal, which combines symmetry and substance with an infinite variety of shapes, substances, transmutation, multidimensionalities, and angles of approach... crystals are prisms that reflect externalities and refract within themselves...what we see depends on our angle of response’ (p. 963).⁴⁶ Our angles of approach included the following: (a) survey and interview methods were both used to collect data, (b) data were independently coded by each author, (c) discursive considerations were finalised through a collaborative process by the authors, (d) researchers asked interview participants to check their transcripts and provide their thoughts on the finalised discursive considerations. We also provide rich, thick quotes in our results to describe the experiences of the participants.⁴⁵ Finally, in the next paragraph, we reflect on our role in the co-construction of this research.

Both authors are registered dietitians and identify as members of the LGBTQ+ community; being an ‘insider’ in this way has the potential to provide researchers with knowledge and insights to our communities that those who do not identify as LGBTQ+ may not have.⁴⁷ For example, the principal investigator (Joy) has personal experiences in the way ideal body standards for gay men can influence personal health and well-being, as he has often struggled in meeting those ideals and has experienced othering as a consequence. Both authors received very little knowledge about LGBTQ+ nutritional issues during their training as registered dietitians. As such, we are both committed to creating more discussions and knowledge about LGBTQ+ nutritional health. We are both dedicated to ‘queering’ the dietetic professional and the socially constructed meanings of bodies.

3 | RESULTS

A total of 70 participants completed the survey. Eight participants were recruited for interviews. The

demographic details are found in Tables 1 and 2. The stay-at-home orders due to the COVID-19 pandemic left much of the LGBTQ+ community with time to consider their bodies and how they were perceived by, and interacted with, the world. Bodies are not just their physicality, but an object in a network of social relations, inscribed with meanings from language, discourse, and power. For queer and trans bodies, this means that on top of the already immense pressure to fit the ‘healthy’ ideal, there is forced engagement with social norms of gender and sexuality. Despite the inherent nature of queerness to defy the ‘normal’, the legitimate, and the dominant, many of these social pressures have been adopted and rebranded by different factions of the LGBTQ+ community. This tension between juggling body shame and resistance was amplified for many during this time right as support systems shuttered.

Four discursive considerations were noted in the data and unified under the concept of queer time, each speaking to a different aspect of the pandemic experience for LGBTQ+ individuals. Namely, (a) COVID-19 as a time for reflection, (b), a time away from social surveillance, (c) a time to work on oneself, and (d), a time to (dis)connect. Each consideration explores both the hegemonic and the radical experiences of the participants, and the tensions that ensue from these complex discourses. Participants’ quotes are used throughout to represent the discursive considerations. This section is approached in a way that not only presents the results but also provides an analysis of the social discourses that are woven

TABLE 1 Survey participant demographics

Category	Percentage breakdown for survey participants, n=70
Sexual orientation	Gay (27%), bisexual (23%), lesbian (17%), queer (12%), pansexual (6%), 2-spirit (3%), demisexual (3%), non-fixed (1%), and questioning (1%)
Gender	Women (45%), men (33%), and agendered, non-binary, gender-fluid, and gender vague individuals (22%). Trans (self) identifying (9%)
Ethnicity	White (81%), Indigenous (9%), Latino/Latinx (6%), Asian (3%), and Middle Eastern (1%)
Age	19-29 years (57%), 30-39 years (21%), 40-49 years (11%), 50-59 years (9%), and 60+ years (1%)
Province	Nova Scotia (43%), Ontario (24%), British Columbia (13%), Quebec (8%), Alberta (5%), Manitoba (3%), Prince Edward Island (2%), Newfoundland (1%), and New Brunswick (1%).

TABLE 2 Interview participant demographics

Participant, n=8	Sexual orientation	Gender	Ethnicity	Age	Province
1	gay	Cis-Man	South Asian	30-39 years	Nova Scotia
2	queer	Non-binary	White	30-39 years	Nova Scotia
3	Lesbian	Cis-Woman	White	30-39 years	British Columbia
4	Bisexual	Non-binary	White	19-29 years	Nova Scotia
5	Asexual	Cis-Woman	White	40-49 years	Manitoba
6	Lesbian	Cis-Woman	White	19-29 years	Nova Scotia
7	Bisexual	Cis-Woman	White	19-29 years	Ontario
8	Non-specified	Trans-Woman	White	30-39 years	Manitoba

through them. These discourses, namely healthism, hetero-cis-normativity, and resistance, have been similarly pulled from the data and help connect the discursive considerations.

Discursive consideration 1: Time for reflection considers quarantine as an opportunity to meditate on the body and how it is influenced and perceived, amidst the knowledge that bodies are shaped by societal systems in ways both knowable and unknowable to the participants.

The COVID-19 pandemic offered individuals time to reflect and explore the origin of their body shame and the discourse of healthism. One interviewee who identified as non-binary and bisexual recounted one such experience with their parent:

She made some comment about how I should maybe consider eating ice to try and cut back on calories. And that really hurt me, it made me really sad that she would care more about my weight during a pandemic...than if I was doing mentally well.

Whether from parents, colleagues, partners or from within LGBTQ+ groups, many participants reflected on their bodies in a way that exposed the inherent tension between queerness and social standards, criticising the body in one moment and taking steps to heal their broken relationship with it in another.

This type of reflection is not unlike that done by many others during this time. Yet for many within the LGBTQ+ umbrella, who often experience tension as a result of the dominant discourses that hold thin, toned, cisgender, and heterosexual bodies as the ideal, the body is *'the representative of marginalisation'* (queer non-binary interview participant). A common experience for many participants was reflecting on how being isolated triggered old wounds of body fixation and disordered eating, especially in those experiencing gender dysphoria. As one such individual who identified as a white bisexual

trans-masculine person wrote in the survey: *'I have an intense fear of gaining weight...gender dysphoria-related body issues are still present, and I fear they will become worse if I gain weight (which people have reported is common during quarantine)'*. As is exemplified by this participant, body image in the gender-diverse community is complicated by the fact that society reads bodies as the sole representative of gender, despite gender identity being psychologically constructed. Hetero-cis-normative society can reinforce this notion, demanding gender-diverse people to mould the physical body to fit the gender binary to have even the chance of acceptance and safety.

While the body can represent marginalisation, it can also represent strength, another theme of reflection by participants. The discourse of resistance was seen through many participants' reflections. A few participants were able to take a deep look at themselves and reflect on their suppressed feelings, internalised fatphobia, or disordered eating habits. One participant, able to be in their body without distraction, found the root of their body discomfort to be gender dysphoria, stating in an interview: *'I went into COVID as a bisexual woman, and I came out non-binary. Came out just a little bit more queer'*. This queer and non-binary individual took the time to explore self-compassion, self-expression, and radical acceptance, using the inherent non-conformity of queerness to guide them in pursuit of the subversive.

Discursive consideration 2: Time away from social surveillance considers the height of the pandemic as a time free from the direct public gaze of others. Yet people were still subjected to a panopticon in which the physical observers were shifted to virtual observers.

The pandemic provided some reprieve from direct contact with society. For some participants, this garnered relief from the constant surveillance of their bodies. In the words of one white, gender-fluid bisexual survey respondent,

I relished the opportunity to be comfortable at home so much and to not have to feel like I was presenting my body and gender in a socially acceptable way. I loved eating things that gave me pleasure without fear of outside judgement and connecting with my body through exercise in a slow and easy way.

For them, this time was a refuge from the watchful eye of healthism and hetero-cis-normativity, the privilege to express, nourish, and move their body however they wished.

This sense of resistance culminated in the popularisation of the term 'queerantined', with the time away from the public gaze allowing one to take a deeper, queerer look at sexuality, gender, and body politics. Another queer non-binary interviewee expressed their experience with the queerantined phenomenon like this: '*You go in like at your normal level of LGBTQ+ and then you come out just a little bit more queer cause you've had all that time with yourself and you haven't had to be around heteronormative society*'. Without the full potency of the hetero-cis-normative gaze, some participants felt their queerness was able to be more fully expressed.

However, while the COVID-19 pandemic did serve to physically isolate people, one cannot fully extricate themselves from society. Some participants saw the dominant discourse shifted to virtual spaces, like this interview participant who identified as a white, intersex-adjacent, hetero-romantic, asexual woman who noted that, '*There has also been a lot of casual fatphobia invoked in reference to fear of weight fluctuations during the pandemic*'. This emphasis on over-exercising and restricting 'junk' or snack foods to avoid weight gain is rooted in the healthism discourse, and by proxy, fat-phobia. Another interviewee, a non-binary bisexual person, described their experience with the continued onslaught of these norms online like this:

All you have to do is like one post and it just turns your whole explore field into almost a bombardment of very thin, white women practising like yoga and eating like kale you know, and it is easy to kind of feel down on yourself about it because you can compare yourself to them really easily and they make it look so easy and effortless.

With time away from work and other commitments, these hegemonic ideals had a greater opportunity to fester into negative self-image, further amplified by an upended schedule without set times for meals and movement.

Discursive consideration 3: Time to work on oneself. Enforced by the productivity culture inherent to the ideology of neoliberalism, some participants felt that the extra time, provided to them by the quarantine restrictions, was not an opportunity to rest, but was an opportunity to 'improve' their body and a time to work on oneself.

Integral to the discourses of healthism within modern neoliberalist cultures are notions of personal responsibility and productivity.⁴⁸ One must constantly be working on their health in order to be considered a moral and responsible citizen, something that society already deems LGBTQ+ people not to be due to deviations from hetero-cis-normativity.⁴⁹ Even during a global pandemic, people were bombarded with messages to focus on their body. This survey respondent, who identified as a white, bisexual, gender-fluid person, saw such advertisements and social media posts.

[They were] about not "letting oneself go" or how terrible it would be to gain weight in quarantine, or how people were supposed to work hard to somehow come out of this "better than ever", and boy, did the ED [eating disorder] voice in me love that.

This crisis was framed as the 'perfect time' to get fit, lose weight, or embody gendered ideals. A gay South Asian male interviewee also discussed these observations: '*I was always concerned about how I look externally but ever since the pandemic the focus has been so much more because the way I justify it is I have more time to work on my body*'. This focus was often represented as a means to improve poor body image but with unsustainable results as accepting one's body as it is starts in the mind, not the mirror. Another trans-woman noted in her interview that '*it's one of the best times to go ahead and work on your best self*'.

Resisting the discourses of healthism was challenging to some participants. As a white lesbian woman concluded in a survey response, '*I have gained weight during the pandemic because I've been able to slow down and normalise my eating patterns after restricting...so my body image has been up and down despite feeling more connected and nurturing towards my body*'. Many found themselves in this complex bind between trying to practise radical body acceptance and still being pressured to mould themselves into the hegemonic body ideal. Some saw the scale tip in the favour of resistance, as this white bisexual woman outlines in her interview:

If you want to live your life authentically as a queer person you are kind of putting

yourself out there in terms of not being normative. So, I think once you have that level of acceptance in yourself, I think it's easier to accept other parts of your life as well like your body.

This acceptance of the 'non-normative' had the power to trickle down into accepting other parts of the body and mind considered undesirable by society.

Discursive consideration 4: Time to (dis)connect. Participants also saw quarantine as marked by losses and gains in their social networks and supports, exemplified in the time to (dis)connect discursive consideration.

It is clear that the LGBTQ+ experience of the lockdown was as diverse as LGBTQ+ groups, and the theme of connecting was no exception. There was an inherent complexity to connection during this time, severing ties to one's social life, work, or school, and strengthening others. In particular, online life flourished as a place to connect with friends, family, support groups, and other queer and trans people. However, with it came the promotion of unattainable standards of beauty, health, and body, as this white gay male survey respondent observed: *'Seeing others posting on social media how we should be utilising this time to better ourselves and improve fitness, posting photos of their fitness progress, just made me feel even worse about myself. I'm still struggling with it'*. Numerous others similarly expressed that the amplified access to the heavily curated lives of others – often thin cis white women and muscular cis white men promoting healthism discourse – had a negative impact on their body image. Yet, some participants were able to recognise this and took the time to actively resist, disconnecting from sources shaming bodies and promoting diet culture, and connecting with those promoting body justice and healing food-related trauma. Interview participants like this white, bisexual cis woman recognised just how important that safer curated space was for queer people:

In terms of body image like the good that came out of COVID hopefully gets extended and we are still able to continue to be body-positive on Instagram and social media and continue to support one another because I think that's something that's really important and kind of ingrained in being in the queer community is how we have each other and that's probably the basis for a lot of people's support networks.

Despite these glimmers of support, many participants felt frustrated by decreased access to resources like the gym, active commutes, regular mealtimes or frequent grocery trips, and increased access to food and a

sedentary lifestyle at home. A cis gay Métis man expressed his dissatisfaction in the survey like this: *'You can't go to a gym, or a pool. There's really no safe place to be social. I'm not comfortable around people anymore. I don't need to be shamed about my weight'*. This, entwined with the stress of the pandemic, often negatively impacted body image. This can be understood from this quote from a white, gay non-binary survey participant:

I had ongoing body dysmorphia for a long time, but during COVID, I found myself gaining more weight than usual, as the unforgiving nature of the situation affected me mentally, as well as the ability to access a gym. I allowed myself to fall into a depression, while eating & drinking terribly without thinking of the consequences. I'm now in the process of trying to lose what I gained so far, but COVID-19 changed my outlook on life for the worse, initially, which ultimately changed my body and heightened what were once controllable dysmorphic tendencies.

For gender-diverse individuals, this was often compounded by lack of access to gender-affirming care and increased contact with unsupportive family members. This participant, a white lesbian trans woman, recounts the lack of body image support from their family during COVID-19: *'The pandemic made me stay with my unaccepting parents who don't respect my identity and limited my presentation to ways that made me feel very dysphoric and negative about my body'*. A few participants noted that nutritional and health messaging focused on bodies. One participant, who identified as a white cis lesbian, in her interview suggested that we *'just stop focusing so much on our body, let's and focus more on you know other parts of ourselves'*. Another participant, who identified as a non-binary queer person, wanted dietitians and nutritional health care givers to take *'a non-judgmental lens and a compassionate lens'* when speaking about body issues during COVID-19. Yet, some participants had the means to resist, seeking support from friends, partners, queer support groups and mental health professionals, despite the prohibition of most in-person services. A few participants were even able to use this time to uncover the discourse of resistance within themselves, reconnecting to their body and supporting its needs.

4 | DISCUSSION

A poststructuralist view of the body tells us that the physical self is not just flesh and blood but a rich text of

cultural meaning, one that is constantly written and over-written. The body is constantly shaped and reshaped by discourses, which are themselves constantly being reinvented as the ways people view, understand, and discuss ways of living.⁵⁰ This leads to inherent tension, as the subject can never truly grasp all the ways in which they are being influenced, regardless of the quantity and quality of their reflection.⁵¹ Foucault's notion of panopticism also tells us the subject is under constant surveillance, as the watchful eye of society seen or unseen invites constant self-monitoring of the body.⁶ All people, regardless of their sexuality or gender are subjected to surveillance and self-monitoring. However, under such systems of power, queer and trans bodies, by their nature, dissent against the norms of what is considered good, valid, and governable in society. LGBTQ+ bodies are set apart. In this research, we provide insight into some ways that societal discourses shaped how queer and trans people experienced their bodies during the most isolated periods of the COVID-19 pandemic. Despite the reprieve from constant interaction with a hetero-cis-normative and health-obsessed society, the analysis of participants' responses showed that these hegemonic discourses remained strong. LGBTQ+ individuals continued to feel pressure to self-monitor despite a shift from the dominant social discourses of hetero-cis-normativity, healthism, and resistance. Social media, government, and unsupportive parents or partners still had influence over the way some participants experienced their body, whether that was through shaming and stigmatising changes in weight or eating habits or maintaining binary gender expression. Some participants resisted the dominant norms of health, body size, gender, and sexuality. While this counter-hegemonic resistance discourse has the potential to lead an individual directly to queer and trans liberation, many participants had a winding and often paradoxical path towards resistance. Some participants found body acceptance despite the social discourses of ideal bodies during this time while other participants fully embraced pandemic life as a time to shape their bodies to gender, beauty, and health ideals. Stay-at-home orders gave opportunities to reinforce disordered eating or body surveillance in some participants while others were able to critically reflect upon their experiences and move to different ways of viewing their bodies. For many, COVID-19 was a 'queer time' of feeling, being, exploring, and existing beyond binary body ideals.

The participants in this study expressed desire for compassionate and organised messaging from dietitians. They believed that such messaging should be non-judgmental, consider their intersecting identities and be focused on feelings of well-being, as opposed to weight or body size. Such messaging was viewed as the most

helpful to them both in pandemic and non-pandemic times. Dietitians can integrate this knowledge to provide body image support for LGBTQ+ individuals. Previous researchers have suggested that LGBTQ+ groups are already at a higher risk for eating disorders and disordered eating,^{52,53} food insecurity,^{54,55} and body dissatisfaction.^{56,57} For some LGBTQ+ people, the pandemic contributed to such risk, reinforcing the need for LGBTQ+ bodies to be better understood within the healthcare system and more specifically, nutrition and dietetics. We believe that as dietitians, it is crucial that we take the experiences from the participants in the research, whether positive, negative, or in-between, to inform our practice and tailor our messages to ones that are compassionate and recognise the unique experiences of LGBTQ+ people in relation to their bodies and body image. If we can make such messages widely known and available, we can better support LGBTQ+ people. Other researchers have called dietitians to be more aware of the experiences of LGBTQ+ people and for more education and advocacy in LGBTQ+ nutrition.⁵⁸⁻⁶⁰

There are some notable limitations to this research. While all participants lived within Canada, the experience of the individual may have been shaped by their exact location, as COVID-19 was handled slightly differently for each province. The research recruitment used self-selection methods. This method of recruitment could have potentially attracted participants who felt strongly about the topic one way or another. Although some researchers may view self-selection methods as a limitation, it is important to consider this could also be viewed as a strength of this research. Within qualitative research, we are looking to recruit individuals who can provide rich data rather than an unbiased sample. Additionally, although the researchers purposefully put out a call to include a diversity of LGBTQ+ people, the majority identified as white and cisgender. Furthermore, this research should not be read as a generalisation of the LGBTQ+ community but rather an exploration into how historical context shapes the many ways that queer and trans people live.

This research captures a snapshot of the experiences that Canadian LGBTQ+ people had around body image during the first wave of the COVID-19 pandemic, providing important information about this underserved community. Their experiences reveal that isolation for LGBTQ+ individuals, while often not a new phenomenon, led to a wide spectrum of experiences ranging from radical resistance to pursuit of hegemonic ideals. It was a time when competing social discourses created difficult conflicts. Participants felt reprieve from the watchful eye of society and yet found a new enforcer of social norms lurking in the media, in those they quarantined with,

and in themselves. They outlined feeling a sense of control with their body and gender expressions and support from online communities and simultaneously out of control with their cravings for comfort, whether through food, sedentary habits, or consumption of body-focused media. The health-care system and providers should acknowledge the expansiveness of the spectrum of queer joy and loss during this period, how it is impacting LGBTQ+ Canadians, and will have trickle-down effects in the future. The complex queer and trans experience of this time deserves respect and validation as the LGBTQ+ community continues to navigate the challenges of the COVID-19 pandemic and the expected aftermath.

AUTHOR CONTRIBUTIONS

Natalie (Nat) Quathamers contributed to data analysis, interpretation, and writing of manuscript. Phillip Joy was responsible for funding, research design, data collection, data analysis, interpretation, and writing of manuscript. Both authors are in agreement with the manuscript and declare that the content has not been published elsewhere.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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