



Body dissatisfaction and maladaptive eating behaviours among transgender people

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Over the last decade the number of transgender people referred to gender-related health services and seeking gender confirming medical treatment has significantly increased [1, 2]. Transgender people present with an incongruence between their assigned sex at birth (and the associated gender role and/or primary* and secondary** sex characteristics) and their gender identity (one's internal sense of one's self as a man, a woman, or other gender). For some, the severity of this incongruence is such that they wish to transition from one gender to another, and in some cases they require gender confirming medical treatment to alleviate their distress. This process generally requires the input of health professionals and often involves cross-sex hormone treatment and gender confirming surgery (GCS).

There are several different terms used within the literature to describe people who feel an incongruence between their assigned sex at birth and experienced gender identity. Throughout this article the terms '*transgender people/individuals*', '*transgender women*' and '*transgender men*' will be used. Transgender women are those who were assigned male at birth on the basis of genital appearance but who later identify themselves as female. Transgender men are those who were assigned female at birth based on their genital appearance but identify as male. Cis or cisgender people are people whose gender identity aligns with the sex they were assigned at birth.

Western culture tends to see gender as a binary construct; one is either male (and masculine, as a man) or female (and feminine, as a woman). However, gender can be conceptualized as a spectrum without clear

categories of male/masculine and female/feminine. The term of non-binary gender can be used in this instance, describing any gender identity which does not fit within the categories of male or female.

While not all transgender people experience severe body dissatisfaction, many do [3]. This is defined as the negative evaluation of one's appearance. As specific parts of the body play a vital role in a person's gender identity, people whose gender identity conflicts with their assigned sex may feel negatively about these specific parts. This dissatisfaction is particularly related to body parts that are a reminder of the individual's unwanted assigned sex [4].

An interesting study by Marone et al. [5] explored body dissatisfaction in a transgender population and found a gender difference in relation to eye gaze for specific body parts. Transgender men gazed longest at their chest, suggesting that this body part caused the most dissatisfaction. In comparison, transgender women gazed at their genitalia longer, suggesting they were more dissatisfied with these body parts than any others. Gender differences were also found in an Italian study, in which transgender women demonstrated a dislike for more body parts than transgender men [6].

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Transgender people may also experience dissatisfaction with or distress about parts of the body that are not related to their gender, such as weight. Witcomb et al. [7] included a large number of participants in their study sample (200 transgender people attending a gender service in the United Kingdom) to investigate this. Although their results cannot be generalized to the whole transgender population as they were drawn from people seeking treatment, they are of interest and broaden the research base. In their study they compared the transgender group with 200 cisgender people with eating disorders, and 200 cisgender controls. The results showed that, not surprisingly, participants with eating disorders presented with the highest body dissatisfaction of the three groups. However, transgender individuals exhibited greater body dissatisfaction than cisgender controls and, importantly, transgender men had comparable body dissatisfaction scores to cis men with an eating disorder. In relation to the roots of their body dissatisfaction, both transgender men and transgender women reported greatest dissatisfaction not only with gender-identifying body parts but also with body shape and weight. The authors concluded that transgender men may be at particular risk for the development of maladaptive eating behaviours and other body image-related behaviours. These findings support results from previous research [4].

The role of gender confirming medical treatment (cross-sex hormone treatment and/or GCS) in relieving body dissatisfaction has been explored in several studies [8, 9]. Study outcomes indicate that medical treatment in both transgender women and men is associated with an improvement in body dissatisfaction [10, 11].

Body dissatisfaction has been found to be a potent risk factor for the development of maladaptive eating behaviours and eating disorders within the cisgender population [12]. This could also be the case among the transgender population. Silverstein et al. [13] investigated issues of gender identity and eating disorder psychopathology in 188 cis women students. They observed that women who reported a gender identity conflict (as they defined it) were more likely to also report purging or frequent bingeing. However, these findings were not replicated in a subsequent study [7]. Witcomb et al. [7] found that although drive for thinness was greater in women (cisgender and transgender) compared to men, bulimic behaviour was not. The outcomes of their study suggest that a feminine identity,

either assigned by birth or experienced later, may be a risk factor for eating psychopathology. They hypothesize that transgender women may internalize the same ideals that cis women do with regard to the ideal female body [14].

Only one study thus far has investigated the role of maladaptive eating behaviours in transgender women. The authors found that transgender women used restrictive eating as a way to strive for thinness in order to suppress features of their birth sex or to accentuate features of their experienced gender [15]. In addition, it has been suggested that transgender women may internalize the message portrayed by Western media that a thin body is most beautiful [7]. The internalization of this message is thought to be a risk factor for the development of maladaptive eating behaviours in cisgender women [15]. This may put transgender women at a particular risk for developing disordered eating, as achieving this internalized ideal may be even more difficult for some (not all) transgender women.

Research has shown that gender confirming medical treatment improves the quality of life of transgender people [16]. This is also the case with eating psychopathology. In a study conducted in the United Kingdom, transgender women reported similar levels of eating psychopathology to the general cis population six months after GCS [17].

The limitation of all the aforementioned studies is the fact that participants were recruited from gender identity clinics. Therefore, they are transgender people seeking gender confirming medical treatment and they are often in the process of transitioning. Their results may not be generalizable to every transgender person.

The research evidence currently available does not provide us with a full picture as to the prevalence of eating disorders and maladaptive eating behaviours among transgender individuals pre-transition or transgender people who decide not to transition, nor do they allow for any firm conclusions regarding eating psychopathology among non-binary people.

Clinical practice, however, does suggest a complex relationship between the transitioning process and eating disorder psychopathology. Although at the time of assessment at a gender identity clinic, transgender individuals may not present with a current eating disorder or maladaptive eating behaviours, some (particularly among young people) describe a previous

history of eating disorders or disordered eating. In fact, some transgender individuals in the United Kingdom, when talking about eating disorders, particularly food restriction, in transgender people use the term ‘transnorexia’ (although this term has not been described in academic literature). They explain that eating disorders or disordered eating are not uncommon among the transgender community. Whether with the aim of stopping the development of secondary sexual characteristics, or aiming to conform with internalized and/or societal values, anecdotally, maladaptive eating behaviours may be more prevalent than previously reported. Studies investigating lifetime prevalence of eating disorders and maladaptive eating behaviours are needed.

In summary, this short review indicates that transgender people attending clinical services seeking gender confirming medical intervention present with higher levels of body dissatisfaction (which is not only related

to their sex assigned at birth) and restrictive eating behaviour than cisgender people. Both genders appear to be at risk of developing maladaptive eating behaviours; transgender men due to the body dissatisfaction and transgender women due to the restrictive eating. Although body dissatisfaction following gender confirming medical treatment is comparable to levels in cisgender people, there are no longitudinal studies to investigate whether this remains so in the long term. Studies of transgender people prior to starting treatment with cross-sex hormones or GCS, as well as people who identify as non-binary, are also lacking. Clinically, we recommend the following: that health professionals who work with people with maladaptive eating behaviours keep transgender identities in mind as a possible precipitating and maintaining factor of their patients’ eating difficulties; and that those working in gender clinics screen for maladaptive eating behaviours when working with transgender people seeking treatment.



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* Primary characteristics are any body structures directly involved in reproduction, such as the penis and testes in cis men, and the vagina and ovaries in cis women.

** Secondary characteristics are those features which appear at puberty, such as breast development in cis women, and body and facial hair in most cis men.

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