Gender Identity and Eating Disorders:
Exploring the Convergence of the Transgender Identity and Disordered Eating

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Introduction

Businesswoman and author Sheryl Sandberg once quoted "We cannot change what we are not aware of, and once we are aware, we cannot help but change" (Sandberg, 2015). Such a sentiment not only applies to the awareness of specific communities that confront marginalization in society, but also to the systematic underrepresentation of certain groups in scientific research. This trend is seen even while these groups could potentially benefit from said research, such as the case with transgender identifying people and eating disorders. The National Eating Disorders Association (NEDA) finds that while transgender college students are found to have over four times greater risk of being diagnosed with anorexia nervosa or bulimia nervosa compared to their cisgender female peers, research on this issue was virtually absent until about 2013 (Diemer et al., 2015). This trend indicates that there are likely certain aspects of the transgender identity and experience that influence the onset of an eating disorder, factors that deserve to be explored in order to better understand the complexities of this issue.

Studies that have been conducted seeking to link transgender people and disordered eating all seem to widen the depth of knowledge on this issue in some way. One such study includes 923 transgender youth (ages 14-25) across Canada who completed an online survey that asked questions seeking to illustrate the risk and protective factors aligned with transgender people who experience eating disorders (Watson, Veale & Saewyc, 2017). The analysis of this study was organized by the gender identity of the person taking the survey and was formatted off of existing youth health surveys in order to give a more logical representation between identity

and said risk/protective factors. The results indicate that youths who experience enacted stigma, meaning harassment and discrimination experienced due to their gender identity, were associated with higher chances for displaying disordered eating behaviors (Watson et al., 2017). In contrast, certain protective factors, such as school support, strong friendships, and family connectedness, were associated with lower chances for displaying eating disorder behaviors. Ultimately, it was concluded that a high amount of risk was linked between disordered eating behaviors and exposure to stigma and harassment, yet these behaviors are offset by strong familial and social support (Watson et al., 2017). While the study only explores this connection within youths in one area of the world and relies on a survey for the entirety of its conclusions, its findings are congruent with subsequent studies confirming the prevalence of certain risk factors among eating disorder behaviors in transgender people. In alignment with the previous studies, the current study broadens the depth of discussion on how and why eating disorders in transgender people develop, and provides guidance in developing questions that produce more holistic answers.

A second study focuses more on the association between body dissatisfaction among transgender people and disordered eating behaviors. Notably, it is necessary to define that body dissatisfaction is a known symptom of gender dysphoria, which is the term for the disconnect that transgender people experience between themselves and their bodies (Fraser, 2015). This study is particularly illuminating because it draws upon data from 200 transgender people, 200 people with eating disorders, and 200 control participants over 18 years of age in the United Kingdom, with the controls not having personal experience with either eating disorders or transgenderism (Witcomb et al., 2015). The study was structured by the participants receiving scores on both the Eating Disorders Inventory-2 (EDI-2) and the Hamburg Body Drawing Scale

(HBDS). Collectively, these measures were meant to give detailed insight into the relationship between body dissatisfaction and disordered eating behaviors among both transgender and cisgender (non-transgender) people. Ultimately, it was concluded that eating disorder participants scored higher on the EDI-2 measure than either transgender or control groups. However, transgender males were reported to have body dissatisfaction scores comparable to the eating disorder group, which the study indicates could put these people at risk for eating disorder psychopathology (Witcomb et al., 2015). While this study does not give as strong evidence for the relationship between eating disorders and transgender identity as the previous study, it does help in continuing to develop a lens for which to explore the root factors of the issue. Namely, understanding the mentalities behind those who are at higher risk for an eating disorder, in this case being body dissatisfaction, helps to develop the base for further research studies.

A third study goes even further to develop the ways in which the topic of eating disorders in transgender people is approached, during which 154 transfeminine spectrum (TFS) and 288 transmasculine spectrum (TMS) individuals in the United States who had previously completed the Trans Health Survey were analyzed. Within these groups, the study sought to observe the relationship between body satisfaction (the negative being termed ‘nonaffirmation to body satisfaction’) and gender-confirming medical interventions (GCMIs) (Testa, Rider, Haug, & Balsam, 2017). These GCMIs can include genital surgery, chest surgery, hormone use, hysterectomy, and hair removal, with the idea being that these procedures lessen body dissatisfaction and therefore eating disorder symptoms. The findings support the study’s hypothesis, indicating that on average GCMIs reduce the experience of body dissatisfaction among transgender people. It is important to note that the study itself does not collect data for

eating disorder symptoms, and rather relies upon prior literature, such as the previous UK study, to confirm the relationship between body dissatisfaction and disordered eating behaviors among transgender individuals. Notwithstanding, the findings of this study are important to the current research because it introduces the question of GCMIs, which stand as a protective factor similar to the findings in the previously mentioned Canadian survey study (Watson et al., 2017). Essentially, this research once again confirms the necessity to consider body satisfaction when researching the relationship transgender people have with their bodies, and underlines the importance of specific protective factors for these individuals.

The current study seeks to develop a better understanding of the life experiences that are common among transgender individuals, and which experiences are seen among participants who have experienced an eating disorder. The studies that have been mentioned all approach this issue at different levels, whether using body dissatisfaction or the presence of gender-confirming interventions to relate to eating disorder behaviors, or specifically looking at the social contexts that could factor into the onset of disordered eating in transgender individuals. Ultimately, the current research would work to encapsulate these findings by developing a survey meant to consider the full scope of the transgender experience, and look for the consistency between these findings and the conclusions of previous studies. The current research predicts that eating disorders among transgender individuals are related to the ability to access gender-confirming resources, as well as the relationship that these individuals have with their family and peers. When present and positive, these protective factors are predicted to not only lower the risk for eating disorder symptoms, but also body dissatisfaction as a whole.

Methods

Participants

The current study examined 19 people, with a majority (n = 15) of people reporting being between 18-24 years of age, a limited number (n = 1) who reported being over 25, a limited number (n = 1) reporting being under 17, and a few (n = 2) who chose not to answer. Participants were asked to report whether or not they identified as transgender, with 26.3% reporting that they do identify as transgender (n = 5), and 63.2% saying that they do not (n = 12). A small portion of the subjects chose not to report (n = 2), and therefore will be removed from analyses. The participants were recruited through postings on social media platforms and were thanked at the end of the survey for the time and told to direct any questions to the researcher through email.

Measures

Demographic questions asked about the participants' age and gender identity. To measure eating behaviors, subjects answered questions such as "I consider myself to have a good relationship with food" that ranked disagreement/agreement on a Likert scale from 1 (*Does not describe me*) to 7 (*Describes me very well*). Additional questions went after specific disordered behaviors such as "I have, at one point in my life, tried to diet and/or restrict my food intake" that ranked disagreement/agreement from 1 (*Strongly disagree*) to 7 (*Strongly agree*). Participants who responded 'Yes' to identifying as transgender were instructed to complete an additional survey portion that included questions such as "Do you feel that your family supports your gender identity?" that ranked disagreement/agreement from 1 (*Strongly agree*) to 7

(*Strongly disagree*), as well as other questions meant to measure perceived support and distress surrounding their gender identity.

Procedure

Participants were directed to a Qualtrics survey that was promoted via social media postings and advertisement on the part of the researcher. Once clicking on the link for the survey, the participants were informed of the nature of the study, and given the appropriate trigger warnings associated with the study's material. They assented to participate by continuing on to take the survey. First, all participants answered demographic questions as well as questions pertaining to and meant to measure eating disorder behaviors. Subsequently, those who chose 'Yes' to the demographic question asking if they identified as transgender were directed to an additional survey portion where they answered questions meant to measure perceived support and distress associated with their gender identity. Upon completion of the survey, participants were thanked for their time and instructed to direct any questions to the researcher through email.

Results

Preliminary Analyses

Nineteen participants agreed to take part in this study. Of the 19, some of these participants did not answer the necessary demographic questions ($n = 2$) and therefore were excluded from further analysis. The resulting final sample was ($N = 17$). Of these 17 participants, a few ($n = 5$, 29.41%) responded "Yes" to identifying as transgender. The rest of the participants responded "No" to identifying as transgender ($n = 12$, 70.59%). When answering whether participants generally viewed their physical appearance favorably, cisgender respondents exhibited a more favorable view ($M = 3.58$, $SD = 1.38$) than transgender people ($M = 4.20$, $SD =$

1.79) on a scale from 1 (*Extremely pleased*) to 7 (*Extremely displeased*) in regards to appearance. When answering whether they view themselves as having a healthy relationship with food on a scale of 1 (*Describes me extremely well*) to 5 (*Does not describe me*), averages were about even for cisgender participants ($M = 3.36$, $SD = .92$) as with transgender participants ($M = 3.40$, $SD = 1.82$). For describing whether participants see eating as a stressful experience on a scale from 1 (*Strongly agree*) to 7 (*Strongly disagree*), cisgender people showed more positive-oriented responses ($M = 3.75$, $SD = 2.01$) than transgender people ($M = 1.80$, $SD = .84$). When explicitly asked whether they had struggled with an eating disorder, the majority of transgender participants (80%) reported having had this experience, while cisgender participants did not report this experience as frequently (33.3%). For perceived support and resource availability for transgender participants, major scale variable measurements found that transgender people generally reported having proper access to resources ($M = 1.75$, $SD = .96$) with a scale that ranged from 1 (*Strongly agree*) to 7 (*Strongly disagree*). Age differences were not analyzed as responses were determined to have not come from a wide enough variety of age groups.

Experimental Analyses

It was hypothesized that transgender-identifying individuals would present more signs of having a negative relationship with food and display characteristics of disordered eating behavior when compared to cisgender counterparts. To answer this, a series of independent samples t-tests were computed to test the prediction. Consistent with the current study's hypothesis, transgender participants exhibited experiencing eating as a stressful experience at a significantly higher average than cisgender participants ($t(15) = 2.07$, $p = .03$), with means (*SD*) of 1.80 (.84) and 3.75 (2.006), respectively. Also consistent with the hypothesis was the finding that transgender

participants reported more negative relationships with food at a significantly higher average than cisgender participants ($t(14) = .05$, $p = .04$), with means (*SD*) of 3.40 (1.82) and 3.36 (.92), respectively. Furthermore, transgender people also reported correlating their appearance with their eating habits at a higher rate than cisgender people ($t(15) = 6.91$, $p = .01$), with means (*SD*) of 9.00 (8.31) and 42.25 (32.38) on a 100-point scale, respectively. All other questions on this section of the survey did not display significance ($p > .05$).

Drawing upon data from the gender identity survey section, the results of the Pearson correlation indicated that there was a significant positive correlation between perceiving eating as stressful and perceiving gender identity as negatively impacting peer relationships, ($r(4) = .960$, $p = .040$). Results of an additional Pearson correlation indicated that there was a significant positive correlation between connecting appearance with eating habits and perceiving gender identity as negatively impacting peer relationships, ($r(4) = .98$, $p = .02$). It is important to note that these correlations solely represent the scores of transgender participants, as no cisgender participants answered the gender identity section of the survey, and therefore the eating disorder behavior scores used in the Pearson correlations were controlled for transgender identity. All other correlations did not show significance, or were not drawn upon eating behavior scores that differed significantly for transgender over cisgender participants ($p > .05$).

Discussion

Findings from this study indicate significance for specific questions asked during the section that measured for disordered eating behaviors, yet it cannot be said conclusively that the hypothesis of the current study was proven correct. To expand, it was predicted that disordered eating behaviors would be more prevalent among the transgender participants, and it was found

that these participants did report experiencing significantly more distress around eating than their cisgender counterparts. Along the same notion, it was also found that transgender people described themselves as having a positive relationship with food at a significantly lower rate than cisgender participants. Both of these measurements were central scale questions within the survey, the indications of which could approach an argument for the potential elevation in disordered eating tendencies in the transgender population. However, as has been previously stated, the other questions within this section of the survey did not test with significance, and therefore it cannot be said with finality that transgender people present disordered eating behaviors at a higher rate than cisgender people. Rather, these findings imply that there may be differences in some areas of this issue, and furthermore could hold conclusive findings through additional research.

In addition to these findings, two significant relationships between specific variables on the eating behaviors and gender identity sections of the current study were found. The finding that there was a correlation between feeling that peer relationships had been negatively impacted by gender identity and perceiving one's own physicality as a function of eating habits points to the potential linkage between satisfaction with appearance and with social relationships for transgender participants. In addition, the finding that perceiving peer relationships as negatively impacted by gender identity correlated with experiencing stress around food and eating for transgender participants may signify a possible connection between social acceptance and self-care habits, of which eating is. In both instances of finding peer relationships to be negatively impacted for transgender individuals, new emphasis is placed upon potentially look at the role of peers in the issues at hand, rather than assuming family to be the most impactful

relationship. Despite these correlations, similar tests between the other variables on the survey lacked significance, indicating that the prediction that perceived resources and support for gender identity impact eating disorder behaviors shows some promising results, but cannot be proven as valid. Furthermore, correlation findings in the current study cannot clearly define a relationship between any of the stated variables, but rather can set a premise for more comprehensive research of each relationship presented.

The findings relate to those of Testa et al. (2017) in the sense that both studies sought to observe the relationship between body dissatisfaction and eating disorder symptoms (EDS) on some level. The Pearson correlation of the current study that matched association between physical appearance and eating habits with peer relationships mirrors the hypothesis within the previous study that predicted that EDS risk would be elevated by "societal reactions to nonconforming gender expression," such as said peer reactions (Testa et al. 2017). However, the previous study did not find these societal reactions to be especially significant for EDS in transgender participants, but rather found that body dissatisfaction alone was the most profound predictor for EDS. This contrasts with the findings of the current study, which did not find significant statistical differences between scores for transgender and cisgender patients on the variable that scored for body dissatisfaction. However, this fact may be due to deficiencies in sample size for transgender participants, as well as less emphasis placed on body dissatisfaction variables in the current study than in the previous.

There was more congruency found within the findings of Watson, Veale & Saewyc, 2017, of which conclusions drawn from Canadian transgender youths indicated that enacted stigma against transgender youths precipitated in more eating disorder behaviors, while

protective factors (school connectedness, supportive friends and family, etc.) lowered the risk for these behaviors. These findings were replicated in the current study as it was indicated that feeling as though gender identity had negatively impacted peer relationships correlated with associating appearance with eating habits. This correlation has the same implications as the conclusions from the previous study, which predicted that estrangement from peers would lead to more risk for disordered eating behaviors. Further similarities between the current and previous study are drawn upon the structure of both research designs, being that both sought to observe disordered eating behaviors under the lens of family, school, and peer relationships. However, while the previous study found evidence for potential linkage between school/family relationships and eating disorder behaviors, this was not replicated in the current study. In addition, the current study put an emphasis on comparing ED behavior scores among transgender and cisgender populations, while the previous study focused solely on transgender participants.

Similar to the current study, the findings of Witcomb et al. (2015) drew conclusions using data from both transgender and cisgender individuals, as the previous study included groups of transgender, eating disorder experienced, and control participants. The findings of the previous study found that transgender males showed comparable averages in terms of body dissatisfaction as eating disorder males. While the current study did not differentiate groups upon specific gender (or rather, focused solely on transgender/cisgender identities), it was found that transgender individuals linked their appearance with food on a more frequent average basis than their cisgender counterparts, though the body dissatisfaction variable within the current study was not found to have significance. This indicates that there may be more to uncover in terms of

body dissatisfaction in terms of the current study, which may be observed through a more rigorous set of body dissatisfaction measurements.

When regarding the results of this study, it is imperative to not only understand the statistical significance of the findings, but also to apply this significance to the weight and contexts of the issues studied. Specifically, comorbidity is a trend that has detrimental impacts upon sufferers from any condition that is harmful to health because of the risk of peripheral conditions going untreated. In this case, it is possible that disordered eating behaviors could develop as an effect of distress related to being transgender, which may remain undetected without the base understanding of this behavior as a potential risk. This is especially relevant to the findings of this study, as experiencing isolation from peers due to gender identity may not be recognized by health care workers as a risk for disordered eating behaviors, even while the current study finds a potential relationship between these issues. Optimally, knowing the proximity of these conflicts, further research could allow behavioral health workers to culminate a list of transgender experiences that are cross-referenced with disordered eating behaviors, in order to fully prepare for the effect that transgenderism has on food and eating.

Results from the current study can be useful in particular cross-disciplinary areas apart from psychological research, especially when considering the real-life struggles associated with both disordered eating and transgenderism. Specifically, understanding the risk for disordered eating behavior among transgender individuals, as demonstrated in both the current and previous studies, could help to inform behavioral health professionals on how to monitor risks more effectively, whether these be eating disorder counselors, gender therapists, social workers, psychologists, or otherwise. The same applies to adults and authority figures in the lives of

adolescents who may be experiencing these issues, whether coaches, teachers, or parents, as these figures should be educated on all possible risks associated with both transgenderism and disordered eating. The potential relationships between aspects of these issues as found in the current study, specifically between self-perception and food stress with peer relationships due to gender identity, could point to plans of action for health care workers who work with transgender and eating disordered individuals. Specifically, knowledge of the interaction between these issues could help health providers identify the life stressors that may be associated with disordered eating when evaluating transgender patients. Furthermore, on a public health scale, the current health sector is seeking to tackle the social determinants of health as efficiently, effectively, and timely as possible, and understanding the comorbidity implications of this study can help to effectively address these issues as holistically as possible. This may mean including comorbid risks in preventive services, such as public health education and promotional activities, in order to reflect the whole-scale impact of transgenderism/disordered eating on a person's health.

When considering the limitations of this study, an outstanding conflict in the demographic information collected is simply the shortage of transgender people that answered the survey. Namely, having only a few transgender subjects scored may skew the validity of the current study, and potentially lower the accuracy of the results. However, rather than considering the results reported to be too constricted to be meaningful, this study would optimally benefit from an additional trial with a larger participant group for transgender people, to judge whether results could be replicated. Additionally, the current study uncovered compelling findings on the prediction that transgender people experience an elevated risk for disordered eating behaviors,

however, it is important to take into account that the majority of variables that were not found significantly different for transgender people on this issue. This limitation indicates that the current study would likely benefit from further research, especially across a wider range of participant ages, as well as dividing between male/female genders, which other studies found to be illuminating (Witcomb et al. 2017). Including these changes would allow for a more clarified picture to be observed on who struggles with this issue, and whether there is a gender difference at work. Furthermore, it would be helpful to broaden the measures on the gender identity portion of the research to include more variables for body satisfaction, in order to fully develop this study's finding that transgender people correlated appearance with eating habits, which potentially denotes a toxic balance between food and body image. Expanding these measures would also allow the current study to structurally align more with previous studies that found body dissatisfaction to be a significant indicator of disordered eating behaviors (Witcomb et al. 2017).

The findings of this study represent the value of understanding health issues on a level that calls upon all of the social determinants of a person's wellbeing. As is seen in the case of transgender participants in the current study, there are certain aspects of food and eating that are seen to be more relevant to transgender people, specifically concerning stress around food and the relationship between eating and self-perception. In addition to this, these issues are not isolated within the sphere of disordered eating, but rather are potentially linked to gender identity issues such as damaged peer relationships, indicating that there are social factors related to one issue that could precipitate in another. Furthermore, while there are recognized limitations of the current study, the stated findings provide a basis for further research into how disordered eating

and transgenderism interact, especially on the level of body dissatisfaction and social connection. Ultimately, there is no way to accurately interpret the findings of this study as clear proof of the relationship between transgenderism and disordered eating. However, significance among certain measures adds to the body of prior research that calls for more attention allocated to the interaction between these struggles. At heart, no health concern can or should be properly addressed in isolation, and both transgender people and sufferers of disordered eating deserve the clarify that proper research can offer.

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