Exploring How Gender Identity Impacts Eating Disorders & Body Image

Presented by Micah Hammond, LPCC
Director of Training & Program Development at The Lotus Collaborative
Acknowledgment

Ben Geilhufe, LPCC - Director of Outreach at the UCSF Child and Adolescent Gender Center, Leadership Team Member for Santa Cruz Gender Specialist Team, Private Practice Clinician

Jen Hastings, MD - Doctor and Gender Specialist in Santa Cruz County, Member of the Santa Cruz Gender Specialist Team
Becoming Gender Inclusive in Addressing Eating Disorders Means...

1. Educating yourself on the basics of both
2. Adapting your treatment approach to include the cultural context of gender identity exploration
3. Creating a gender-inclusive space
4. Growing your knowledge of resources for the gender diverse community
Basics

Educate yourself on terminology, research, and medical considerations.
The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

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

Design by Landyn Pan and Anna Moore
Transgender and Genderqueer Identities

Identity symbols by Damien Marie AtHope
Study published in Journal of Adolescent Health by Diemer et al (2015) found that transgender students had significantly greater odds of an ED diagnosis than cisgender heterosexual women (reference group).

- 2.46x greater odds of compensatory behaviors
- 2.05x greater odds of diet pill use
Possible Reasons for Higher Risk

- Strong feelings that physical appearance doesn’t match gender identity
- Minority stress and lack of access to gender affirming care
- May use disordered eating behaviors to manipulate their body to more closely approximate the ideals of their gender identity
  - For example, weight loss may suppress male and female secondary sex characteristics and help transgender women conform to feminine ideals of thinness. In contrast, weight gain may help transgender men conform to a more masculine body type and hide female characteristics
- Higher rates of interaction with mental health providers (due to seeking letters for medical transition care)

“Gender dysphoria makes a person feel at odds with their body,” like what they see when they look in the mirror is wrong. I’ve long felt like my body was “wrong,” but for a long time I didn’t know how to fix it...Since I’ve come out as trans and begun to physically transition to male, I am conscious of my weight in a way I never was before. Perhaps it didn’t really matter to me what weight previous “female-bodied” Jamey was, but I have a definite vision of what my masculine body should look like and a much more compulsive need to be skinnier. **When my gender transition is not going at the speed I’d like and I have little control over it, food intake and weight loss feels like something I can control.** Starving myself to reduce my breast size feels like a tempting alternative to the top surgery I can’t afford. I feel like my curves invalidate my identity as transmasculine and knowing that I would be less curvy if I were thinner leads to distinctly unhealthy thought processes about my weight. I’m sure this attitude is even more prevalent in transfeminine people, who are taught that thinness and beauty are important feminine traits.”
Medical Considerations

Collaborating with doctors is a key role of the therapist

Eating Disorders

- Labs/Blood work
  - Could impede surgery if not stable
- Heart rate and blood pressure
  - Could impede surgery if not stable
- Weight/BMI
  - Based on binary growth charts

Gender Dysphoria

- Hormones
  - Potential redistribution of weight
- Surgery
  - Potential for reduced ED behaviors
Labs/ Blood work

- **Complete Blood Count (CBC)** - levels of multiple blood components
  - Fluid loss, malnutrition, anemia
- **Comprehensive Metabolic Panel (Chem 20)** - Assesses current status of kidneys, liver, and electrolyte and acid/base balance as well as blood sugar and blood proteins
  - Abnormal levels can be cause for serious medical complications
- **Liver Panel** - liver enzymes & liver function
- **Thyroid Screening** - thyroid function
<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Reference Range</th>
<th>Abnormal High</th>
<th>Abnormal Low</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose</td>
<td>Blood sugar level at time of testing</td>
<td>70-145 mg/dL</td>
<td>Diabetes; excessive food intake; use of diuretics;</td>
<td>Hypothyroidism; starvation</td>
<td>A sudden drop in glucose (&lt;70mg/dL) can have serious medical complications</td>
</tr>
<tr>
<td>Albumin</td>
<td>Small protein produced in liver</td>
<td>3.4-5.4 g/dL</td>
<td>Dehydration</td>
<td>Malnutrition</td>
<td>Low albumin puts person at risk for edema</td>
</tr>
<tr>
<td>Total Calcium</td>
<td>Amount of calcium circulating in blood</td>
<td>9.0-10.5 mg/dL</td>
<td>Dehydration</td>
<td>Low blood protein levels (albumin); vitamin D deficiency; high phosphorus level</td>
<td>Abnormal calcium levels can cause serious cardiac complications</td>
</tr>
<tr>
<td>Sodium</td>
<td>Electrolyte</td>
<td>135-145 mEq/L</td>
<td>Dehydration from inadequate fluid intake</td>
<td>Sodium loss due to diuretic use; overhydration/water loading</td>
<td>A dehydrated status may counteract restrict/purge bxs and result in a normal sodium value.</td>
</tr>
<tr>
<td>Potassium</td>
<td>Electrolyte</td>
<td>3.5-5.0 mEq/L</td>
<td>Dehydration</td>
<td>Vomiting; diuretic use</td>
<td>Low potassium may cause muscle weakness/breakdown; breathing muscle weakness; intestinal dysfunction; heart arrhythmia.</td>
</tr>
<tr>
<td>Bicarbonate</td>
<td>Electrolyte</td>
<td>22-30 mmol/L</td>
<td>Vomiting; metabolic alkalosis</td>
<td>Metabolic acidosis</td>
<td>Abnormal levels can cause serious medical complications</td>
</tr>
</tbody>
</table>
Heart Rate & Blood Pressure

- **Orthostasis or Orthostatic Hypotension** (also called postural hypotension)
  - A decrease in blood pressure that occurs when you stand up from sitting or lying down
- **Bradycardia**
  - A resting heart rate of less than 60 beats per minute
- **Tachycardia**
  - A resting heart rate of higher than 100 beats per minute
For adolescents, medical professionals and Registered Dietitians use gendered/binary growth charts to determine the client’s “Ideal Body Weight” and a healthy BMI range

“Dietitians and medical providers must therefore be particularly collaborative in establishing weight/nutritional goals. In addition, providers might need to take creative approaches to treatment planning in this population; for example, consulting growth curves for both the patient's natal and asserted gender to establish appropriate goal weight parameters.”

Donaldson et al (2018)
Hormones

- Know the physical changes that may occur with testosterone and estrogen
- Informed Consent
- Understand that people may be using ED behaviors to achieve results that hormone replacement therapy (HRT) might offer

  * Starting HRT may reduce ED behaviors due to increase in body satisfaction
Gender Confirmation Surgery

- Top Surgery (chest reconstruction, breast augmentation)
- Bottom Surgery (vaginoplasty, phalloplasty)
- Facial Feminization Surgery
- Hysterectomy

* Collaborate with the surgeon regarding medical stability and eating disorder behaviors. Not always necessary to be ED behavior free to access surgery.
Adapt your clinical approach, resources, and how you talk about bodies.
Clinical Issues

- Prevention
- Address Gender Dysphoria and Eating Disorder Concurrently
  - Gender Affirmative Model to reduce emotional distress
  - ED as a set of maladaptive coping skills to manage the emotional distress of gender dysphoria
- Center Gender Diverse Voices
- Explore Cultural Context of Oppression

Photo from T-FEED Visibility Project
Gender Diverse Voices in ED Recovery

"...an important and vital book... a terrific read. His honesty about his transition is one we don’t see often and it’s very refreshing."
— Lory King, Talk Show Host

SECOND SON
Transitioning Toward My Destiny, Love and Life

RYAN K. SALLANS

TRANS FOLX
FIGHTING EATING DISORDERS

MD Spicer-Sitzes

The Body Positive
“Real Issues” Adaptation

- 8 Keys to Recovery From an Eating Disorder by Carolyn Costin & Gwen Schubert Grabb
- From their experience they identified 14 “real issues” that underlie the ED
- Handout: It is important to adapt these by putting them in the cultural context of gender dysphoria and oppression
Belief in a Myth:
- I will be happy and successful if I am thin
- Thinner people are happier
- I have to be thin to be attractive and desirable
- Losing weight will solve my problems

Desire to be Special/Unique:
- I get a lot of attention for my willpower over food
- I don’t know who I would be without my E.D.
- My E.D. causes others to worry about me and take care of me
- My E.D. makes me stand out and be different

Recognize that acceptance equals safety and your client may be seeking safety more than happiness initially. Look at societal expectations of what it means to be a successful “man” or a “woman” and how these myths might be present.

The ED might be the only kind of pain others are willing or ready to see. Or it might be a way of moving attention and/or focus off of gender. Validate that all people need attention and to be cared for, and explore the barriers to receiving care in other ways.
Body Image Basics

- Body Image & Eating Disorders
  - Criteria for Anorexia and Bulimia
  - Not part of ARFID nor BED
- Body Image & Gender Dysphoria
  - Marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics
- Body Dysmorphic Disorder
  - A preoccupation with one or more perceived defects or flaws in physical appearance

Understand the difference - Primary and secondary sex characteristics are not seen as defective or flawed, but incongruent with the individual's gender identity
Explore Body Image

- What impacts your body image?
- How is the gender binary / stereotypes showing up in how we describe bodies?
  - Soft, strong, broad, weak, scrawny, thin
- How would you describe your body without those words?
- What are the messages about ‘male’ versus ‘female’ bodies?

From the article “The Gender Binary in Health Magazines”
4 ‘Body-Positive’ Phrases That Exclude Trans People And What To Say Instead

March 17, 2016 by Sam Dylan Finch

1. “All bodies are good bodies” becomes “All bodies have value. All bodies deserve care.”
2. “Your body is already perfect” becomes “Don’t let society tell you that your body makes you less than.”
3. “Don’t change your body, change your perspective” becomes “Riots, not Diets.” The key here is finding a path to wholeness and happiness that de-prioritizes harmful societal messaging and, instead, centers your own psychological needs.
4. “There’s Nothing Wrong with Your Body – There’s Something Wrong with Society” becomes “My body, my rules.”
Validate the need that some gender diverse people do need to change their bodies through medical transition

“Life-saving’ for someone with anorexia can be changing their perspective instead of changing their body. But ‘life-saving’ for a trans person could be changing their body rather than trying to change their perspective. And for trans folks who are recovering from eating disorders... sometimes it’s about both changing your perspective and changing your body”

Sam Dylan Finch
Include

Create a treatment space that includes all gender identities.
Names & Pronouns

- Always use correct name & pronoun
  - Legal name only needs to be on one document
  - Ask for guidance on what name/pronoun to use when collaborating with other professionals or family
- Consider including pronouns in introductions or staff name badges
Gender Inclusive Paperwork

- Use blank lines vs. options
  - What is your gender? ________
  - What is your pronoun? _______
- Include space for name & legal name
- Consider using “they” instead of “he/she” in documents
Gender Inclusive Signs
Diversify Your Images & Language

- Use images in marketing that include a wide range of gender identities/expressions, as well as body types
- Use decor items that reflect diversity
- Learn terms, acronyms & slang so your clients don’t have to educate you
Connect

Grow your knowledge of resources and connect your clients to community.
Local Resources

The Lotus Collaborative  www.thelotuscollaborative.com
Contact Micah Hammond @ (831) 600-7103
A holistic eating disorder treatment center offering PHP and IOP levels of care.

Santa Cruz Trans* Resources  http://sctrans.org/
A collection of community resources including medical care, mental health and insurance information.

Santa Cruz Trans Consultation Group
Contact Ben Geilhufe @ bgeilhufe@gmail.com
A group of local gender specialists that provide consultation.

The Diversity Center  http://www.diversitycenter.org/
They offer several free support groups for genderqueer and transgender folks (teens & adults)
National Resources

Trans Folx Fighting Eating Disorders  http://www.transfolxfightingeds.org/for-careservice-providers
An organization in Los Angeles that provides support for TGNB folks suffering from eating disorders. They also provide more in-depth training for health care providers.

Trans Lifeline  https://www.translifeline.org/  (877) 565-8860
A suicide prevention line that is staffed by and provided specifically for gender-diverse folks.

National Eating Disorder Association  https://www.nationaleatingdisorders.org/about-us
They have partnered with Proud2BMe to host conversations via #TransTeenED

National Eating Disorder Information Center  http://nedic.ca/blog/eating-while-transgender
Article by Jameson Hampton called Eating While Transgender & other resources
National Resources Continued

Ryan Sallans  https://www.ryansallans.com/
He is the author of Second Son: Transitioning Toward My Destiny, Love and Life. He is a trans man who recovered from anorexia nervosa and shares the story of his journey.

Lindo/a Bacon, PhD  https://lindabacon.org/
They are an out genderqueer person and the author of Health at Every Size: The Surprising Truth About Your Weight.

MD Spicer-Sitzes & The Body Positive  https://www.thebodypositive.org/
They are the Associate Director of The Body Positive and volunteer with Building Allies.

Sam Dylan Finch  https://samdylanfinch.com/
He is an blogger, editor, and speaker on a variety of topics for the genderqueer community.
References (in order or appearance)

The Gender Unicorn  http://transstudent.org/gender

Identity symbols by Damien Marie AtHope


http://nedic.ca/blog/eating-while-transgender


Image from T-FFED Visibility Project  http://www.transfolxfightingeds.org/untitled

References continued

T-FFED Logo  http://www.transfolxfightingeds.org/

Image of MD Spice-Sitzes from their article Exploring the Intersection of Gender Identity and Body Positivity, Nov 12, 2017

Image from article The Gender Binary in Health Magazines, June 5, 2014
https://illmakeitmyself.net/2014/06/05/further-notes-are-you-working-hard-enough-to-achieve-your-natural-body-on-sociological-images/


Image “Eating Disorder is Not Just a ‘Women’s Thing’”  https://www.instagram.com/bopolena/
Thank You!

The Lotus Collaborative
Eating Disorder Recovery Center
Santa Cruz / San Francisco
603 Mission St
Santa Cruz CA, 95060
831-600-7103

1610 Union St
San Francisco CA, 94123
415-931-3731