AETC AIDS Education & Training Center Program
Mountain West

LGBTQ Body Image Issues & Eating Disorders
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Disclaimer

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Disclosures

- Caden Jones has no relevant financial or nonfinancial relationships to disclose.
- Presenting from Coast Salish and Stillaguamish indigenous land.

http://www.coastsalishgathering.com (2017)

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Objectives

- Introduce minority stress model, and touch on how it applies to LGBTQ+ client care
- Discuss the differences between gender and sexualiy in the LGBTQ+ specrum
- Describe body image and body dysphoria affecting LGBTQ+ patients with eating disorders
- Illustrate the relationship between eating disorders and LGBTQ+ populations
- Discuss treatment considerations to improve patient outcomes in eating disorder populations

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ADDRESSING Model

- **Age & Generation**
  - Millennial; 29 years old
- **Developmental Disability**
  - ADHD
- **Disability (Acquired)**
  - Bi-lateral Vocal Cord Paralysis
- **Religion**
  - Raised Mormon; Exploring
- **Ethnicity & Race**
  - White
- **Socioeconomic Status**
  - Working Class
- **Sexual Orientation**
  - Pansexual
- **National Origin & Language**
  - Non-indegenous American (English)
- **Gender**
  - Transgender Man

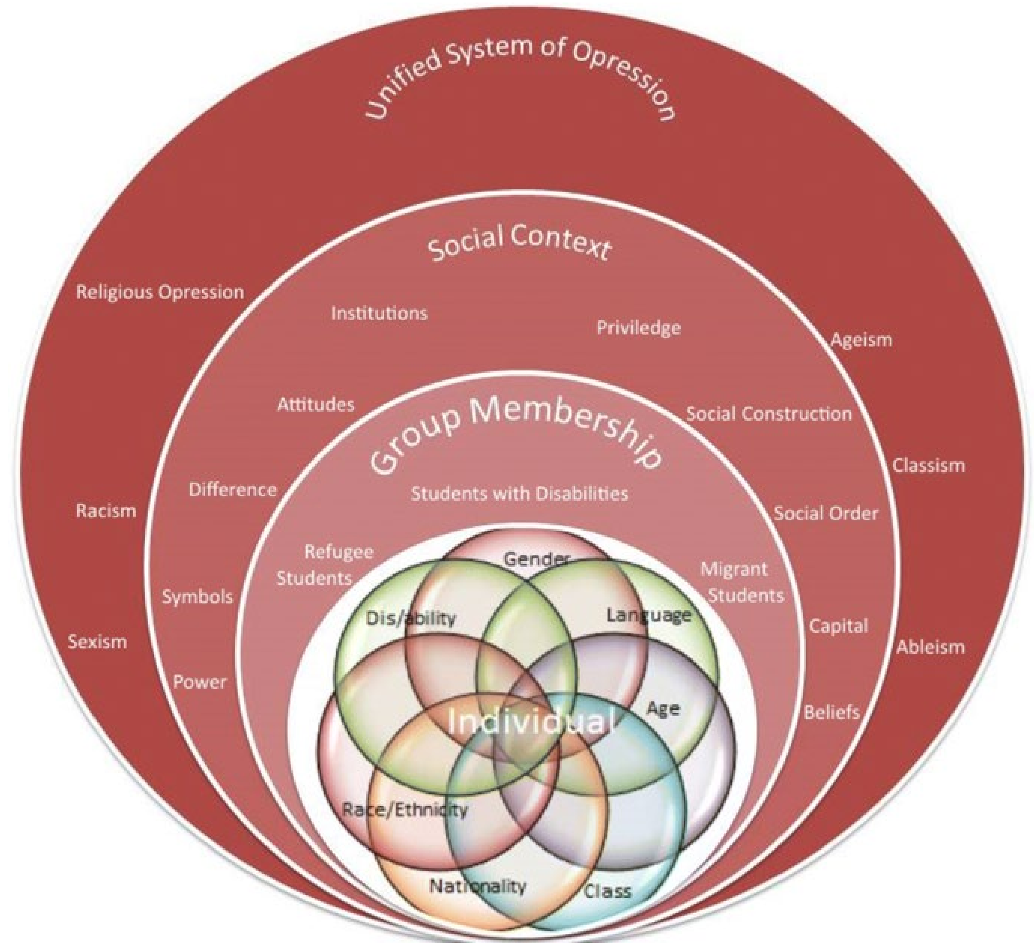
https://www.ohio.edu/cas/psychology/diversity/addressing-model

Minority Stress Model (MSM)

Macro level: prejudice, and discrimination

Micro level: abuse and neglect in one's relationships with peers and family members = increase in psychological distress.

-How does the minority stress model relate to our responsibility as providers with LGBTQ+ patients?



https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3477987/
https://link.springer.com/article/10.1007/s11125-020-09461-6

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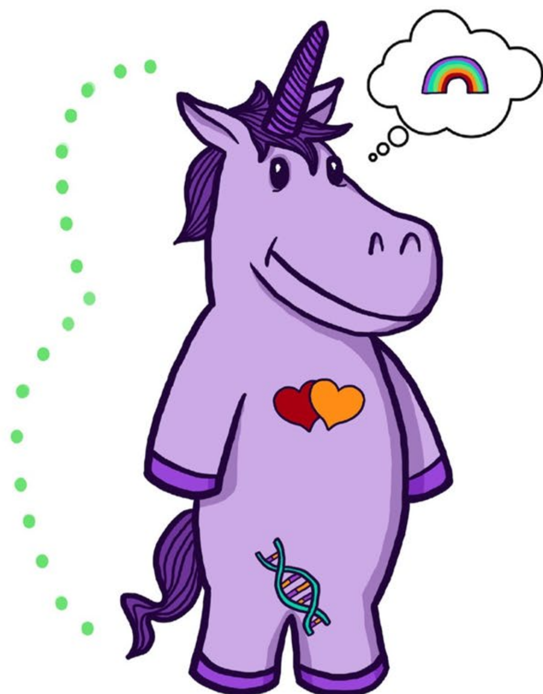
Gender and Sexuality

The Gender Unicorn

Graphic by: TSER Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

https://transstudent.org/gender/

Gender and Sexuality, Cont.

- Common labels for certain gender identities:
  - Transgender
  - MtF or FtM/AFAAB or AMAAB
  - Non-binary (NB)
  - Agender
  - Bigender
  - Genderqueer
  - Gender fluid
  - Two-spirit
  - Cisgender
- Passing vs. Blending
- Transexual vs. transgender
- Deadname

- Common labels for certain sexual orientations:
  - gay
  - lesbian
  - bisexual
  - pansexual
  - asexual
  - Same sex attracted
  - Queer
- Poly or monogamous

https://www.hrc.org/resources/transgender-and-non-binary-faq

Pronouns

Pronouns ≠ Gender

	SUBJECT	OBJECT	POSSESSIVE	PRONUNCIATION	
GENDERED	she	her	hers	shee, her, herz	
	he	him	his	hee, him, hiz	
GENDER-NEUTRAL	they	them	theirs	thā, them, therz	
	ze	hir	hirs	zhee, here, heres	NEO-PRONOUNS
	ze	zir	zirs	zhee, zhere, zheres	
	xe	xem	xyrs	zhee, zhem, zheres	

https://www.pridetraining.org.au/pages/pronoun-page

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Gender Dysphoria

https://asmackofeverything.weebly.com/little-house/gender-dysphoria

Gender Euphoria

mexicantransguy

Ok but as a dysphoric trans man the whole 'you need dysphoria to be trans' actually baffles me because even tho I've always has crippling dysphoria, it didn't actually help me figure out my gender at all. I usually dismissed my dysphoria as 'internalized misogyny' or just not being feminine enough, which actually just caused me worse dysphoria.

You know what made me figure out that I'm trans though? Gender euphoria. The minute I got called a 'sir' is the moment that I realized, "shit this feels right." And at that point I realized that I could no longer deny the fact that I'm not a woman and that I couldn't keep living as one.

Here's a hot take: maybe being trans isn't so much about how uncomfortable you can be in your AGAB, but rather how much *more* comfortable you can be.

https://asmackofeverything.weebly.com/little-house/gender-dysphoria

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Research on Gender Euphoria

Gender Euphoria: a "joyful feeling of rightness" related to gender (Beischel et al., 2021).

Two types of euphoria: 1) an ecstatic joy which at times felt explosive or overwhelming, and often occurred at milestones in their gender journey; 2) a quiet sense of calmness and relief that tended to occur once participants were being gendered correctly more frequently (Jacobsen, 2022).

Four key processes which explain gender euphoria:

1. Being exposed to a gender affirming antecedent
2. Having an affirming thought
3. Feeling a positive emotion
4. Experiencing enhanced quality of life (Austin et al., 2022)

https://www.tandfonline.com/doi/full/10.1080/19419899.2022.2049632
https://bulletin.appliedtransstudies.org/article/1/1-2/6/

Group Discussion

When you pass so well that guys start to tell you misogynistic jokes:

What may be the benefits of considering gender euphoria as equally important in gender affirming care as gender dysphoria?

https://scrolller.com/gender-euphoria-is-gender-euphoria-6tls267zpy

Trans-medicalism

Transmedicalists believe that being transgender is contingent upon suffering [and] medical treatment. This ideology completely [negates] . . . nonbinary identities, as well as binary-identified transgender people who may experience . . . joy at having their gender affirmed. Transmedicalists [...] often see those within the transgender community who do not experience a similar level of [torment] . . . have not "earned" being a part of the community. Transmedicalists view [efforts] to help promote the well-being of nonbinary identities . . . to be [a disdain] of ["real" trans person's] . . . suffering. (Earl, 2019, para. 15)

https://www.diva-portal.org/smash/get/diva2:1592759/FULLTEXT01.pdf

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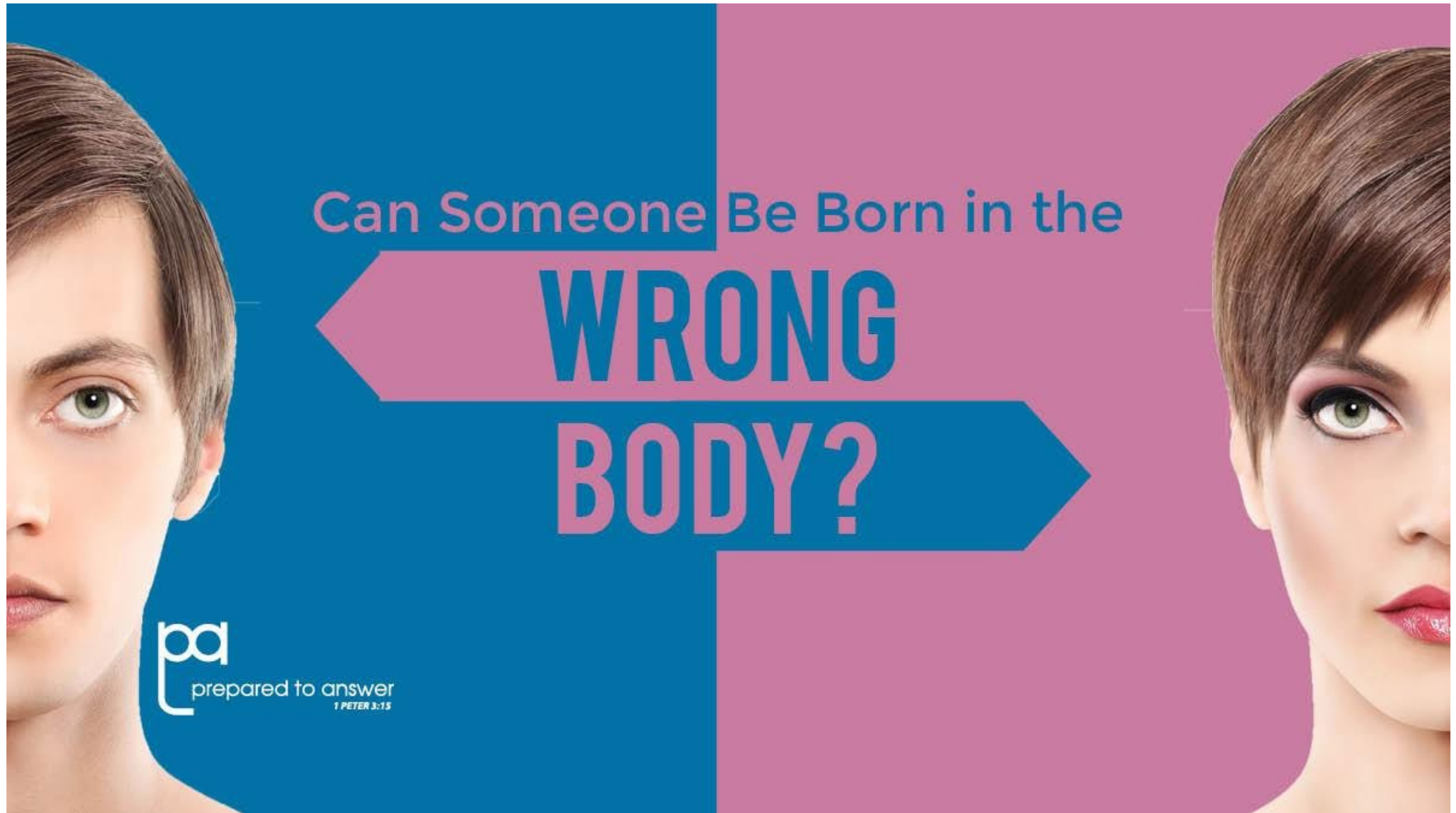
https://twitter.com/weskeem/status/1097852823201611776

Transnormativity



https://bulletin.appliedtransstudies.org/article/1/1-2/6/
https://preparedtoanswer.org/topics/gender-identity/can-someone-be-born-in-the-wrong-body/

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Body image vs. Gender Dysphoria

Body Image: subjective image of one’s own body, often made up of beliefs, thoughts, perceptions, feelings, and behaviors. Negative body image imparts value based on one’s perceived body image.

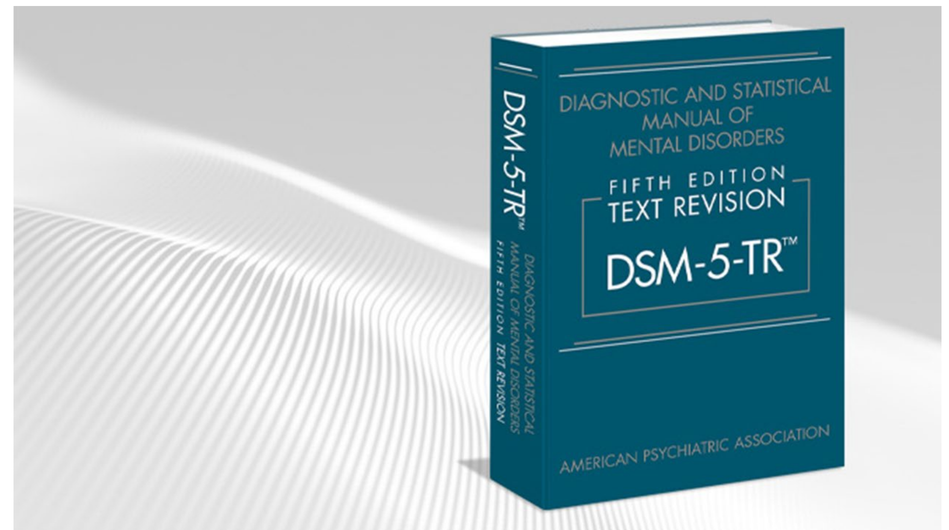
Gender dysphoria: Distress related to incongruence of one’s sex assigned at birth and gender identity. Sometimes focused on primary or secondary sexual characteristics

https://www.nhs.uk/mental-health/conditions/body-dysmorphia/

Eating Disorders and the DSM-5-TR

- Eating disorders are characterized by persistent disturbance of eating and eating related behavior that results in the altered consumption [...] of food and that significantly impaires physical health or psychosocial functioning.
- Mutually exclusive: clinical course, outcome and treatment needs.

- Cravings and compulsive behaviors mirror substance use disorders
- Similar neural systems in both eating and substance use disorders related to regulatory self control and reward systems.



(APA, 2022).

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Eating Disorders and the DSM-5-TR

- Pica
- Rumination disorder
- Avoidant restrictive food intake disorder (ARFID)
- Anorexia nervosa (AN)
- Bulimia nervosa (BN)
- Binge-eating disorder (BED)
- Other specified feeding or eating disorder (OSFED)
- Unspecified Feeding or ED (UFED)

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Eating Disorder Risk and Functions

- Temperamental
- Environmental
- Genetic and Psysiological

- Trauma, controlling environment, lack of validation as a child, reinforcement of behaviors.

- Way of surviving emotional pain, and avoid dealing with the pain in the direct context it relates to.
- "When feeling are buried they do not dissipate; They stay alive" (Lampson & Reiff, 2007).

- **Behaviors become a safe place to experience emotions**: A person has an argument with their partner; They immediately binge and purge and feel angry with themselves for doing the behavior. It is safer for them to be angery at themself than their partner.

- **Gender dysphoria:** I hate my body and the way society responds to my perceived gender; I feel out of control of how others perceive me. I will act on ED behaviors in an attempt to alter my physical form to control my body, as I cannot control others.

Lampson & Reiff, 2007. Eating Disorders Nutrition Therapy in the Recovery Process.

Eating Disorders and Body Image

- Some but not all eating disorders related to body image.
- People with anorexia nervosa (AN) and bulimia nervosa (BN) often have negative body image, specifically over-evaluation of shape and weight.
- BED patients who meet criteria for over-evaluation of shape and weight may indicate a more severe form of BED.
- Avoidant restrictive food intake disorder (ARFID)

https://www.verywellmind.com/body-image-and-eating-disorders-4149424

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Eating Disorders and Queer Populations

- Literature review by Parker and Harriger (2020) found that lesbian, gay, bisexual, and transgender (LGBT) adults and adolescents are more likely to struggle with disordered eating and eating disorders in comparison to their heterosexual and cisgender counterparts.

- Unique risk factors identified for each lesbian, gay, bisexual, and transgender adult and adolescent group.

Parker, L.L., Harriger, J.A. Eating disorders and disordered eating behaviors in the LGBT population: a review of the literature. *J Eat Disord* 8, 51 (2020).

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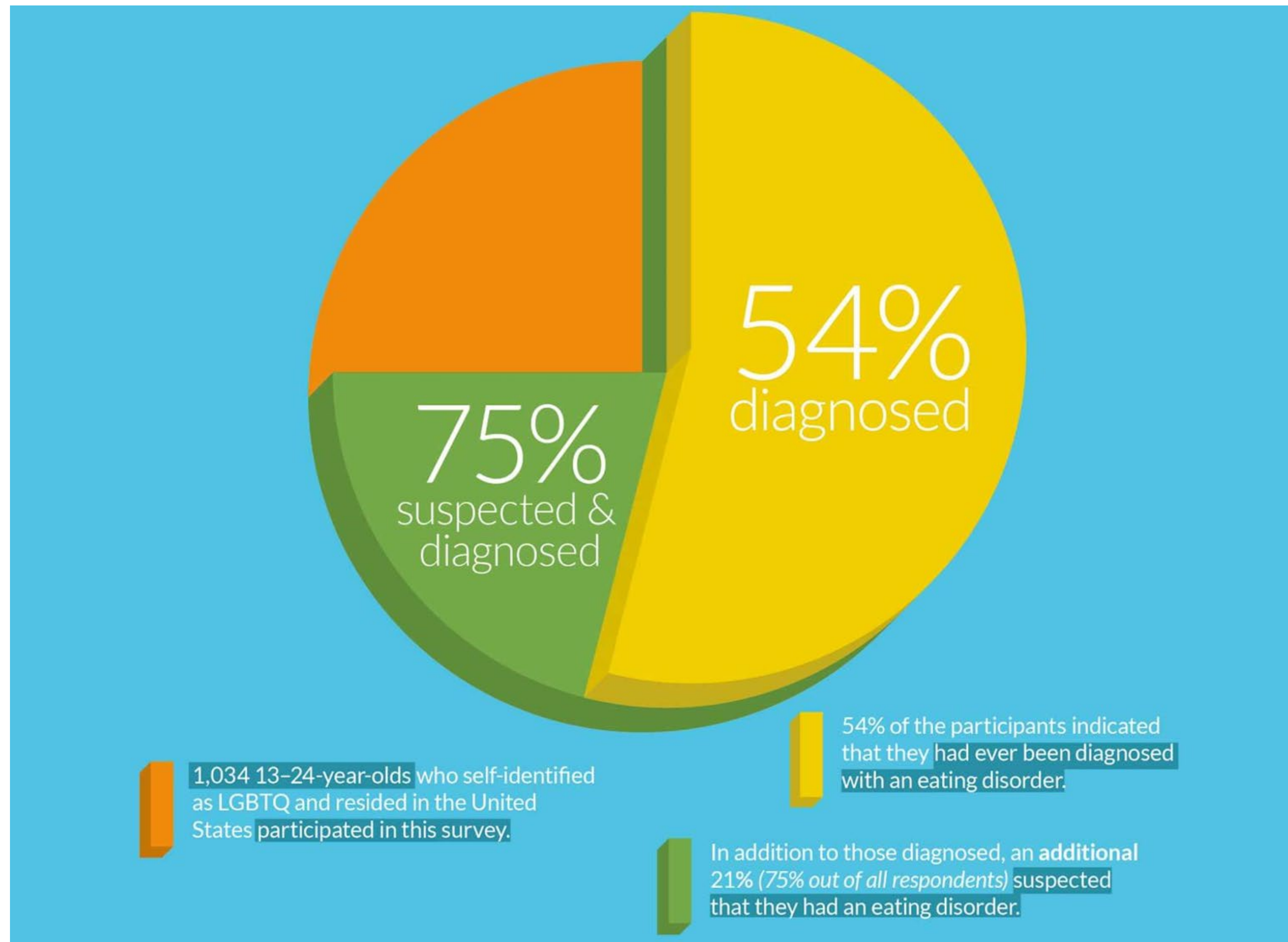
Risk Factors for LGBTQ+ Pop.

- Risk factors:
  - Bullying
  - Discrimination
  - Internalized stigma based on LGBTQ+ identity
  - Concealment of LGBTQ+ identity
  - Body dissatisfaction

https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-020-00327-y#citeas

Eating Disorders and LGBTQ+



https://www.penncapital-star.com/civil-rights-social-justice/studies-show-lgbtq-people-at-higher-risk-of-eating-disorders-self-harm/

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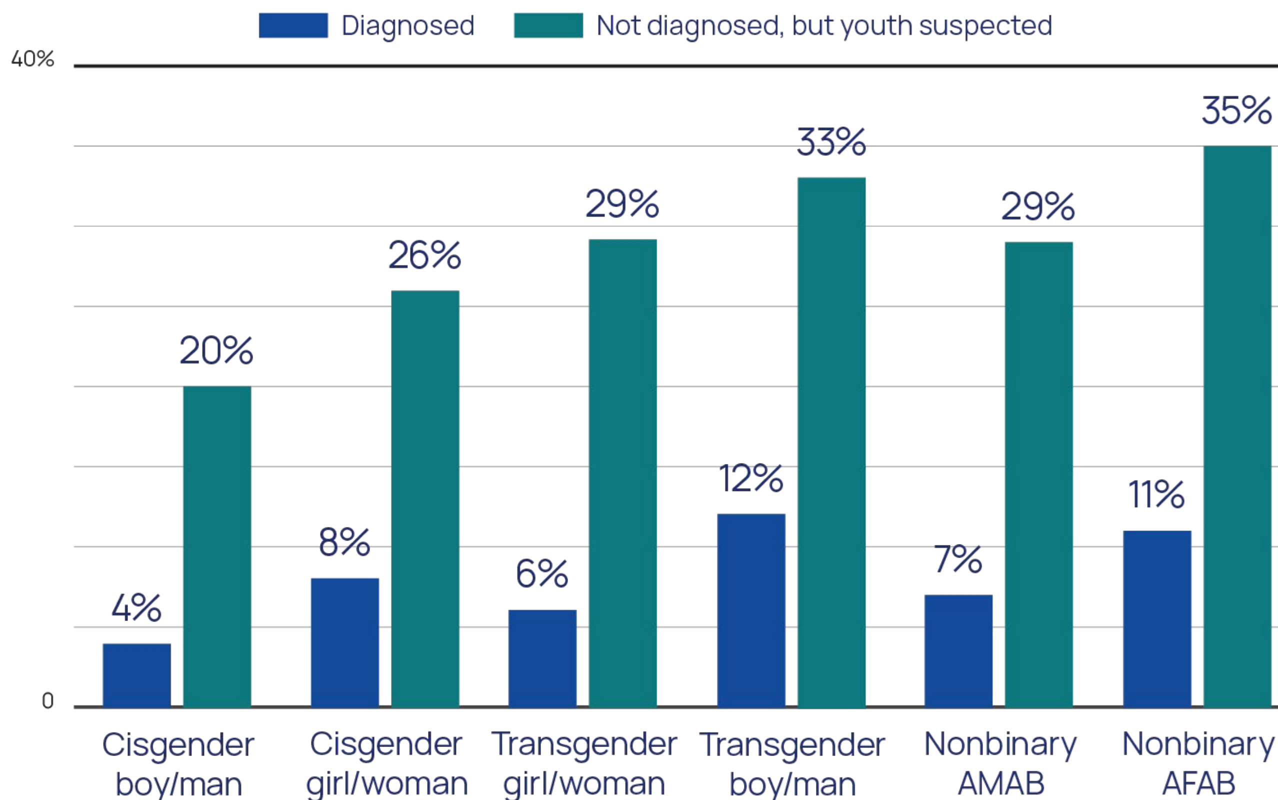
Eating Disorders, and LGBTQ+ Adolescents



https://www.thetrevorproject.org/research-briefs/eating-disorders-among-lgbtq-youth-feb-2022/

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Eating Disorders and Queer Populations

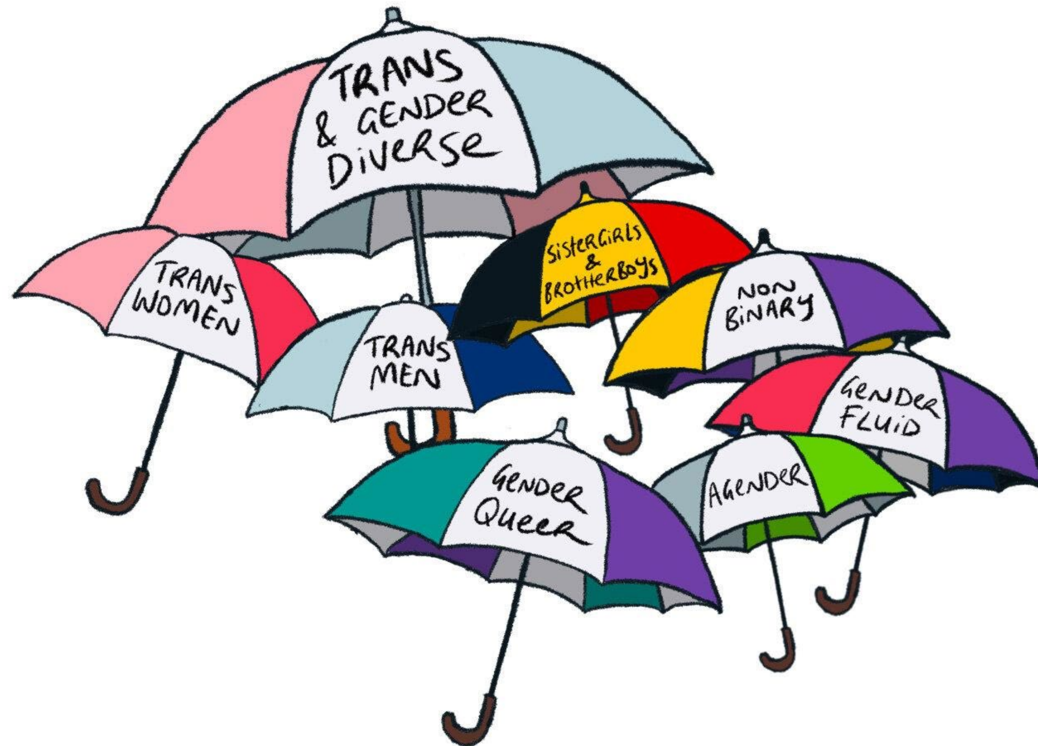
"Someone who identifies as nonbinary, [may] often experience a desire to present as very androgynous, so obviously the control aspect over their body helps them to achieve that […] Even in the lesbian and gay and bisexual communities, I think, related to clothing and gender expression — for example, I hear my patients talk about 'butch lesbian,' 'soft femme,' things like that. There are certain expectations that are also intertwined with the body" (Levy, 2020)

- Over-evaluation of body weight and shape seen in EDs can easily be exacerbated by gender dysphoria
- Challenging effects of weight restoration on gender dysphoria
- Due to hyper attention to one's body, one may be more sensitive to body changes

https://www.penncapital-star.com/civil-rights-social-justice/studies-show-lgbtq-people-at-higher-risk-of-eating-disorders-self-harm/

Disclosure from Patients

Approximately 40% of trans/NB participants went through treatment without ever disclosing their transgender status.



https://www.transhub.org.au/101/what-is-trans

Discussion

What could be part of the reason for a fear of disclosure for LGBTQ+ patients with eating disorders in treatment settings?

https://www.frandzel.com/coming-soon-to-california-consumer-like-disclosures-to-certain-commercial-extensions-of-credit/

Treatment Considerations

- Patients may minimize body dysphoria by binding chest, pursue gender affirming procedures, and gender affirming care options while in recovery

- Training for healthcare providers on ED and queer topics, and the intersectionality of those topics
- Low barrier approach to gender affirming care
- Body Mass Index (BMI) and weight bias in trans care
- Health At Every Size™ (HAES™)
- Minority Stress Model (MSM)
- Familiarity with guidelines from World Professional Association for Transgender Health (WPATH)
  - Hormone Replacement Therapy (HRT)
  - Gender Affirmation Surgery (GAS)

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Treatment Considerations - HAES

- “Obesity” narratives have been running rampant in mainstream society for decades.
- HAES ™ services must adhere to five basic principles: weight inclusivity, health enhancement, respectful care, eating for well-being, and life-enhancing movement
- Be mindful of moralizing health for those living in larger bodies (BMI and GAS)

https://www.tandfonline.com/doi/full/10.1080/21604851.2021.1906526

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Treatment Considerations - Body Acceptance

Body acceptance can fall short

ED treatment often relies upon body acceptance or body positivity frameworks: helping patients learn to be OK with their bodies.

May not be helpful, and can even harm trans folks, as these approaches can lead to trans patients being asked to accept characteristics of their bodies that induce dysphoria.

ED treatment professionals consider gender-affirming medical care part of recovery for trans people who want or need it. Access to HRT seems to lower the risk of EDs for youth and adults.

https://www.healthline.com/health/eating-disorder-treatment-needs-to-be-more-accessible-to-trans-people-heres-what-should-change#Where-current-eating-disorder-treatment-may-miss-the-mark
https://hartfordhospital.org/about-hh/news-center/news-detail?articleId=35026&publicid=395

Treatment Considerations - WPATH

- "The overall goal of the standards of care (*SOC)* is to provide **clinical guidance** for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment."
- The *SOC* are intended to be **flexible** in order to meet the diverse health care needs of transsexual, transgender, and gender nonconforming people.
- Individual health professionals and programs may modify SOC.
- SOC are meant to be guided by informed choices of the clinician and the value of **harm reduction** approaches for the patient.
- Treatment should be informed by the **Minority Stress Model** (MSM) in order to reduce harm (World Professional Association for Transgedner Health, 2012).

World Professional Association for Transgender Health. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* [7thVersion]. https://www.wpath.org/publications/soc

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Treatment Considerations - WPATH- HRT

Qualified mental health professional or health professional health professional who is appropriately trained in behavioral health and competent in the assessment of gender dysphoria.

The recommended content of the referral letter for feminizing/masculinizing hormone therapy is as follows:

1. The client's general identifying characteristics;
2. Results of the client's psychosocial assessment, including any diagnoses;
3. The duration of the referring health professional's relationship with the client, including the type of evaluation and therapy or counseling to date;
4. An explanation that the criteria for hormone therapy have been met, and a brief description of the clinical rationale for supporting the client's request for hormone therapy;
5. A statement about the fact that informed consent has been obtained from the patient;
6. A statement that the referring health professional is available for coordination of care and welcomes a phone call to establish this.

World Professional Association for Transgender Health. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* [7th Version]. https://www.wpath.org/publications/soc

Treatment Cons. - WPATH - Surgery

Surgical treatments for gender dysphoria can be initiated with a referral (one or two, depending on the type of surgery) from a qualified mental health professional.

- One referral from a qualified mental health professional is needed for breast/chest surgery (e.g., mastectomy, chest reconstruction, or augmentation mammoplasty).
- Two referrals – from qualified mental health professionals who have independently assessed the patient – are needed for genital surgery (i.e., hysterectomy/salpingo-oophorectomy, orchi- ectomy, genital reconstructive surgeries). If the first referral is from the patient's psychothera- pist, the second referral should be from a person who has only had an evaluative role with the patient. Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) may be sent. Each referral letter, however, is expected to cover the same topics in the areas outlined below.

World Professional Association for Transgender Health. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* [7thVersion]. https://www.wpath.org/publications/soc

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Treatment Cons. - WPATH - Surgery

The recommended content of the referral letters for surgery is as follows:

1. The client's general identifying characteristics;
2. Results of the client's psychosocial assessment, including any diagnoses;
3. The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date;
4. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery;
5. A statement about the fact that informed consent has been obtained from the patient;
6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.

World Professional Association for Transgender Health. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* [7th Version]. https://www.wpath.org/publications/soc

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Treatment Considerations

- **Transgender resilience intervention**: social support, family acceptance, participating in trans communities and activism, and identifying positive role models, as well as individual factors, such as self-acceptance and hope.
- **Dialectical behavior therapy (DBT)** skills to help trans individuals cope with dysphoria and distress.
- **CBT** for decreasing negative self-talk and thoughts about dysphoria and enhance experiences of euphoria.
- Prioritize pleasure in assessments and interventions of trans people's sexualities and lives in general, to make transition not just about reducing dysphoria but about increasing euphoria and pursuing joy and comfort.

https://bulletin.appliedtransstudies.org/article/1/1-2/6/

Treatment Considerations - Qual. Research

From a sample of 84 transgender and gender-diverse participants, recommendations for providers in eating disorder treatment included:

1. **Ask questions** and don't make assumptions regarding someone's experience and someone's identity
2. **Facilitate access to care** for the transgender community
3. Participants suggested treatment centers wishing to serve this population **make their intentions clear** by, for example, advertising in LGBTQ+ spaces and creating policies outlining their services and guidelines regarding non-cisgender clients.
4. **Reach out to LGBTQ+ centers**, and work with them. Consider helping them establish eating-disorder support groups and/or eating-disorder 1-on-1 counseling. Give presentations within other groups, to make known your services.
5. **Ongoing continuing education** around cultural humility and specialized counseling skills and techniques.
6. **Participate in events in the transgender community** and read first-person accounts of life as a transgender person.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8962495/

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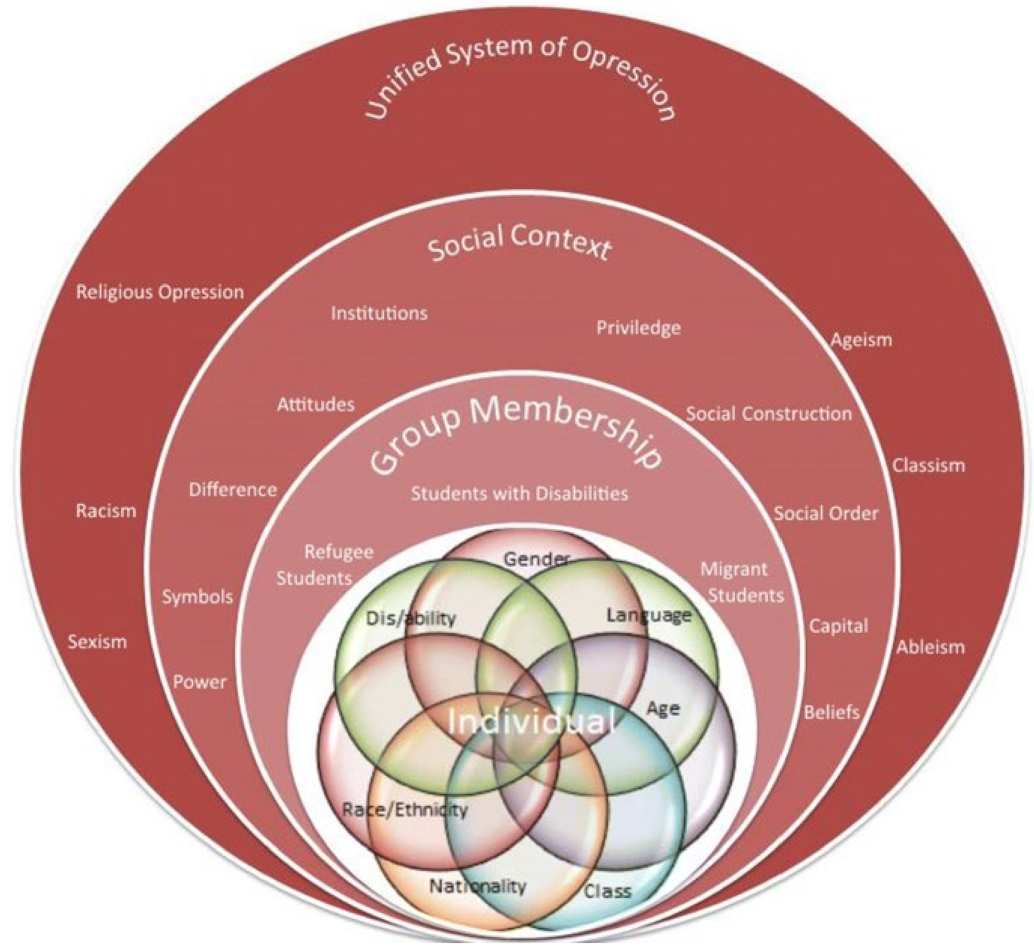
Minority Stress Model (MSM)

Macro level: prejudice, and discrimination

Micro level: abuse and neglect in one's relationships with peers and family members = increase in psychological distress.

-How does the minority stress model relate to our responsibility as providers with LGBTQ+ patients?



https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3477987/
https://link.springer.com/article/10.1007/s11125-020-09461-6

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Resources

- Fighting Eating Disorders in Underrepresented Populations (FEDUP): a trans and intersex collective supporting marginalized folks with EDs, including trainings for clinicians, connect folks to treatment through a dietitian match program, virtual support groups, & grocery funds
- Project HEAL: a nonprofit offering financial assistance for ED treatment, including direct funding and help with navigating insurance, especially for marginalized people
- Trans Lifeline: the only trans-led helpline for trans and nonbinary people — Trans Lifeline is divested from police (meaning nobody you talk to will contact law enforcement on your behalf) and also offers microgrants for HRT and name change costs
- National Center for Transgender Equality: a large nonprofit connecting trans people to resources, including a list of sources offering financial aid
- Resilient Fat Goddex: a blog by SJ, a "super fat, trans, non-binary, poor, neurodivergent, and queer" coach, consultant, and writer who also offers peer support groups and trainings for care professionals
- Let's Queer Things Up: a blog by Sam Dylan Finch, a trans person writing about ED recovery, mental health, and other topics
- ThirdwheelED: a blog by OJ and CJ, two people writing about ED recovery "through a queer lens and (documenting) the dual perspectives of patient and nontraditional caregiver"

https://www.healthline.com/health/eating-disorder-treatment-needs-to-be-more-accessible-to-trans-people-heres-what-should-change#resources

Discussion and Questions

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