



How Eating Disorders Affect the Transgender Community Lee Edwards

1. Food plays a big part of my life. It brings my family and friends together, giving us something to bond over during holidays or social events. There can't possibly be a reason why food is bad, right? Wrong. Food doesn't always benefit each and every one of us. Food, when abnormally consumed, is the reason people have eating disorders. They affect a wide range of people but certain groups are more at risk, such as transgender people. People within the transgender community are more likely to have an eating disorder, but why is that? Many transgender people use eating disorders to feel comfortable in their own bodies. Although the intention of a transgender person altering their body to match their gender identity isn't bad, adopting eating disorders to do so is very dangerous and shouldn't be necessary.
2. Personally, I haven't felt unsafe in any environment I find myself in daily, but this isn't always the case for people within the transgender community. Often times transgender people don't feel welcomed or supported at home, school, or at work which can create a feeling of alienation. On top of the social struggles people within the transgender community go through, they are also affected with mental and physical challenges such as gender dysphoria and body dissatisfaction due to gender stereotypes. Not feeling like your body image represents your gender identity can have a toll on one's mental health and can lead to someone constantly wanting to change their body.
3. The increasing rate of eating disorders is a big issue in our society. Everywhere I look nowadays I see people watching what they eat, comparing their bodies to unattainable ones on social media, and skipping meals or making excuses to not eat. Eating

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disorders are a severe form of altering eating habits and are often associated with teenagers and young adults. According to Licensed Clinical Psychologist Dr. Anne Edwards, “Eating disorders are the most deadly psychological diagnosis” (Edwards). Someone with an eating disorder might experience physical effects such as heart conditions, deteriorated bone health, hair loss, and changes to one’s body image. Eating disorders tend to affect one’s mental health by causing obsessive thoughts about one’s body image, anxiety, depression, and irrational thinking. Poor mental health can hinder one’s performance whether in school, work, or in social environments. People with eating disorders might abstain from social environments because they feel insecure about their bodies or obsessive eating habits. Eating disorders can lead to a lack of trust and self-confidence which can result in losing or harming relationships within one’s family, physical relationships, or friendships. They are hard to identify and oftentimes people don’t notice when they have one, making them difficult to treat.

4. The way society portrays the “ideal person” can affect the way someone feels about their body image. Sitting on my couch, clicking through the channels, I see commercials about various products, all with one thing in common. A model is shown selling the product. Whether the ad was for protein powder or a clothing brand, each ad used the same method to captivate the viewers. “If you buy our product, you’ll look like this,” the ads would say, trying to persuade the viewers that they can improve their body image. Even in other forms of media, such as instagram or snapchat, there will always be people who fit the “ideal person” stereotype that we’ll have no choice but to compare ourselves with. Women, especially young adults or teenagers, feel pressure to meet the strict standards made by society. Dr. Brewster commented on the correlation between exposure to unrealistic body images and eating disorders, stating, “women engage in unhealthy behaviors such as disordered eating to “compensate” for their perceived flaws” (Brewster). Transgender women are more at risk than cisgender women to experience body dissatisfaction from social standards of the female body because they feel like they have to do even more to fit in. In a 2013 qualitative study of transgender women, “almost all participants discussed a deep desire to pass as cisgender, which manifested behaviorally in intense self-monitoring of their bodies and facial features with

a critical eye toward what makes them appear more masculine or feminine” (Sevelius). With both cisgender and transgender men and women, eating disorders are a common way to match societies standards of their identified gender. However, because of the additional pressure on transgender people to pass as their gender identity, transgender people have a higher risk of having an eating disorder.

5. Although eating disorders are experienced by everyone, they affect the transgender community at a greater rate than cisgender men and women. Transgender people are almost four times more likely to be diagnosed with anorexia nervosa or bulimia nervosa than cisgender people (Protos). Gender dysphoria and gender stereotypes put pressure on transgender people to match their gender identity. Yes, cisgender men and women are effected by gender dysphoria and gender stereotypes but often times transgender people will go to extremes not as commonly seen with cisgender men and women to be considered their preferred gender. At times it’s more than just an issue about preference, “sometimes not passing [as a preferred gender] is about safety or loss of a job, home, or relationship. Since the stakes are so much higher, they more often resort to this disordered behavior in an attempt to achieve more peace in their world” (Edwards). Although frowned upon, some employers might fire someone because they are transgender. They might not use that exact reason, but oftentimes they make an irrelevant excuse to fire transgender people. Some families don’t accept people within the LGBTQ+ community. Some might even kick their own children out of their house for being transgender. The constant pressure to either pass as their gender identity or stay as their biological sex when working or at home often leads transgender people to eating disorders whether it’s to maintain their preferred gender or to feel more like their preferred gender while still passing as cisgender. Mia Mayr, A Virginia Tech student who identifies as female, stated, “I feel like my body could be more feminine. I wish I had more estrogen to have at least a slightly bigger chest so I could fit in more as well as my shoulders not being so masculine. The biggest problem I have is my facial hair; when I’m walking in public and I’m not ready to shave, I either go dressed as my biological sex, Male, or cover it up with my mask” (Mayr). In order to fit in, Mia feels the need to change her

appearance. She worries about if certain aspects of her body match her identity or if other people's perception of her is the same as her own. Transmasculine people might feel like their hips are too wide or their chests are too big to fit the male stereotype whereas transfeminine people might feel like they are too muscular or, like Mia, their shoulders are too broad to fit the female stereotype. Mia stated, "I think [transgender people] are more susceptible to eating disorders due to the fact they identify as the opposing gender and want to look more like that cisgender type" (Mayr). The fact that transgender people have more pressure than cisgender people to appear as their gender identity makes it more likely for them to result to eating disorders.

6. Some people argue that it's okay to change your eating habits if it allows for a transgender person to match their gender identity. Although altering your eating habits may help you feel and look like your preferred gender, eating disorders are unsafe and aren't the only way someone can match their gender identity. Many transgender people use much safer alternatives to become comfortable within their own bodies such as dressing with clothing that stereotypically matches their preferred gender, changing hairstyles, putting on make-up, removing hair that isn't stereotypically present for their preferred gender, voice training, hormone treatment, or even surgical changes (Edwards). If getting treatment is a possibility, eating disorders shouldn't be intentionally used to match one's gender identity.
7. Before researching about eating disorders within the transgender community, I hardly knew anything about the topic. The fact that eating disorders affect transgender people at a much higher rate than cisgender people never crossed my mind. I didn't even realise how much harm food could do to someone. Through researching, I discovered how eating disorders affect someone's life and the certain challenges transgender people face daily and why they are more susceptible to eating disorders. This made me wonder, how do we allow transgender people to match their gender identities without eating disorders? We could make medical care more inclusive and accessible for transgender people. In the medical world, you can't register as transgender; the only options are male or female. Doses and treatments are different depending on your biological sex. A transgender male can't always consume

the same dosage as a cisgender male considering they were born with a female body (Gorvett). This could cause problems if the patient doesn't notify the Doctor about being transgender. Because of the lack of knowledgeable providers, there's limited accessibility to medical care for transgender people (Safer). By making medical care more accessible to transgender people therefore giving more options to reach one's gender identity, eating disorders within the transgender community will start to become less common. Providing more education about transgender people and eating disorders would help limit disparities between cisgender and transgender medical care and eating disorders. Most people are poorly educated about transgender people and eating disorders. Throughout high school, I was taught little to nothing about eating disorders. Nothing about how to prevent them, how to notice them, or how to treat them. My high school didn't teach us about the challenges people within the LGBTQ+ community face daily. How was I supposed to realise how prone to eating disorders transgender people are if they were hardly even mentioned in high school? The thing is, not everyone is going to research let alone think about eating disorders within the transgender community. By increasing the education about this issue, more people will become more aware and will hopefully help to reduce eating disorders within the transgender community.

Glossary

Eating Disorder: A psychological diagnosis identified with abnormal eating. **Transgender:** A person who has a gender identity that differs from sex assigned at birth. **Gender Identity:** A person's personal perception of their own gender; how a person identifies internally.

Gender Dysphoria: A concept noting a person's discomfort due to their gender identity mismatching with their biological sex.

Body Dissatisfaction: A concept noting a person's negative thoughts about their own body; when a person isn't satisfied with their own body.

Gender Stereotypes: Generalized preconceptions about a certain gender; how society thinks a gender should dress, act, talk, etc.

Body Image: How a person views themselves; someone's perception and feelings about their own body.

Ideal Person: Society's portrayal of the "best" possible person someone could be. **Anorexia Nervosa:** A disorder identified by a drastic decrease in calorie intake in order to lose weight.

Bulimia Nervosa: A disorder identified by binge/obsessive eating followed by extreme methods to avoid weight gain such as self-induced vomiting, excessive exercising, and even fasting.

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Appendix 1

Interview with Anne Edwards

Q1: What is your field of work?

- What do you do in particular within your field?

- What kinds of people do you treat?

“Licensed Clinical Psychologist. I have a private practice. I work with adolescents and adults. I work with people with general concerns such as anxiety, depression, adjustment and relationship concerns. I also specialize in working with people with eating disorders and the LGBTQ+ community.”

Q2: What are eating disorders?

“Eating disorders are the most deadly psychological diagnosis. The DSM 5 includes several conditions within this category that impact a person’s physical and mental health. They are very stubborn illnesses that often require a lot of intense and long term treatment.”

- What are different ways someone may adopt an eating disorder?

“Eating disorders are very complex and there is usually not a single cause. People may have a genetic predisposition to developing an eating disorder. Environmental factors include society pressure around unrealistic body images, modeling of unhealthy eating habits, modeling of focus on appearance and weight, hearing negative comments about their appearance, being encouraged to diet or manipulate their bodies by health professionals, family, or athletic trainers. Personality factors often depend on the eating disorder. Those with Anorexia tend to be high achievers with very high expectations of themselves, value structure and having control over things, and tend to have anxiety. Those with binge eating disorder often develop patterns of bingeing and purging after trying to restrict. People with bulimia often have difficulty tolerating strong emotions and find that their disordered eating behaviors can help to manage them.”

- What are some effects of eating disorders?

“Medical or mental health or personal or relational? Eating disorders can affect all aspects of a person’s life. People often isolate when they have eating disorders because eating is such a social experience, there is a lot of shame around the disordered eating, and the preoccupation with the eating disorder takes priority over other aspects of life. There are frequently medical consequences including heart conditions, deteriorated bone health, tooth decay, hair loss, electrolyte

imbalances, and death. Mental health struggles include obsessive thoughts about food and body image, anxiety, depression, difficulty tolerating emotions, irrational thinking, denial of symptoms and behavior. It can affect relationships because often families or spouses get involved in treatment. While this aspect of treatment can be helpful, it can also cause significant stress on those relationships.”

Q3: What are some challenges your clients have faced while transitioning?

“Many of my clients have experienced one or many of the following: rejection by family and friends, loss of jobs and housing, discrimination or bullying at school by other students and teachers, difficulty with options regarding bathroom and locker room use, disrespect in regard to name and pronoun use, difficulties with medical care, legal issues, and obtaining accurate license and social security card, difficulty navigating the system to obtain care, lack of insurance coverage, discrimination in the military, refusal from others to allow gender expression at place of work, home, or school. In addition, there are internal personal challenges - dealing with gender dysphoria, connecting to and understanding their identity, struggling with how to manage external challenges, and fear of danger/violence.”

- How are they affected mentally, physically, and socially?

“Mentally, clients often feel intense dysphoria regarding their gender identity, tend to feel a lack of support and frustration with treatment options which are usually determined by providers and insurance companies rather than having their treatment be self-determined. Physically, I have had adolescents who refrain from drinking all day in school to avoid using bathrooms. I have had clients purchase hormones and other means of self-treatment online through unregulated sites out of fear or being denied treatment directly. I have had clients face discrimination and hostile treatment from medical providers which has caused them to avoid needed treatment. Socially, clients experiences have varied from very supportive networks to complete rejection and isolation. There is typically chronic fear in not knowing how they will be perceived and how others will react based on those perceptions.”

Q4: How do gender stereotypes affect people within the transgender community?

“Often people feel it is difficult to fit their identity into a box, label, or stereotype created by our culture. Often, people are misgendered based on stereotypes, referred to with the wrong pronoun, and put in a category where they don’t feel they belong. Often people feel pressure to express themselves in one of the two binary genders even if that isn’t their internal experience.”

Q5: How does gender dysphoria affect people within the transgender community?

“It causes extreme discomfort which can lead to depression, anxiety, and other major mental health concerns. Suicide is very common in this population.”

Q6: Are people within the transgender community affected by eating disorders? If so, why do people within the transgender community adopt eating disorders and how do eating disorders affect them?

Yes, often people will try to manipulate their bodies through their food intake, exercise, and other disordered behaviors. They often struggle with their body image and obsess about their appearance. People in the transgender community can struggle with eating disorders in different ways. I have had clients assigned female at birth who did not want to develop when puberty hit, so they restricted their eating to avoid growth of breasts and hips. I have had clients assigned male at birth who have restricted their eating to try to obtain a smaller size overall that is more consistent with stereotypical feminine presentation. I have had clients exercise obsessively in order to add muscle mass and appear more masculine. Eating disorders ultimately affect transgender people the same way they affect cisgender people. They can have serious medical and mental health symptoms as a result. In addition, eating disorder symptoms such as extreme weight loss as well as the mental health affects can interfere with transgender medical care.

Q7: Around 15% of transgender individuals were diagnosed with an eating disorder this past year whereas around 1-3% of cisgender individuals were diagnosed with an eating disorder. Why do you think transgender people are affected by eating disorders at a higher rate than cisgender men and women?

“Often pressure to fit into a stereotype connected to gender contributes to eating disorder behavior in general. People who are

that they will often go to extremes to do so. Sometimes, not passing is about safety, loss of a job, home, or relationship. Since the costs are so much more serious, they more often resort to this disordered behavior in an attempt to achieve more peace in their world.”

Q8: Is there a way someone can match their gender identity without adopting an eating disorder?

“Yes, there are a lot of transgender people who do become comfortable with their gender identities through safe, healthy, medical and social transition such as dressing in preferred clothing, adopting preferred hairstyles and/or make-up, obtaining hair removal, training their voice, receiving HRT, and/or obtaining surgeries.”

Q9: What are some ways to prevent or treat eating disorders within the transgender community?

“Education about the dangers and support and access to the healthy alternatives to achieve more consistency with their gender identities.”

Appendix 2

Q1: What is your gender identity?

“Female”

Q2: Have you or anyone you know ever transitioned between genders? If so, what are some challenges you/they have faced while transitioning?

“ I don’t know anyone who has transitioned.”

Q3: Have you or anyone you know ever experienced Gender Dysphoria? If so, how did that affect you?

-(If applicable)Have you/they overcome gender dysphoria? If so, how?

“I’ve had it and still do to this day and my way of overcoming it is being with those who respect my gender identity, as well as wearing the wig I bought.”

Q4: Have you or anyone you know been negatively affected by gender stereotypes? If so, how?

“Yes, for me. I feel like my body could be more feminine, I wish I had more estrogen to have at least a slightly bigger chest so I could fit in more as well as my shoulders not being so masculine. I’m also debating on whether to get rid of my sideburns or keep them since that’s commonly said to be a male attribute, the biggest problem I have is my facial hair, when I’m walking in public and I’m not ready to shave, I either go dressed as my biological sex, Male, or cover it up with my mask.”

Q5: Have you or anyone you know suffered from an eating disorder or changed their eating habits drastically? If so, what led to the eating disorder and how did it affect you/them mentally, physically, and socially?

-(If applicable)Have you/they overcome an eating disorder? If so, how?

“I, myself, changed my eating habits unintentionally, I just feel so stressed from all the work that I choose not to eat.”

Q6: Around 15% of transgender individuals were diagnosed with an eating disorder this past year whereas around 1-3% of cisgender individuals were diagnosed with an eating disorder. Why do you think transgender people are affected by eating disorders at a higher rate than cisgender men and women?

“I think they are more susceptible to eating disorders due to the fact they identify as the opposing gender and want to look more like that cisgender type.”

Q7: What are some ways to prevent or treat eating disorders within the transgender community?

“My best advice is for people to just, as easy as it sounds, to love their body for what it is. I know it’s hard, and people will definitely struggle with that, but in the long run, I know they’ll thank themselves for loving their body. Funny I wish I could take my own advice. haha”

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