Internalized Transphobia and the Development of Disordered Eating Behaviors in Gender Diverse Adults

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INTERNALIZED TRANSPHOBIA AND THE DEVELOPMENT OF DISORDERED EATING BEHAVIORS IN GENDER DIVERSE ADULTS

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ABSTRACT

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Gender diverse individuals experience a multitude of oppressive interactions within our society and receive incessant messages of invalidation, oppression, and aggression. These chronic stressors have been shown to increase the risk of developing disordered eating behaviors within this population. The current study aims to explore how internalized transphobia may affect the development of disordered eating behavior as viewed through the Minority Stress Framework. This study explored the lived experience of being gender diverse in our society and how this may relate to the development of disordered eating behavior while also investigating protective factors. This study utilized a qualitative phenomenological methodology, recruiting seven gender diverse adults over the age of 18 who exhibited disordered eating behaviors. Participants completed a demographic questionnaire and the Transgender Identity Survey (Bockting et al., 2020), followed by a semistructured exploratory interview to gain narrative data directly from trans people, a population known to experience internalized transphobia (Bockting, 2015). Chronic body image struggles, low self-esteem, trauma history, and harmful expectations related to gender expression appeared as the major contributing factors to the development of disordered eating behaviors. These harmful influences appeared to hinder the ability of multiple participants in their exploration of their gender identity. Gender-affirming care, meaningful activities, community, and affirming clothing emerged as the major protective factors in the lives of the participants. The contributions toward the field of gender studies gleaned from this study include aiding psychologists in developing or applying preventative measures to reduce the risk of
disordered eating in gender diverse individuals, as well as in better understanding and appreciating the complexities of gender diverse adults’ experiences. This dissertation is available in open access at AURA (https://aura.antioch.edu) and OhioLINK ETD Center (https://etd.ohiolink.edu).

*Keywords: transgender, gender diverse, eating disorder, transphobia, minority stress*
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LITERATURE REVIEW

The purpose of this paper was to explore the lived experiences of trans people living with internalized transphobia and the symptoms of disordered eating. “Trans” is defined as identifying as a different gender than the gender identity assigned to an individual at birth; this may present as not identifying or associating with the societally-based characteristics associated with the gender assigned at birth, which can include one’s appearance, behaviors, gender roles, and other aspects of identity (Duffy et al., 2016; Jones et al., 2016; Witcomb et al., 2015). The term “trans” was used throughout this paper’s literature review, as extant research tends to focus on different specific identities within the trans identity (Brewster et al., 2019; Gordon et al., 2016). However, I will be using the term “gender diverse” when describing the present study to ensure further inclusion of those who do not identify as trans or nonbinary specifically but are also not cisgender. The use of the term “trans” allows a broader usage of the literature that explores trans oppression within different populations rather than specific identities within the trans umbrella (Duffy et al., 2016). “Internalized transphobia” is defined as the discomfort and pain associated with one’s gender identity due to the internalization of our society’s oppressive normative gender roles and expectations (Bockting et al., 2020). Gender diverse and trans individuals endure a wide variety of oppressive mechanisms within our society, which often lead to the internalization of transphobic messages (Bockting, 2015). This chronic oppression has been linked to the development of a wide variety of psychological and medical health conditions, including eating disorder development (Austin et al., 2017; Bell et al., 2019; Brewster et al., 2019; Dolan et al., 2020; Duffy et al., 2016; Hendricks & Testa, 2012; Kelleher, 2009; McDermott et al., 2008; Meyer, 2003, 2015; Witcomb et al., 2015). The present study employed a phenomenological, qualitative approach to explore the development of disordered eating as it relates to the
experience of internalized transphobia in seven gender diverse-identifying adult participants. An additional focus explored protective factors used by gender diverse individuals to deal with chronic oppression.

Trans is an umbrella term for an individual holding any gender identity other than cisgender, and these identities are characterized as gender minorities (Duffy et al., 2016; Meyer, 2015). The term “trans woman” refers to an individual who was assigned male at birth and identifies as a woman; a “trans man” refers to an individual who was assigned female at birth and identifies as a man (Duffy et al., 2016). However, not all trans people fit into these binary-related identities of either trans men or trans women, as many individuals identify as simply trans (Duffy et al., 2016). “Cisgender” refers to identifying oneself with the gender identity assigned at birth (Tate et al., 2014). Individuals with marginalized sexual and gender identities include those who identify as Lesbian, Gay, Bisexual, Transgender, Queer, and more (LGBTQ+). LGBTQ+ is often used as an umbrella term for identities within this community (Griffith et al., 2017). LGBTQ+ identities also defy what has historically been considered societal sexuality and gender presentation norms, and this ‘defiance’ has influenced the creation and perpetuation of the stigma society holds regarding identifying as LGBTQ+ (Bell et al., 2019; Coelho et al., 2019; Dolan et al. 2020; Glynn et al., 2016; Kelleher, 2009; McClain & Peebles, 2016; Meyer, 2015; Witcomb et al., 2015).

It would be an injustice to those represented within the gender diverse population if the compounded social issues gender diverse and trans people of color face within our society were not mentioned. The concept of intersectionality is an important factor in any social justice-informed research. Multiple studies have indicated that trans people of color (TPOC) are the most oppressed population within the larger trans population (James et al., 2016; Waters,
Institutional racism and trans oppression create an environment of discrimination, an environment that is conducive to violence and harassment. According to a study conducted by the National Coalition of Anti-Violence Programs, trans individuals are 28% more likely than cisgender individuals to endure physical violence (Waters, 2016). A 2016 study conducted by the National Center for Transgender Equality depicted a similar picture, citing that TPOC, especially Black trans people, endure a much worse culture of discrimination, violence, and oppression than their White trans peers (James et al., 2016). This is associated with a higher incidence of suicide in the TPOC population, with 41% reported attempting suicide as compared to only 1.6% of the general population in one study (James et al., 2016).

**Eating Disorder Occurrence**

Trans people experience significant discrimination from both interpersonal interactions and society, which is associated with health decline or, at worst, death (Brewster et al., 2019; Gordon et al., 2016; Kelleher, 2009; Testa et al., 2015; Witcomb et al., 2015). Gender roles and gender-based expectations often have strong associations with the development of an eating disorder (Kelleher, 2009; Witcomb et al., 2015). These expectations are typically internalized over time, and associations have been shown throughout various studies to both physical and psychological health decline (Jones et al., 2016; Kelleher, 2009; Uniacke et al., 2021; Wang-Jones et al., 2017; Witcomb et al., 2015). This health decline can be further worsened by internalized transphobia, propelling the development of an eating disorder (Jones et al., 2016; Uniacke et al., 2021; Wang-Jones et al., 2017).

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), eating disorders are defined as “a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food, and that significantly
impairs physical health or psychosocial functioning” (American Psychiatric Association, 2013, p. 329). Eating disorders are a widespread health concern in the United States, affecting around 30 million Americans (McClain & Peebles, 2016). Multiple studies concerning trans youth have shown that trans individuals are four times more likely to struggle with eating disorders as compared to their cisgender peers (Coelho et al., 2019; Diemer et al., 2015). Further, trans individuals within the Diemer et al. (2015) study were also twice as likely to exhibit higher rates of purging and compensatory behaviors than their cisgender peers. Another study reported that approximately 15% of trans youth surveyed (aged 13–22) had elevated scores on the Eating Disorder Examination Questionnaire (EDE-Q), with 63% of participants reporting intentional weight management related to affirming their gender presentation. These results placed them at a higher risk of struggling with an eating disorder than cisgender youth (Avila et al., 2019). Most studies to date on trans individuals with eating disorders have focused solely on anorexia nervosa, bulimia nervosa, or binge-eating disorder diagnoses. The term “eating disorder” will be used throughout this paper as an umbrella term to include all of the aforementioned types of eating disorders. Further, “disordered eating” will be a term used to identify eating disorder symptomatology that does not necessarily (but could) fit full diagnostic criteria for eating disorders. Regardless of diagnostic criteria, disordered eating behaviors will be explored as they may be associated with internalizing experiences of oppression, consistent with models of internalized oppression leading to negative health decline (Brewster et al., 2019; Kelleher, 2009; Testa et al., 2015; Witcomb et al., 2015).

Trans individuals face a wide array of difficult and invalidating experiences due to the oppressive nature of our society towards nonprivileged populations; these include being expected to contend with rigid societal gender norms, the perpetuation of heteronormative patriarchy, and
cisgender-identity expectations (Brewster et al., 2019; Coelho et al., 2019; Duffy et al., 2016; Gordon et al., 2016; Kelleher, 2009; McClain & Peebles, 2016; Meyer, 2015). The influences these oppressive forces have upon society can range from misgendering to the legal denial of fundamental human rights, such as access to medical care (Safer et al., 2016). Considering the associations found in this study regarding exposure to chronic invalidating experiences, trans youth (aged 8–25 in the Coelho et al. [2019] study) displayed a disproportionately high percentage of eating disorders as compared to cisgender youth (Coelho et al., 2019; Duffy et al., 2016). This disproportionate rate of eating disorder occurrence makes this not only a social and societal concern but a medical and psychological concern as well. The present study explored this phenomenon in gender diverse adults rather than in youth, as cited in the literature review, as the existing literature is lacking in adult participant representation.

**Identifying the Problem Through the Existing Literature**

**The Minority Stress Model**

I used the Minority Stress Model (MSTM) as a conceptual framework for understanding how transphobia is internalized and channeled into eating disorder development risk. The MSTM, first theorized by Meyer in 2003, examines how the chronic and multifaceted stressors minority populations face throughout their life create a hostile social environment beyond what the majority of the population experiences (Meyer, 2003). Meyer (2003) initially developed the MSTM in the context of sexuality and sexual identity, but he has since acknowledged that gender identity (including trans identity) is associated with minority stress factors and has expanded the model to include gender identity, following suit with Hendricks and Testa (2012; Meyer, 2015). The trans population faces specific gender-related discrimination from society in both formal and informal interactions through misgendering and dead-naming (the use of the name given to the individual at birth that they no longer associate with) that are distinct from the biases
experienced by sexual minority individuals such as gay, lesbian, and bisexual people (Dolan et al., 2020; Meyer, 2015; Sevelius, 2013; Testa et al., 2015).

Research concerning the forms of oppression trans individuals face, including attacks targeting their identity, physical appearance, and psychological health, shows that minority stress negatively impacts their mental and physical health (Bockting, 2015; Dolan et al., 2020; Duffy et al., 2016; Glynn et al., 2016; Hendricks & Testa, 2012; Meyer, 2015; Testa et al., 2015). Transphobic behaviors and beliefs are pervasive throughout society, often taking on the form of blatant oppression. Chronic reminders of unacceptance and general danger are often internalized within oppressed peoples, and in this case, can become internalized transphobia. These reminders of invalidation and transphobic messaging are considered a chronic stressor which, when viewed through the MSTM lens, may help explain the higher rates of eating disorder pathology in this population (Kelleher, 2009; Meyer, 2015).

Meyer (2015) defines “distal and proximal factors” as a range of different effects minority stress can have upon sexual or gender identity minorities. Distal factors refer to “chronic strains, everyday discrimination or micro-aggressions, and even nonevents” (Meyer, 2015, pp. 209–210). Distal factor “nonevents” refer to anticipated life events that have been changed or impeded due to minority stress factors. Distal factor “micro-aggressions” refer to subtle, invalidating interactions; contrastingly, “macro-aggressions” refer to either the overt enacting or compliance with structural forms of oppression (Osanloo et al., 2016). Proximal factors refer to events and experiences that are internalized through active cognitive processes, typically created by oppressive sociocultural socialization; these experiences can include internalized biases or prejudices against one’s own identity and anticipating discrimination (Meyer, 2015).
Proximal and distal factors can be experienced as the lifelong internalization of oppressive societal beliefs and the perpetuation of micro- and macro-aggressions enacted against gender minorities. These factors compound the distress trans individuals may face within society, especially if they identify with multiple minority identities (Bockting, 2015; James et al., 2016; Waters, 2016). When proximal and distal factors are so strongly internalized, they may influence the development of a mental health condition, as the aforementioned studies have shown evidence of proximal and distal factors influencing physical and mental health decline. The mechanisms and strongest influences upon internalization, specifically proximal factors, must be considered. More research and advocacy are needed to address the unique experiences and needs of the gender diverse population, especially for those of multiple oppressed identities. As mentioned previously, TPOC are one of the most oppressed populations within our society, and not addressing the compounded issues as viewed through intersectionality would be a disservice at best to research concerning this population.

It is important to further contribute to the growing literature in this specific area of study. Considering the gaps in the literature concerning the self-reported experiences of gender diverse people who have developed eating disorders, there needs to be future research conducted on how internalized transphobia has potentially influenced the development of eating disorders among gender diverse individuals. The objective of the present study was to further the understanding of the lived experiences of gender diverse adults and how these lived experiences may relate to disordered eating within this population.
Conceptualization of the Issue – The Internalization of Transphobia

Internalized Transphobia and Attitudes Towards Trans Identity

Studies on minority stress have exhibited associations with mental health struggles, including eating disorders. Trans individuals of all ages are more likely than their cisgender peers to develop eating disorders (Austin et al., 2017; Bell et al., 2019; Brewster et al., 2019; Dolan et al., 2020; Duffy et al., 2016; Hendricks & Testa, 2012; Kelleher, 2009; McDermott et al., 2008; Meyer, 2003, 2015; Uniacke et al., 2021; Witcomb et al., 2015). Although there are a variety of reasons and influences that can be particular to just one individual, research has suggested that the overarching influences tend to be societal and interpersonal, often resulting in the internalization of the harmful messaging (Brewster et al., 2019; Coelho et al., 2019; Duffy et al., 2016; Gordon et al., 2016; Kelleher, 2009; McClain & Peebles, 2016; Meyer, 2015). The specific mechanisms of the internalization of transphobia and subsequent eating disorder risk will be explored in the present research.

A recent study conducted by Uniacke et al. (2021) aimed to address associations between internalized transphobia, gender identity development, and eating disorder symptom development within the trans population, as viewed through a minority stress lens. Their data, involving both trans and nonbinary participants ages 16 and older, was longitudinal and collected from multiple sites. It involved data collection through an assessment of trans congruence (how much one feels comfortable and content in their trans identity), whether or not they had received gender-affirming mental health care, an eating disorder symptoms inventory, and minority stress factors. The results indicated higher levels of comfort in one’s trans identity were correlated with lowered risk of developing disordered eating symptoms, while higher levels of internalized transphobia were correlated with a higher risk of developing disordered eating symptoms.
These findings suggest that there are strong associations among internalized transphobia, gender identity development, and eating disorder symptom development in trans and nonbinary individuals. These findings are especially concerning when one considers the impact of internalized transphobia, as viewed through the MSTM. More specific risk factors, as posited by the Uniacke et al. study, include low levels of trans congruence and high levels of internalized transphobia (2021).

Our society’s oppressive structures incite the perpetuation of harmful implicit messages and explicit threats to trans bodies and existence (Brewster et al., 2019; Coelho et al., 2019; Duffy et al., 2016; Gordon et al., 2016; Kelleher, 2009; McClain & Peebles, 2016; Meyer, 2015). This incessant rejection and threat of harm can become internalized over time, typically without the individual being aware of the process. While the internalization process can be subtle, as it typically occurs over a long period of time, significant traumatizing events can further solidify the effects oppression can have on self-worth, self-esteem, and personal safety (Wang-Jones et al., 2017). Individuals who are chronically and severely stigmatized within a society often internalize these messages; this leads to self-deprecation and self-harm, as they can be led to believe that there is something inherently ‘wrong’ with them and they do not deserve respect (Glynn et al., 2016). Trans individuals, whether identifying as nonbinary transgender or within the transgender binary (male, female), often experience this stigmatization. Transphobia is a major form of oppression within society, and thus many within the trans population may suffer from internalized transphobia (Bockting et al., 2020).

**The Transgender Identity Survey**

Bockting et al. (2020) created a measure of internalized transphobia, “The Transgender Identity Survey,” which consists of a 26-item scale containing four subscales: shame, pride in
trans identity, alienation from other trans people, and passing as a cisgender person. This measure may be useful in future research studies investigating internalized transphobia within this population, particularly if these studies utilize the minority stress lens in conceptualizing trans oppression and health. One limitation of Bockting et al.’s (2020) measure is that there have been few studies utilizing this measure since it was published. This measure’s validation is important because it will further assist the field of gender studies within psychology, and future research can focus on uncovering the full impact of internalized transphobia within the gender diverse population.

**Development of Eating Disorders**

Contributing factors in the development of eating disorders may involve the need to gain a sense of control over one’s body or livelihood, low self-esteem regarding physical appearance (particularly weight) as deemed by sociocultural expectations, and a physical manifestation of self-disdain (Bell et al., 2019; Glynn et al., 2016; Gordon et al., 2016). There is substantial self-reported data from trans population samples regarding aspects of physical appearance that tend to cause more bodily dissatisfaction and distress than their cisgender peers (Gordon et al., 2016; Witcomb et al., 2015). Dealing with minority stress as it relates to society’s gender expectations can cause some trans individuals to be at an increased risk for the development of eating disordered behaviors; this can sometimes be in an effort to change certain secondary sex characteristics associated with their biological sex, such as breasts in trans men or increased muscle mass in trans women (Coelho et al., 2019; Dolan et al., 2020; Duffy et al., 2016; McClain & Peebles, 2019). When these factors are combined with trans-specific issues, such as enduring widespread and chronic transphobia, pressure to ‘pass’ as their gender, and internalized transphobia, eating disorder risk significantly increases (Coelho et al., 2019; Uniacke et al.,
The multitude of risk factors trans people experience by simply being themselves within a society that struggles to accept them is a perfect storm for psychological suffering and its related physical manifestations, such as the development of an eating disorder.

The present study differs from those described above as it explores the relationship internalized transphobia has upon gender diverse individuals’ view of themselves and how this may influence the experience of the development of disordered eating behaviors as well as protective factors. In addition, the present study focused on gender diverse adults rather than gender diverse youth, as the latter age range has been better represented in the existing literature. Exploring internalized transphobia as viewed through the MSTM helped to conceptualize the internalized forms of transphobia; this is an important contribution to this field of study because it added to the existing literature within the minority stress theory framework.

Multiple studies in this area of research have investigated general risk factors for the development of eating disorders within the trans population (Brewster et al., 2019; Witcomb et al., 2015), narrative explorations of the lived experience of being trans and having an eating disorder (Gordon et al., 2016), and the effects of internalized transphobia upon eating disorder development through a quantitative lens (Brewster et al., 2019). The present study contributed to this body of literature in that it explored the relationship between internalized transphobia and the development of disordered eating in trans people through an exploratory qualitative lens, focusing on and highlighting the narrative directly from trans individuals who experience these types of oppression. Further, it incorporated both the experience of developing disordered eating behaviors and the descriptions of protective factors that the participants used to empower themselves against societal oppression. Existing literature has primarily studied trans youth; the
present study adds to the growing field of literature concerning gender diverse adults and disordered eating behaviors.

**Current Research Study**

Past research has suggested that trans individuals are at a high risk of developing an eating disorder as there have been associations exhibited between the multitude of oppressive forces exhibited by our society and negative health outcomes, including disordered eating. These oppressive forces contribute to the internalized negative messages about being or identifying as trans, thus increasing the risk of developing internalized transphobia in trans populations. In addition, many trans people receive the incessant message from our society that something is inherently ‘wrong’ with them (transphobia), which previous studies have suggested negatively affects how they view themselves and their gender identities, which may become internalized. In this study, I explored protective factors in addition to internalized transphobia and disordered eating development. At this point, I will be switching to the use of the term “gender diverse” to describe the participants I worked with in this study, as “trans” does not represent the wide spectrum of gender identities outside of cisgender identity.

**Researcher Assumptions and Biases**

The assumptions and biases I would like to disclose before presenting my study include the following: the expectations for data, personal biases, how these may have influenced this study, and how I aimed to avoid significant personal influence upon the data. I expected that the data would show a relationship between living within a transphobic society and the development of mental and physical health struggles in gender diverse people, specifically disordered eating behaviors and body size/shape dysmorphia. I believed that the participants who self-identified disordered eating behaviors would score high on the internalized transphobia measure but that there would be protective factors identified by all participants that helped them in resisting
internalized transphobia’s effects. I acknowledged the potential for personal influence upon the data, as I am a strong supporter of the gender diverse community and LGBTQ+ community at large; with that said, my stance as a supporter may have (unconsciously) influenced how I read and processed the data, as well as how I spoke to the participants. I was mindful of this possible influence, and by staying mindful throughout this process, it may have helped protect the validity of the analysis and discussion. I identify as a woman who does not agree with or adhere to the traditional gender binary and its influences upon personal identity. This may have influenced my understanding of the experiences reported by the participants, as I do not experience the same societal influences and oppressions that gender diverse people do. These biases and assumptions were addressed in order to convey that I remained mindful of my potential influence upon the current study in order to limit this influence, but also to acknowledge that biases do generally affect research to a degree.

**Research Questions**

The current research study is qualitative, addressing the following questions:

1. What is the lived experience of gender diverse individuals who experience disordered eating behaviors? What is the lived experience of gender diverse individuals with respect to their body image?

2. Is there a self-perceived relationship between internalized transphobia and disordered eating behavior in gender diverse individuals?

3. What are the protective factors identified by the gender diverse participants that have helped them cope with this societal stress, as related to their gender identity? How did they navigate this stress?
Participants

I sought seven gender diverse individuals who reported experiencing disordered eating behaviors. These participants were recruited through an online LGBTQ+ and gender diverse community website to maximize the reach of the survey and to increase the odds of reaching gender diverse individuals who met the criteria. Ideally, the participant pool was to be well represented by individuals of different racial identities; to help ensure this, I sought out participants through an LGBTQ+ and gender diverse website that is aimed at serving gender diverse people from all walks of life. Unfortunately, the only participants available to take part in this study identified as White. All participants were adults over the age of 18, with an average age of 34.1 years. The participants ranged from ages 23 to 60.

Measures and Procedure

Measures included a demographics questionnaire, “The Transgender Identity Survey” (Bockting et al., 2020), and an original semistructured interview. The Transgender Identity Survey had a construct validity of small-to-medium (Bockting et al., 2020). Although the construct validity is not high for The Transgender Identity Survey, I feel that this measurement is one of the better measurements that exist thus far to best match what it is I wanted to explore in this research.

After completing a demographic questionnaire, participants completed “The Transgender Identity Survey” (Bockting et al., 2020). The internal consistency for the revised scale (using Sample 2a) was 0.92 for the total scale, and 0.88, 0.90, 0.73, and 0.89 for the subscales Pride, Passing, Alienation, and Shame, respectively. The reliabilities were acceptable (Bockting et al., 2020). The resulting Cronbach’s alphas were 0.83 for the total scale and 0.89, 0.90, 0.81, and 0.87 for Pride, Passing, Alienation, and Shame, respectively.
I conducted an online semistructured interview (as cited in Appendix A) using video chat. Self-reported experiences within research are important because they shed light on the internal experiences of gender diverse individuals facing transphobia and minority stress; such exploration investigates how these stressors may fuel the development of an eating disorder, as perceived by the survivor. The same base interview questions were asked of each participant during the interview over video chat, allowing for flexibility in the questions considering the wide range of possible participant responses inherent to semistructured interviews. These base and follow-up questions were directly relevant to the research questions. All participants were emailed the semistructured interview questions ahead of time in order to have more time to think about their answers if they wished. These interview sessions lasted from 45 minutes to an hour and a half and were recorded with explicit permission given by the participants.

Data Analysis

To study these questions, I utilized the MSTM as a lens through which to contextualize the findings. This was phenomenological research, which refers to the study of experience, gleaned directly by those who experience the identified phenomenon (Smith et al., 2009). Phenomenological research was utilized as I aimed to add to the general lack of understanding of the public around the experiences of gender diverse individuals experiencing disordered eating behaviors. The data collected from these measures helped to elaborate upon the data gleaned from reports and descriptions given by the participants. The data were examined by considering the reports of transphobia the participants have experienced as measured by “The Transgender Identity Survey,” utilized as supplementary information to the interview responses.

The personal experiences of the participants were the main source of data within this study, and Interpretive Phenomenological Analysis (IPA) was utilized for analysis. IPA consists
of six steps, each contributing to the richness of the data gleaned from the qualitative study. The steps taken to conduct IPA included reading and re-reading the transcript; looking for emergent themes and annotating significant points; developing notes into concise themes that capture “essential quality”; using the emergent themes from the first read-through of the transcript to orient the analysis of subsequent transcripts; clustering connected or related themes to create master themes, superordinate or overarching themes; constructing a final table of superordinate themes; and creating a narrative account where the “interpretation is presented in detail with verbatim extracts from participants” (Smith et al., 2009, p. 4). In other words, IPA began with the development of a list of significant statements given by the transcribed interviews, which was grouped into broader units of information and contributed a textural description of the phenomena. Following this, structural descriptions of the phenomena were drafted, and using these two grouped descriptions, a composite description was synthesized, creating the “essence” of the phenomena (Creswell & Poth, 2018; Smith et al., 2009). From this “essence,” an interpretive narrative was created with verbatim quotes from participant interviews with significant detail so as to not influence the description more than necessary. This, ideally, helped to clarify the experiences of the participants while adding data points that the participants may not be consciously aware of. I followed the IPA steps as described, with the exception of including Attride-Stirling’s (2001) levels of themes, which utilized the terms “basic and global” rather than “emergent and superordinate,” in order to ensure reader accessibility and lessened use of jargon.

**Participant Search and Interview**

Participants were recruited through gender diverse and LGBTQ+ support groups, research groups, and identity-based social groups through Facebook. Additional participants
were recruited through an email listserv through Antioch University New England. Potential participants were provided with an informational flier to provide them with basic details of the present study. Fliers were attached to both the advertising post on the Facebook groups and within the listserv email.

The search for participants proved more difficult than anticipated. Despite sending out multiple online postings and advertisements of the recruitment flier alongside Listserv emails, the main researcher did not receive many responses from potential participants. Participants were informed of the details of the study and were asked to contact me through email. Participants were then scheduled to meet with me virtually via Zoom and were sent informed consent forms, demographics forms, and the questions I would be asking them, so they had time to consider their responses. Participants were asked for their consent to record verbally once they met with me for the interview. Each interview took approximately one hour.

Issues of Trustworthiness

When examining the trustworthiness of a research study, credibility, dependability, confirmability, and transferability are used to support the verification of sound research and quality control (Lincoln & Guba, 1985). Credibility within research is determined when fellow researchers or readers can recognize the phenomena that are described by the author (Guba & Lincoln, 1989). In order to ensure credibility, I consulted with a member of the dissertation committee, as well as consulting with an auditor, in order to reduce researcher bias. Dependability involves following a carefully organized, documented, and logical set of steps within the phenomenology of the research (Tobin & Begley, 2004). In order to ensure dependability, I kept track of all changes to the methods and steps taken within this study in order to keep clear what was done and what the outcomes were, forming an audit trail. The
organizing themes that were originally gleaned from the data were quite repetitive when compared to the basic themes. Confirmability involves clearly defining and demonstrating how the author’s findings, claims, interpretations, and conclusions are derived from the data (Tobin & Begley, 2004). This is ensured when credibility, dependability, and transferability are all established (Guba & Lincoln, 1989). I ensured the confirmability of this study by further evidencing the existence of the issue of internalized transphobia and subsequent mental and physical health issues through the aforementioned research; the present study aimed to contribute to this growing field of research. Transferability is referred to as the generalizability of the phenomena described by the author (Tobin & Begley, 2004). I ensured transferability by thoroughly detailing the social and historical context in which this research study takes place so that future researchers (if they wish) could better judge whether or not this study can be “transferred” within a different or similar context.

Results

Participant Demographics

All participants ranged from ages 23 to 60. One participant was within the age range of 18–24, five within 25–45, and one from 46–70. All seven participants identified as White. Three participants identified as transgender, more specifically, one “transgender / boy / genderqueer / femme / genderfluid” person, one “Transsexual Man (He/Him),” and one “MtF” person. Two participants identified within the nonbinary umbrella, more specifically, one "gender fluid" person and one “Non-Binary” person. Two participants self-identified outside of transgender and nonbinary, more specifically, one “non-binary trans woman” and one “gender queer” person. All participants were located within the United States.
Transgender Identity Survey Scores

All participants were asked to fill out the “Transgender Identity Survey” created by Bockting et al. (2020). There are four subscales, including Pride, Shame, Alienation, and Passing. “Pride” uses statements that measure how much a participant may feel things such as joy, comfort, and security in their transgender identity. When reverse scored, scores in the “Pride” domain reflect feelings of sadness, discomfort, and insecurity in their transgender identity. “Shame” uses statements that measure how much a participant may feel insecure, embarrassed, or discomfort with their transgender identity. “Alienation” uses statements that measure how much a participant may feel ‘too different’ or isolated from other transgender people. “Passing” uses statements that measure how much a participant values being identified as cisgender by others. However, Bockting et al. (2020) note that the interpretations of these scores should not be seen as absolute, as a participant’s drive to pass as their correct gender may or may not be based in internalized transphobia. A particularly strong drive to pass as their correct gender may be an act of gender affirmation in nonbinary identity or “an act of resistance” (Bockting et al., 2020, p. 22).

The method in which the subscale means are calculated includes the following: items in this survey were scored so that higher scores tend to reflect higher levels of internalized transphobia in that domain. The minimum one could score in “Pride” would be 1, and the maximum score would be 56; the mean score for “Pride” in this sample was 39.4 with a standard deviation of 7.3. The mean reverse score for “Pride” within this sample was 22.4 with a standard deviation of 5.8. The minimum one could score in “Shame” would be 1, and the maximum score would be 56; the mean score for “Shame” within this sample was 27.6 with a standard deviation of 11.2. The minimum one could score in “Alienation” would be 1, and the maximum score
would be 21; the mean score for “Alienation” within this sample was 10.6 with a standard deviation of 3.8. The minimum one could score in “Passing” would be 1, and the maximum score would be 49; the mean score for “Passing” within this sample was 18.4 with a standard deviation of 8.4.

The data gleaned from the Transgender Identity Survey should not be used as a stand-alone marker of internalized transphobia and how it may influence disordered eating behaviors; its use was intended to provide contextual and descriptive data to better understand the experiences of the participants in addition to the interview process. This was intended to provide context to experiences that may not be directly addressed within interview responses.

**Research Questions**

The current research was guided by bracketed questions with the aim of investigating if internalized transphobia influences the development of disordered eating behaviors in gender diverse adults. See Appendix A for the semistructured interview questions.

As the main researcher in this study, I conducted the interviews, transcription of the interviews, and data analysis, with the aim of discerning the basic, organizing and global themes of the data gathered through participant interviews. Citing the dependability of this study, I excluded organizing themes from the IPA data analysis, instead focusing on basic and global themes due to a smaller data set than anticipated. The data was sorted through and validated by one of the committee members of this dissertation and a doctoral candidate/peer with knowledge of the area of research. After analyzing the codes gleaned through the IPA process, four global themes emerged as the most consistent overarching representations of the participants’ narratives of their lived experiences.
Context of the Study

In my opinion, the two main historical events to note based on the experiences of the participants were the novel coronavirus (COVID-19) pandemic and the Trump presidency. As of August 15th, 2022, the day before the last participant interview was conducted, there had been a total of 92,367,477 confirmed cases of COVID-19 and 1,031,527 confirmed deaths in the United States (World Health Organization, 2023). Excess mortality calculations suggest that these rates were potentially much higher (Ritchie et al., 2020). The fear, isolation, stress, grief, and cultural trauma may have influenced the well-being of the participants, as these factors likely influenced most people in the US. The Donald Trump presidency took place over the course of 2017–2021. His election, presidency, and aftermath of his presidency held deeply harmful implications for the lives of gender diverse people and the LGBTQ+ community at large. According to the Human Rights Campaign, some of the major focuses on the changes in legislature and interpersonal interactions ranged from reduced workplace rights for LGBTQ+ and gender diverse workers, healthcare denial for trans people, to harassment of LGBTQ+ and gender diverse people in schools going unpunished, and housing rights violations towards LGBTQ+ and gender diverse people being allowed under the law, all focusing on limiting the rights and civil liberties of LGBTQ+ and gender diverse identifying people (Acosta, 2020).

Themes

The following themes emerged as the most consistent overarching representations of the participants’ self-reports.

1. Societal expectations, trauma, and low self-esteem impacted disordered eating behaviors and increased difficulty in participants’ exploration of gender identity.
2. A community supporting gender exploration helped foster positive health outcomes in participants.

3. Meaningful activities, physical and emotional intimacy, and affirming clothing increased euphoria and aided in ED recovery in some participants.

4. Gender diverse participants endured messages of their body being “wrong” and needed to meet beauty standards in order to be acceptable—Gender Affirming Care (GAC) support and community increased euphoria and positive health outcomes.

Basic themes and direct quotes from participant interviews will be highlighted in the exploration of the importance of these global themes. See Appendix C for the basic and global themes and Appendix D for the raw data extracts.

*Societal expectations, trauma, and low self-esteem impacted disordered eating behaviors and increased difficulty in participants’ exploration of gender identity.*

The basic themes that were derived from this global theme included “Internalized fatphobia and gender dysphoria appear to influence one another, which may have influenced the participants’ perceived need to control body shape in order to meet beauty standards, despite its impact on their health;” “Identity is something deeply personal and individualized, yet how participants viewed themselves was influenced both by society and by connecting with others who experience similar things as them;” “Disordered eating was often difficult to identify and be supported around in participants—freedom and capacity to explore gender was stifled in some cases if disordered eating was not identified and treated;” and “Interpersonal and sexual trauma had an impact on participants’ self-perceptions and body perceptions, thereby further influencing gender expression and eating behaviors.”
Multiple participants noted experiencing difficulty in maintaining a positive body image and healthy eating habits since childhood. Many of these participants noted experiencing incongruence in how they were being socialized in regards to their gender and how they did not feel this socialized identity was authentic to whom they felt they were. Most participants noted lacking the language to verbally express their feelings at that time in their childhood into young adulthood.

I had a lot of body image issues in, I guess, starting in childhood. In terms of like, I wanted to be like the boys that I admired, and they were really big eaters, and so like I would binge and like I wanted my body to look stocky like a young boy’s body and then, later, after puberty started, and I developed breast tissue, that’s when I started like anorexic behaviors. Which was, looking back, totally related to wanting to be flat chested, and wanting to be sort of just straight up and down, wanting to be … and part of that was not wanting men to look at me, and not wanting to be perceived as desirable. But then, about a big part of it was really tied with gender and feeling super uncomfortable with my chest. But after kind of coming into community and coming out, my relationship with my body has changed pretty significantly, particularly after starting HRT. For one thing, testosterone makes me really hungry, and I really like food. And so, I’ve like gained some weight on my HRT, and I’m like comfortable with it, and like I feel pretty good in my body now.

Multiple participants noted feelings of fear and discomfort in being perceived as the gender assigned to them at birth as substantially increasing around the time they reached puberty. Secondary sex characteristics that developed around this time influenced the development of disordered eating behaviors in multiple participants. For some assigned female at birth (AFAB)
participants, restrictive behaviors developed in an effort to control and minimize the development of breast tissue. A few participants noted the societal expectations surrounding presenting as androgynous and nonbinary, noting that there are a few specific ‘ways’ in which one would be identified as androgynous based on their physicality;

I can’t for sure say how or if my Trans identity impact says like a one-to-one, my view with my body. But I know that I will say that thinner, skinnier bodies tend to be more androgynous, and I mean, just based on like I said, AFAB Folks are voluptuous in my family. So, I would have to be, like, severely undernourished to be like the very thin androgyne body type that I want to have, or that I would ideally have … they’re not dangerous anymore, but my occasionally not super healthy food choices and exercise choices (are taken) to like a totally not okay extreme in order to get to that (body type). So, it’s sort of like, I think it’s another one of those ‘it helps and hurts’ where I recognize that I would likely feel happier if I looked like this, and also I recognize that there is really no way for me to get to that in a healthy way.

Multiple participants noted how a trauma history likely influenced their disordered eating behaviors for various reasons. For some participants, food was a means to reduce activating trauma responses, as the enjoyment of eating food distracted them from triggers or gave them a sense of pleasure. For some, food was used as a means of punishment, through the restriction of food intake in response to a self-perceived influence of a stressor, for example. For others, so-called ‘average-sized’ or larger bodies generally held the association to having more pronounced secondary sex characteristics, whether it be through genetic influence or individual fat distribution.
Interpersonal and sexual trauma had an impact on participants’ self-perceptions and body perceptions, thereby further influencing gender expression and eating behaviors. One participant noted that the reduction in breast and hip tissue helped them to not be “perceived” as much by men, which was comforting to them, as men represented danger, while also reminding them that they presented in a way that felt incongruent with their internal experience of their gender identity.

It was very much about protecting myself and changing the way that my body looks to others. So that the response I got from others would be safer for me. I have a trauma history, and so at a certain point, I guess I was maybe 20ish. I … It was just too much, and I like didn’t want to have the male gaze on me anymore. And then also, I was really struggling with discomfort around my chest in general, not just from being looked at, but just from having it, and like … For the most part, it’s a neutral body part to me, like if it’s just me and myself, it’s just a body part like an elbow for me, but when someone else looks at it and makes a … has a perception, and has an assumption, you know, about my gender. It’s very upsetting, and so I remember when I was like at the height of my eating disorder. I was very underweight, and like I was very, very flat chested, and I was … It was great. Like, I was like very happy to be very flat-chested. But then, you know, it was not … I mean, it was very damaging to my health, and so, you know, eventually, I figured out how to get over that.

Commercialization of identity was noted by two participants in this study, which was identified as a strain upon their gender exploration; both noted the commercialization (and medicalization/pathologizing) as influential in the identification of terminology in their gender identity.
I also feel like I have mixed feelings about commercialization. I’m also bisexual, identified as Lesbian before I realized that I was a trans man, so when the kind of commercialization of queer identities (it) really irritates me … I don’t like that, you know, it’s been ‘the big thing’ recently … Disney is like, ‘Oh, yeah, look at this transgender man in our ‘BayMax’ short,’ meanwhile (they are) funding ‘don’t say gay’ bills and being actively transphobic against employees.¹ So, there’s something appealing about having the term transsexual applied to me, that I know won’t be sold to me at an Old Navy, you know what I’m saying? Well, maybe they’re not gonna have … ‘the transsexual event’ … they’re gonna be like ‘transgender pride!’ or whatever. So, it’s appealing to have a term that not only just physically feels more comfortable to me in as much of a vacuum as it is, but also like a term that I can say, ‘Yes, this is my identity, and it’s mine, and it’s not something that you can take from me and sell back to me.’

Multiple participants noted hesitance in talking about gender diversity-specific struggles as they have endured weaponizing of their gender and identity by those who do not understand or accept gender expansiveness. Examples of this weaponization of gender and identity might include legislation labeling gender-affirming surgeries in minors as “child abuse” or suggesting that trans women in (cis) female-identified bathrooms cannot be trusted around cis women and girls. A more subtle example may include corporations enabling anti-LGBTQ+ rhetoric in the workplace, meanwhile utilizing LGBTQ+ identities and culture to make a profit during Pride Month and claiming ally status, similar to the example one of the participants noted above.

Internalized fatphobia and gender dysphoria appeared to influence one another, which may have influenced the participants' perceived need to control body shape in order to meet

¹ It is important to note that the Disney corporation is fighting the ‘don’t say gay’ bills, not funding them.
beauty standards, despite its impact on their health. To multiple participants, the feelings of
dysphoria surrounding gender and internalized fatphobia were highly intermingled and
disorienting. It was unclear to some participants whether the disordered eating behaviors
stemmed more from internalized fatphobia or internalized transphobia. For these participants, the
consensus was that it was a mix of both. Disordered eating was often difficult to identify and be
supported around in participants—freedom and capacity to explore gender was stifled in some
cases if disordered eating was not identified and treated.

Looking back, I really think it was because I did not feel comfortable in clothes that
marks me as a woman and also because I didn’t like looking at my body at all. I think that
gender and kind of existing as a fat person have always been intermingled for me in a
very real way. So, at the time, I’m not sure if it was like gender body, but it was the fat
body that I was like, ‘I don’t want to look at this. I don't want to think about this; I’m
miserable about this. So, I’m gonna eat right now because I’m already fat; what can I do
to stop it?’ And then going on a run because I was like, ‘Oh, my God, you’re so fat, you
idiot! Why would you eat?’ so this kind of combined, just misery of existing in the body I
had, and feeling powerless to do anything about it … I just think it was a lot of things
coming down on it, but it really was like a body being such like a part of it … just a lot of
bad thoughts.

Similarly, another participant questioned whether or not their experiences of gender
dysphoria, disordered eating behaviors, and body image struggles were influenced or carried by
fatphobia. This participant explored how aware they were of this process and explained that they
felt this was a subconscious process, as they were consciously trying to undo the effects of these
internalized pains.
I mean, I think that there’s no way that it isn’t connected to fatphobia, and also, I think it’s … it’s definitely like gender dysphoria … It’s not really just because of how you know our society and especially like very, you know, family structure, and so many things. But it … I feel like it definitely has to do with gender stuff because I think the fact that yeah, I’ve been various, you know, sizes in my life, and never felt this way like what’s different this time is like the shape change, yeah, and potentially unconscious, other, you know, stuff I just haven’t known … whereas it just hasn’t been conscious enough for me to deal with around weight and body stuff.

One participant noted how they admire the Health at Every Size Movement (HAES), as well as female-identified empowerment of fatness, and wanted to adopt this mindset for themselves; however, they felt as though this does not feel applicable to them unless they can fit the beauty standard of androgyny, which depicts a slender physicality. They noted that if they identified as female, they felt as though this form of empowerment would be more feasible, but since they identify as nonbinary, they feel angry that this is perceived as ‘out of reach.’

Honestly. It brings a little bit like (of) anger and, like I said, that I don’t that I think wouldn’t be there if I wasn’t nonbinary. You know, because I think that I have female friends who are like they identify as fat, like they're reclaiming the word, you know, and they are like they can embrace it. And I think they look so good, you know, and they like It just like, I just wish that I could do that … for lack of a better word, like there’s resentment, there’s anger, and then I think that again, like it just feels like it doesn’t fit, sometimes.

Feelings of low self-esteem and a lower sense of control over one’s life was a major contributing force in the development of disordered eating behaviors. For almost every
participant, feelings of being misunderstood, judged, and invalidated were noted as contributing factors for disordered eating behaviors. Most participants noted a lack of support in their exploration of gender identity:

I do wonder if, like you know, I had support and help around it. Instead of, you know, my parents are very like, lead by controlling. So, I used to sneak food when I got my own job. I would spend most of my money on food because I was, you know, kind of fill whatever was going on inside. So, I wonder if I had had support around the eating like I did kind of freshman year of college if I would have been able to explore my gender sooner.

Further, some participants noted being unfamiliar with trans or nonbinary identity and not having the vocabulary to better understand their internal experience of who they are and what it was that they were experiencing, which influenced notions of something being “wrong.” Identity is something deeply personal and individualized, yet how participants viewed themselves was influenced both by society and by connecting with others who experience similar things as them. For some, they internalized feelings of themselves being what’s “wrong” and not knowing what they can or should do to “fix” it;

The thoughts about my body being wrong … the first thing that popped into mind was again another experience from high school. So just when my body was starting to develop, and I was looking for swimsuits, and I remember, like, and I kept a hold of this memory because I knew it was significant. But I knew I couldn’t describe it yet, because I remember I was trying on the swimsuits, and I was looking at myself … like the swimsuits were fine. It’s like it looked … everything looked fine, and yet that, like I said, that really deep visceral (feeling), like something is wrong here … just like, gripped me. I
remember that it was sort of a twofold thing where it was like, I can’t understand what’s happening, but something’s wrong, and I can’t ask for help, because I don’t know how to tell people what I need, because I don’t know what I need.

Some participants noticed shifting views on how they wanted fat to be distributed in their bodies as they began to transition. One participant noted wanting to gain weight as she socially and physically transitioned, as she previously wanted to be in a less curvy body, matching the expectations society places upon male-presenting people. Before transitioning, she engaged in restrictive eating behaviors; as she began to transition, she began to eat more than she normally would and would continue to eat when not hungry, as she was aiming to have curvier features, which is sometimes (in addition to thinness) associated with female-presenting beauty standards in mainstream culture.

When I was trying to be a boy, I was going with the whole thing of ‘I’m just gonna not eat that much, because I don’t wanna end up (fat).’ So, when I was trying to be a boy, I did not want to be thick, (but) I wanted to eat. Then, I wanted to be a stick … somehow, now, I’m like the opposite, and it’s kind of baffling to me, actually.

For other participants, fat re-distribution was a trigger for disordered eating behaviors, especially amongst participants who had just begun hormone replacement therapy (HRT). This was something that they found they needed to adjust to, especially for participants who were administering testosterone.

I think one of the things that people who aren’t Trans don’t get. Or, but I mean, even obviously some trans people is that, like the dysphoria on being on T, having the fat redistribution, where my fat is carried, looking too square to just too masculine and missing my curves, missing what people associate with they like, women’s body and
wanting to get … wanting to get back to that, and that feeling more in-line with, like my femme identity, be even like, you know, being like a gay boy. And I have it like, I mean, I don’t really care what people think in this manner, but I know that it is like, again, I feel like it’s kind of hard to talk about because it’s a thing that could be very unfortunately misconstrued and very weaponized against us of like ‘See! You’re trying to go back to what you were born with, and that’s blah blah blah,’ and it’s like no, it’s like so much more complex than that.

This same participant noted how he has been able to move through this dysphoria and internalized fatphobia and feel comfortable in his body despite his history of disordered eating behaviors. Further, he notes how the effects of cis-heteronormative expectations and societal beauty standards intertwined with prior gender dysphoria were reduced when coming out as gender diverse and socially/physically transitioning;

Now that I have gained my weight back, but in a different way, and the fat distribution is different. I really find myself appreciating, like, I don’t know, just a masculine frame. I like, you know, my stomach. I could do without my stomach. I could do with more muscle definition. but I feel like if I took a screenshot of myself like right now, at this moment, and was told, like, ‘you have to live as this for the rest of your life.’ I’d be like, ‘Yeah, okay, I can make that work’… Trying to accept my body as a woman was totally different from just being able to accept my body as a man.

Participants noted several major forms of influence that had a hand in the development of disordered eating behaviors. The factors that appeared to be the most influential were trauma, expectations placed upon them by society, and struggles with self-esteem. These impacts upon
their sense of self thus influenced negatively how comfortable they felt in exploring their gender identity, if they felt able to at all.

_A community supporting gender exploration helped foster positive health outcomes in participants._

The basic themes that were derived from this global theme included “There is no one right way to experience or express gender—it is personal and unique;” “Having access to community, terminology, and freedom to explore their identity had a major influence on participants' feelings of euphoria;” “Having a community fostered self-exploration, growth, and acceptance, whereas not having a community was experienced as isolating and invalidating by participants;” and “Challenges of being able to express gender freely can feel very isolating and painful, but recognizing that others may endure similar harmful messaging can lessen the feelings of other-ness.”

“I don’t think I would have been able to come out if I didn’t also happen to have friends who supported (me) and were gender expansive.” For many participants, finding an affirming community was a major influence in their healing process. Having a community fostered self-exploration, growth, and acceptance, whereas not having a community was experienced as isolating and invalidating by participants. Multiple participants noted feeling very understood and supported in their exploration of gender and of the harmful societal and interpersonal traumas they endured when speaking with someone who identified as gender diverse or as part of the larger LGBTQ+ community. Having access to community, terminology, and freedom to explore their identity had a major influence on participants' feelings of euphoria. For a few participants, finding gender diverse-identified communities was a major protective factor in their
recovery from disordered eating behaviors, as they were able to identify that gender dysmorphia was a major driver of their experience of body dysmorphia.

I kind of just stuffed that down and said and thought to myself, ‘Well, if that’s not a thing that’s recognized, then I’ll just try my hardest to be a girl.’ But then, in my late twenties, my mid to late twenties, I met another genderqueer person, and we talked about gender stuff, and that’s when I was introduced to the idea that it wasn't just me. There’s actually this whole history, you know, and like there’s lots of people like me, and so that’s when I really started interrogating my own gender more and kinda like increasing my own understanding of it through exploration. But when I look back to when I was 4, and I said I’m a boy-girl, I still feel that way.

For most participants, body image struggles held a presence in their lives since childhood. As they grew older and as they began to question their gender identity, body image struggles worsened, often coinciding with the development of disordered eating behaviors. As one participant grew older and grew to accept and embrace their trans identity through the internalization of support from their community, they began HRT, which had multiple positive effects on their well-being.

After puberty started, and I developed breast tissue, that’s when I started like anorexic behaviors. Which was, looking back, totally related to wanting to be flat-chested and wanting to be sort of just straight up and down … and part of that was not wanting men to look at me and not wanting to be perceived as desirable. But then, about a big part of it was really tied with gender and feeling super uncomfortable with my chest. But after kind of coming into community and coming out, my relationship with my body has changed
pretty significantly … I’ve like gained some weight on my HRT, and I’m like comfortable with it, and like I feel pretty good in my body now.

One participant noted how she grew to embrace her gender identity after many decades of living, presenting as the gender assigned to her at birth. As she began to address her disordered eating behaviors, she began to openly explore and express her trans nonbinary identity. She expressed how there were expectations placed upon her about how to be a woman ‘correctly,’ which initiated feelings of frustration and rejection of this notion. She noted how living authentically as a trans nonbinary woman helped her live her life in the healthiest manner, both physically and emotionally. She offered advice to other gender diverse people regarding the notion that every person’s expression and experience of their gender is solely on their own terms;

There’s lots of things about, you know, femininity and womanhood that I’m like. No, it’s not me … people who are starting out and who want advice … once you decide what gender you are, let’s suppose, for the sake of argument, you decide you’re a woman. You get to decide what kind of woman you are. You can decide what that means for you. Nobody else gets to decide that for you.

There is no one right way to experience or express gender—it is personal and unique. The participants noted how belonging to a community aided them in gender exploration, whether it be by providing terminology, safe spaces, or words of affirmation when the participant expressed feeling the painful effects of societal expectations. Having a safe space in a community or in a relationship helped many of the participants heal from past traumas and their disordered eating behaviors, as for some, they felt seen and accepted for who they truly are for the first time in their lives.
**Meaningful activities, physical and emotional intimacy, and affirming clothing increased euphoria and aided in ED recovery in some participants.**

The basic themes that were derived from this global theme included “Clothing can be gender euphoric or dysphoric to participants, depending on the level of freedom to explore and experiment, as well as access to affirming clothing;” “Participants who engaged in sexual activity and emotional intimacy with their partners felt more affirmed and euphoric in their gender identity and body, which subsequently aided them in moving past disordered eating behaviors;” and “Engaging in meaningful activities increased a sense of wellbeing and euphoria in multiple areas of participants’ life.”

Clothing can be gender euphoric or dysphoric to participants, depending on the level of freedom to explore and experiment, as well as access to affirming clothing. For many participants, clothing was a tool of affirmation, comfort, pride, and safety. For others, clothing was a form of rejection, fear, sadness, and distress; it depended on access to information on diverse gender identity, agency to dress oneself, ability to explore oneself, and access to affirming clothing. One participant noted that clothing used to be a topic of contempt to him prior to socially transitioning, as “my parents would beg me to wear girl clothes,” even though this felt very invalidating and uncomfortable to him. For one participant, the process of socially and physically transitioning and being able to pick out, buy, and wear the clothes she wanted to is something she thoroughly enjoys and appreciates;

It used to be nice to go to the beach. There we go, going out to the beach, but you go swimming and wear two-piece swimsuits, so you can have all the men stare at me. You know, knowing I used to be one of those men staring at women with two-piece bathing suits. Now I’m the person being stared at … it’s wonderful … since my transition, I don’t
do that a lot, I don’t know, I mean, just, you know, clothes shopping. It’s nice to have clothes that look nice on me ... wearing nice clothes, just, you know, dressing, picking out clothes, picking out jewelry.

Engaging in meaningful activities increased a sense of wellbeing and euphoria in multiple areas of participants’ life. The meaningful activities mentioned by participants ranged from yoga, walking in nature, running, working out at the gym, dancing, drawing, painting, going clothes shopping, or having sex. For multiple participants, activities that were formerly punishing (running, going to the gym) or triggering (sexual contact) were sublimated into activities that made them feel whole, strong, able, and free.

I never liked running before, but now that I’ve kind of started hormones, I love running. So, like, working up a sweat, working out, like in a very positive way, makes me feel really good. Now. I also like getting dressed up a little bit, so I’ve I have a lot of button-downs that I like to style a little bit in ways that I really enjoy. I have my eye on some of the clothes on the main street boutique that are way too expensive for me, but I know that I’ll enjoy what I could get there. Yeah, and honestly, it’s not really, like, an ‘activity activity,’ but hanging with my girlfriend, she makes me feel really good. She makes me feel very, like, handsome, and she’s really gorgeous. So, you know, whenever she says like, ‘You look so cute,’ I’m like, ‘Thank you!!’ So yeah, that helps me make me feel like, ‘Ah, this is nice.’

Further, these meaningful activities were noted by some participants as increasing a sense of value to their lives, their relationships, their general health, and their self-esteem.

Maybe it’s like I feel like I’m allowed to be gross and messy and masculine (at the gym), and it doesn’t take away from my value, whereas I feel like in a lot of other situations,
I’m kind of a messy person just in general. But there are a lot of other situations in which, for whatever reason, I have had to get dirty and messy and gross because it was summer camp or whatever it was. And after that, it was like you look, get looked down on, or like people make fun of you, or they’re like I could never like. Well, you probably could; you’re just choosing not to, you’re just letting me do all the work, so. Where I (am) there, there’s just not that element. It’s … just be with your own thoughts, or be social, and be powerful and be gross like I like the ‘all bodies are beautiful movement,’ but also I kind of resent being expected to be beautiful. Oh, that’s it. I think that’s actually it! I like not being expected to be beautiful.

The COVID-19 pandemic arose as a major historical marker of the beginning of gender exploration for a few participants. For some participants, lockdown and isolation ‘forced them’ to engage in deep self-exploration and questioned their feelings of disconnection with the sex assigned to them at birth, alongside their feelings of misidentification with the gender expectations placed upon them by others. For these participants, they had more time than they normally would to figuratively (or literally) look at themselves in the mirror and question who they were versus who they were told to be.

I think the COVID pandemic really was well like, ‘Oh, I have no choice but to stay in my room and look at myself and wonder why I bought a binder two years ago / 3 years ago, and just keep wearing it occasionally, but not really saying anything, just putting it on, looking in the mirror, and then taking it off and going back to sleep.’ Some of these participants noted that, since they were ‘stuck in their room’ for long periods of time, it was an opportunity to safely try out different forms of gender expression and to see if
these other forms of expression felt congruent with their newly explored, or not yet vocalized identity.

Participants who engaged in sexual activity and emotional intimacy with their partners felt more affirmed and euphoric in their gender identity and body, which subsequently aided them in moving past disordered eating behaviors. Exploring sexuality and engaging in sexual activities were named by multiple participants as particularly affirming activities that positively impacted their comfort and well-being in their body and their gender identity. Two participants noted how having a partner (sexual or romantic) that also identifies as gender diverse was even more affirming to them, as these participants noted feeling overall less judged, better understood, and more attracted to their partner in the shared gender diversity than they had before being in this relationship.

Yeah, sex is honestly one of the best examples because I think it it’s kind of like an outside-in thing because it’s having a partner who I know actually sees me for who I am, and so I’m able to, like, receive that, and so it’s incredibly affirming, and even if I’m having, feeling like crappy about myself, it’s yeah kind of like that the outside in of like someone else see, and treating you the way you want to be treated. And then it helps you like internalize it and so especially with yeah feeling not great about the fat redistribution, and how I feel … him being able to make me feel like, treat me, specifically around like femme identity stuff especially because like that's where I’m struggling with body stuff and so like ‘No, we like him being able to like, touch me in like a way that affirms that or like, use you know words in ways that affirms that’ and just … being able to like, be immersed in an activity that is, body related and not like it … Not being focused solely on my body because there’s another person, and I mean, not like I’m looking; I mean, I
can’t not look at my body. But like it not being like a looking at my body activity like standing in a mirror kind of thing.

All participants noted protective factors in their healing from disordered eating behaviors and internalized transphobia. Although each participant’s narrative ranged and differed from one another in some way, the common threads included affirming clothing, physical activity, and emotional intimacy. Although these are not the entirety of the protective factors identified, they were the most common among the data and were stated to be the most impactful upon participant wellbeing.

*Gender diverse participants endured messages of their body being “wrong” and needed to meet beauty standards in order to be acceptable—GAC support and community increased euphoria and positive health outcomes.*

The basic themes that were derived from this global theme included “Cis-heteronormative expectations placed upon the gender diverse participants had negative impacts on their body image, mental health, and physical health” and “Poor self-image or external oppression increased feelings of dysphoria, ED, and poor health outcomes; conversely, gender-affirming medical care and professional support increased feelings of euphoria and positive health outcomes.”

As one participant noted, “Trying to accept my body as a woman was totally different from just being able to accept my body as a man.” Beauty standards and internalized fatphobia likely influence everybody living within American society to some degree. However, when looking through the binary lens, men and women may experience beauty standards and body image differently. In American society (generally speaking), women are expected to be thin with curvy secondary sex characteristics, whereas men are expected to be more muscular, with some
lean body fat. Looking past the binary, some of the participants noted how they felt like their body was under a microscope, existing in American society. They noted feelings of pressure to look a certain way and feeling discomfort in others talking about their bodies, wondering “how” their bodies ‘work.’ Multiple participants rejected these notions, with one participant saying;

We aren’t a model; there are so many ways of being trans, of existing in the world … I feel like it’s … difficult in general for people to like, accept trans people, and also, especially us who defy logic to like, are just, you know, out of the box … the box doesn’t even exist, who have lots of theoretical, like, contradictory identities, like, we exist.

We’re valid; people need to … listen to us until (they) like get over whatever internalized shit they have about trans-ness, about complexity … Stop thinking you know better … there’s no one way to look trans. There’s no one way to be trans. And I would really love for more narratives of, you know, of the variation and diversity to come to the surface, to be more of a thing for, so those of us who don’t fit, you know, the binary trans or even now there’s like a, you know, nonbinary (trans identity), but like in a very specific way, is becoming more accepted for those of us who don’t fit any of those options … obviously, we have all of our own internalized stuff about gender … about how we feel, what we want to look like, etc. I wonder what a society, what would it be like for trans people. What our experiences would be like if the rest of the world wasn’t as obsessed with our bodies as they are, like, how we might be able, like, what it would be like, how we might move the world or see ourselves or exist, maybe it being easier.

Cis-heteronormative expectations placed upon the gender diverse participants had negative impacts on their body image, mental health, and physical health. Oftentimes, these expectations were not placed intentionally upon the participants, and the individual
microaggressing toward them had positive intentions. However, positive intent can still trigger harmful impacts:

- talking to other people, well-intentioned though they may be, try and hold those conversations in a way that ends up hurting because they rushed so quickly to be like either ‘you’re valid, and everything you experience is totally valid’ which like I don’t some of it isn’t and you’re rushing to validate me instead of listening to whether I’m struggling is actually paradoxically more invalidating to me, or they’re like ‘you’re non-binary, so you’re fake trans,’ and it’s like I didn’t … I don’t, really. That’s part of why I don’t always publicly identify as trans because ‘real trans is just FTM or MTF, and if you’re anything in between or a gender, then you’re faking it, you’re a transgender.’ So, in a way, it’s one of those things where it’s like I almost don’t want to talk about it until it’s been resolved because then it’s me letting you know where I am, but you don’t have the opportunity to adjust the narrative before the narrative is finished or to shame me into making it worse while I’m still trying to figure it out. So, I guess maybe that’s what I mean is that there are people who understand these topics are important, and we’ll try to hold them with the best of intentions.

One participant noted how she held associations of thinness with femininity and how larger bodies held associations with masculinity, as well as some level of disgust. Heteronormative gender stereotypes were mentioned by all participants in some form, but this participant noted how the pressure she felt to be thin was also experienced as a pressure to be more feminine, which, when combined, fueled a long struggle with anorexia. Multiple participants involved in this study also noted how they felt pressure to present in a way that
helped them pass as their correct gender, which might be experienced as controlling the narrative from others who comment on their gender expression or their gender identity overall.

We were talking about what does being thin mean to me. Why is it so important for me? And I remember saying, you know, being thin to me sounds feminine … It kind of underscores the extent to which I was utterly unashamed of the feelings that I had, that I wish my body could be feminine. You know, when I look down, and I have like this really skinny belly that sounds like a feminine thing to me, whereas if I have, you know, I’ve had a big honking belly, that would feel very masculine … I really do think there was an element of ‘I can’t control my body all the way to the direction that I wanted to really go. While, as an anorexic, at least, I have control over my body. If I control my weight, I have some control over it, and so I do think being Trans was an issue, you know, (it) was one of the things that led me down that road … I would go to these OA meetings, So you know, and back then, there were like 20 or 30 people that would go to these meetings. It’s now a much smaller organization but, and they’re all women, and so I’d be sitting, you know, this one male presenting person in a room full of women, and I never felt out of place. I never felt uncomfortable.

Poor self-image or external oppression increased feelings of dysphoria, ED, and poor health outcomes; conversely, gender-affirming medical care and professional support increased feelings of euphoria and positive health outcomes.

It’s better than it’s ever been, and it's also still not good. Again, top surgery has been a wild roller coaster. Healing is, you know, going well, but I’ve lost a lot of my mobility. And I have to learn to live in, like, a different body, basically, which is hard for me as a very physical, movement-based person … I’ve had more time without my breasts. It’s
easier to look down in my stomach and see that, like, I’m not the kind of like the conventionally attractive, like, you know, Ryan Gosling type, guy. But it’s also, there’s definitely good parts. My, my beard is coming in … as much as I can call it a beard. My family doesn’t grow beards very well, so it’s, it’s more like stubble. But I really enjoy it. I enjoy the feeling of shaving, and my stomach hair is coming in, and when they took off my breast, they left some of my chest hair, which was very exciting to me. I was worried all that was gonna be gone. So that was, that was nice. So yeah, there are good changes I’ve noticed, and I think overall. I enjoy having a more masculine frame; I know overall I enjoy having a more masculine frame, and there have been more moments of me looking in the mirror, especially with the top where I’m like, ‘Oh, hi, that’s me, cool!’ Instead of the kind of depersonalized beforehand, where it was like, ‘Oh, yeah, I’m in the mirror … Okay, you know I don’t have any shit on my face. Let’s go out, chase the day’ so there’s a little bit more, you know how like cockatoos look in the mirror for hours, kind of that sort of thing. So yeah, it could, good and bad, more good than bad.

The experiences of the participants varied widely, but common themes arose among the data. All participants noted chronic body image struggles, experiences with low self-esteem, and harmful expectations related to gender expression. Most participants noted some form of trauma having a major impact upon their sense of self and both emotional and physical wellbeing. These conditions and impacts made gender exploration more difficult for many of the participants, slowing or halting their expression and introspection. Multiple common protective factors also arose among the data, but each participant’s journey into emotional and physical wellbeing, and movement away from disordered eating behaviors, was unique.
Discussion

The primary aim of this study was to explore the lived experience of gender diverse individuals who have experienced disordered eating behaviors and to see if internalized transphobia influenced the development of the disordered eating behaviors. The secondary aim of this study was to explore what protective factors were identified by participants in order to better understand what supports might be highlighted in treatment settings. As one may expect, the lived experience of each participant was unique in a multitude of ways. The common themes that arose from participants’ narratives, noted above, highlight some common experiences, struggles, and triumphs within this group of individuals.

Societal expectations affect us all, but gender diverse folks, along with other marginalized groups, face numerous oppressions associated with these expectations. Challenges of being able to express gender freely can feel very isolating and painful, but recognizing that others may endure similar harmful messaging can lessen the feelings of other-ness. In the LGBTQ+ community, a sense of belongingness and a sense of community can be vital to protect one’s physical and emotional wellbeing.

One of the implications of this study’s findings is that healthcare providers and families need to be educated and sensitive to the needs of gender diverse populations, as these are important potential sources of comfort, safety, affirmation, and healing; however, when these sources are not available to gender diverse individuals, the lingering effects can be very emotionally and physically damaging to the individual. Internalized fatphobia and gender dysphoria appear to interact with one another, which may have influenced the participants’ perceived need to control body shape in order to meet beauty standards, despite its impact on their health. This may be further impacted by gender diverse folks being told their bodies are “wrong.” Further, the associations between trauma and disordered eating behaviors appeared to
interact bi-directionally with gender dysphoria. Internalized fatphobia’s influence on the development of disordered eating behaviors in gender diverse adults is an area of research that would be important to study through the lens of internalized transphobia. Internalized fatphobia was a factor brought up by multiple participants in this study as an influence on disordered eating behaviors, as well as body image struggles. Themes of control over one’s body are not uncommon in working with clients presenting with disordered eating concerns. Multiple participants involved in this study also noted how they have felt pressure to present in a way that helped them pass as their correct gender, which might be experienced as controlling the narrative from others who comment on their gender expression or their gender identity.

Gender diverse people experience a wide variety of discrimination from both interpersonal interactions and society, which has been shown in the present study to hold the potential for physical and psychological health decline, especially when the discriminatory messaging is internalized (Brewster et al., 2019; Gordon et al., 2016; Jones et al., 2016; Kelleher, 2009; Testa et al., 2015; Uniacke et al., 2021; Wang-Jones et al., 2017; Witcomb et al., 2015). This health decline can be further worsened by internalized transphobia, propelling the development of an eating disorder (Jones et al., 2016; Uniacke et al., 2021; Wang-Jones et al., 2017).

Meyer (2015) defines “distal and proximal factors” as a range of different effects minority stress can have upon sexual or gender identity minorities. “Distal factors” refer to “chronic strains, everyday discrimination or micro-aggressions, and even non-events” (Meyer, 2015, pp. 209–210). The distal factors that were noted in this study included the expectations placed upon participants to express their gender in particular ways, especially in ways that complement the cis-heteronormative expectations in gender expression. Further, the questioning
or complete denial of the legitimacy of gender diverse identities by others can be a particularly
damaging distal factor. “Proximal factors” refer to events and experiences that are internalized
through active cognitive processes, typically created by oppressive sociocultural socialization;
these experiences can include internalized biases or prejudices against one’s own identity and
anticipating discrimination (Meyer, 2015). Every participant noted some form of social pressure
or societal oppression as an influencer of their psychological stress and distress, which in turn
appeared to have influenced the development of internalized transphobia and disordered eating
behaviors. For some, it was familial expectations and body image struggles learned from parents’
beliefs about body size. For others, it was internalized social norms and societal beauty
standards. Participants noted both proximal and distal factors, the internalization of oppressive
societal beliefs, and the perpetuation of micro- and macro- aggressions enacted against them as
major contributing factors towards the development of disordered eating behaviors.

Trans individuals are more likely than their cisgender peers to develop eating disorders
(Austin et al., 2017; Bell et al., 2019; Brewster et al., 2019; Dolan et al., 2020; Duffy et al., 2016;
Hendricks & Testa, 2012; Kelleher, 2009; McDermott et al., 2008; Meyer, 2003, 2015; Uniacke
et al., 2021; Witcomb et al., 2015). Although there are a variety of reasons and influences that
can be particular to just one individual, the current study validated the existing research, which
suggested that the overarching influences tend to be societal and interpersonal, often resulting in
internalization of harmful messaging (Brewster et al., 2019; Coelho et al., 2019; Duffy et al.,
2016; Gordon et al., 2016; Kelleher, 2009; McClain & Peebles, 2016; Meyer, 2015). The
mechanisms of the internalization of transphobia and subsequent eating disorder risk were
explored in the present study, and noted influences by family, peers, sexual trauma, interpersonal
isolation, body image struggles and fatphobia/thinphobia, gender expectations, others
questioning their identity, and social rejection. Interpersonal and sexual trauma had an impact on participants' self-perceptions and body perceptions, thereby further influencing gender expression and eating behaviors. Further, the present study validated the findings of the study conducted by Uniacke et al. (2021), whose findings suggested that there are strong associations among internalized transphobia, gender identity development, and eating disorder symptom development in trans and nonbinary individuals (Uniacke et al., 2021). The process of internalizing harmful societal and interpersonal messaging tends to be a subtle and longstanding process, although significantly traumatizing events can further solidify the effects oppression can have on self-worth, self-esteem, and personal safety (Wang-Jones et al., 2017). Individuals who are chronically and severely stigmatized within a society often internalize these messages; this can lead to self-depreciation and self-harm (Glynn et al., 2016). Transphobia is currently a major form of societal oppression, thus, many within the trans population may suffer from internalized transphobia (Bockting et al., 2020).

The existing literature suggests that dealing with minority stress as it relates to society’s gender expectations increases the risk for the development of disordered eating behaviors in trans individuals; this can sometimes be in an effort to change certain secondary sex characteristics associated with their biological sex, such as breasts in trans men or increased muscle mass in trans women (Coelho et al., 2019; Dolan et al., 2020; Duffy et al., 2016; McClain & Peebles, 2019). The present study confirmed this, as the cis-heteronormative expectations placed upon the gender diverse participants had negative impacts on their body image, mental health, and physical health. In a few participants’ reports, restrictive eating behaviors were utilized with the aim to reduce secondary sex characteristics such as breasts and hips. For others, binge eating behaviors were utilized in order to increase the development of the same secondary
sex characteristics or as a method of self-soothing from the emotional distress associated with gender dysphoria.

Identity is something deeply personal and individualized, yet how participants viewed themselves was influenced both by society and by connecting with others who have similar experiences. Challenges of being able to express gender freely can feel very isolating and painful, but recognizing that others may endure similar harmful messaging can lessen the feelings of other-ness. Poor self-image or external oppression increased feelings of dysphoria, ED, and poor health outcomes in this participant sample; conversely, gender-affirming medical care and professional support increased feelings of euphoria and positive health outcomes. External pressures and toxic positivity toward diverse gender identity are also explored by participants, which holds implications of being mindful of how clinicians approach talking about gender diversity, even with positive intent.

**Protective Factors**

A community supporting gender exploration helped foster positive health outcomes in multiple participants. Having a community fostered self-exploration, growth, and acceptance, whereas not having a community was experienced as isolating and invalidating by participants. Having access to community, terminology, and freedom to explore their identity had a major influence on participants’ feelings of euphoria. As one participant stated,

I think the intersection of the trans community, and also disordered eating is so prevalent … as I reflect on my life, I recognize that maybe part of why it’s been so hard for me to cope with the unhealthy eating choices I made or the restrictive punishing choices I’ve been making … it’s also that the friends that I’ve had around me didn’t see my choices as a problem … whatever you can do to seize greater autonomy over your body is a
worthwhile endeavor, and they were also struggling … I have a lot of gender diverse friends, so, it’s like we were having the same struggle at the same time.

GAC was also a major factor in participants’ sense of well-being, as for many, it was the major transformative factor in moving from dysphoria to euphoria. Multiple participants noted striking differences in their emotional and physical well-being following HRT or gender-affirming surgery. GAC support and community together increased euphoria and positive health outcomes. Meaningful activities, physical and emotional intimacy, and affirming clothing also increased euphoria and aided in disordered eating recovery in some participants. Based on the present study, clothing was identified as not just pieces of cloth: they are protective factors, safety, and forms of affirmation. However, it should be noted that clothing can be gender euphoric or dysphoric to participants, depending on the level of freedom to explore and experiment, as well as access to affirming clothing. Engaging in meaningful activities was also shown to increase a sense of wellbeing and euphoria in multiple areas of participants' life. Participants who engaged in sexual activity and emotional intimacy with their partners felt more affirmed and euphoric in their gender identity and body, which subsequently aided them in moving past disordered eating behaviors. Closeness with another person who may deeply understand the complexities of living as a gender diverse person in our society, seeing who they are inside and out, and still loving them despite the hateful rhetoric is a beautiful expression of unconditional love, a love that these participants (alongside all people) are deserving of.

Clinical Implications

The results of the present study confirm the findings of past studies in that it highlights the need for GAC and informed medical and psychological practice in issues specific to gender diverse clients. Affirmation of diverse gender identity is first and foremost in clinical
recommendations based on the current data. Questioning gender identity or gender expression can be highly invalidating and harmful to the emotional well-being of the gender diverse individual sitting across from you, in medical settings or otherwise. The highlighting of affirming and supportive individuals or communities can be highly influential in the ongoing wellness, health, and happiness of the client; this is particularly true for individuals who experience a moderate to severe level of minority stress. Increasing meaningful activities for the client, whether it be going for a hike, engaging in sex or intimacy with an affirming partner, journaling, or listening to music, can increase the client’s sense of wellness and peace within their body and in their identity.

Gender dysphoria may not be a primary concern of the client; it is easy to assume a gender diverse individual struggles with their identity, but that would be an unfair and untrue assumption. It may be counterproductive, even harmful, to focus on dysphoria when there may be an entirely different concern at the forefront of the client’s attention. Further, a different psychological concern may be impeding the client’s exploration of their gender identity. Disordered eating behaviors were often difficult to identify and thus be supported in healing from in some participants; the freedom and capacity to explore gender were stifled in some cases if disordered eating was not identified and treated first. As every individual has experienced unique life circumstances and has different ideals regarding wellness, it is difficult to claim what healing and harming factors can be assumed when working with gender diverse adults struggling with eating disorders, regardless of common themes taken from this data.

Not all gender diverse people are seeking out HRT and gender-affirming surgery. There are plenty of gender diverse individuals who are perfectly comfortable in their gender expression without medical intervention or who simply choose not to seek medical care. This fact could be
highlighted by the practitioner, as long as the practitioner is educated and mindful of the subject, as the discussion of this could induce feelings of negatively-charged questioning in the expression of the client’s identity.

**Limitations of the Present Study**

The primary limitation of the present study is that all participants identified as White. Making sweeping claims about the data gleaned from this study in regards to gender diverse adults from all walks of life would be incorrect, as the participants were racially homogenous. The data does not represent the diversity inherent within the gender diverse community, as the gender diverse community is well represented by folks of all racial identities. Most participants noted earning degrees in higher education, which skews the representation of the data towards those with higher levels of access to higher education, suggesting higher socioeconomic status. The majority of participants identified within the 25–45-year-old age range, which makes this data better representative of younger gender diverse adults. All participants were located within the United States, which holds cultural limitations, meaning that this data cannot be applied to the experiences of gender diverse adults from around the globe. This data is not generalizable to the gender diverse community at large but rather a specific subset in the demographics. A larger participant pool would provide even more information on the lived experiences of gender diverse individuals who have experienced disordered eating behaviors.

**Future Directions**

Internalized fatphobia and gender dysphoria appear to influence one another, which may have influenced the participants’ perceived need to control their body shape in order to meet beauty standards, despite its impact on their health. Future studies should look into the specific mechanisms that interplay between internalized fatphobia and transphobia, and how the
combined influence may impact or incite disordered eating behaviors. Diet culture and its effects on disordered eating behaviors within the gender diverse community should also be included in future studies, as it is a specific aspect of the wide variety of societal harm inflicted on these individuals.

**Conclusions**

Gender diverse adults may face numerous hardships, but they also experience a wide variety of triumphs, can have a loving and accepting community, and often show resilience in the face of oppression and hardship. The experiences of the participants appeared to have connections to chronic body image struggles, low self-esteem, trauma history, and harmful expectations related to gender expression appeared as the major contributing factors towards the development of the disordered eating behaviors. Internalized fatphobia also arose as a factor that interacted with both internalized transphobia and disordered eating behaviors in multiple participants; conversely, internalized thinphobia was exhibited in other participants. Further, these harmful influences appeared to hinder the ability of multiple participants in their exploration of their gender identity. Gender-affirming care, meaningful activities, intimacy, community, and affirming clothing emerged as the major protective factors in the lives of the participants and were named as largely influential in their wellbeing, healing, and movement toward positive self-esteem in their bodies and in their identities. Although the experiences of the participants in this study should not be applied to the conceptualization of disordered eating behaviors and internalized transphobia in people from all walks of life with full certainty, the data gleaned from this study are important to consider when working with gender diverse people who present with similar struggles related to the internalization of transphobia, which is rampant in our society. More research, especially research that incorporates the narratives and lived experience of gender diverse people representing Black, Indigenous, and People of Color.
(BIPOC) identities, is essential. Nature values diversity, yet American society largely values homogeneity—perhaps we should take a page out of nature’s book and affirm the diversity inherent to the human experience, considering everyone of all races, sexes, ethnicities, religions, abilities, nationalities, sexualities, and genders.
References


APPENDIX A: SEMISTRUCTURED INTERVIEW

Semistructured Interview

- How would you describe yourself?
- How would you describe your gender identity?
- At what age did you fully recognize your gender identity as it is now?
  - If past early childhood--how has your perception or experience of your body changed after recognizing your diverse gender identity?
- How would you describe your relationship to your body over the past 3 months?
- Has your trans identity influenced how you view your body shape? Has this influenced your body image?
  - If yes, how so? What activities help you feel good (or better) about your body and how it looks to you?
  - If not, what activities help you feel good (or better) about your body and how it looks to you?
  - Could you provide me with an example?
- Do you believe that the thoughts about your body possibly triggered the disordered eating behavior? If so, can you tell me about the thoughts?
APPENDIX B: MEANS AND STANDARD DEVIATIONS OF SUBJECT SCORES
FROM TRANSGENDER IDENTITY SURVEY (Bockting et al., 2020)

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
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<tbody>
<tr>
<td>Pride</td>
<td>39.4</td>
<td>7.3</td>
</tr>
<tr>
<td>Pride (Reverse Scored)</td>
<td>22.4</td>
<td>5.8</td>
</tr>
<tr>
<td>Shame</td>
<td>27.6</td>
<td>11.2</td>
</tr>
<tr>
<td>Alienation</td>
<td>10.6</td>
<td>3.8</td>
</tr>
<tr>
<td>Passing</td>
<td>18.4</td>
<td>8.4</td>
</tr>
</tbody>
</table>
**APPENDIX C: GLOBAL AND BASIC THEMES**

<table>
<thead>
<tr>
<th><strong>Global theme 1:</strong> Societal expectations, trauma, and low self-esteem impacted disordered eating behaviors and increased difficulty in participants' exploration of gender identity.</th>
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<tbody>
<tr>
<td><strong>Basic Themes</strong></td>
</tr>
<tr>
<td>Internalized fatphobia and gender dysphoria appear to influence one another, which may have influenced the participants' perceived need to control body shape in order to meet beauty standards, despite its impact on their health.</td>
</tr>
<tr>
<td>Disordered eating was often difficult to identify and be supported around in participants--freedom and capacity to explore gender was stifled in some cases if disordered eating was not identified and treated.</td>
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<thead>
<tr>
<th><strong>Global theme 2:</strong> A community supporting gender exploration helped foster positive health outcomes in participants.</th>
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</thead>
<tbody>
<tr>
<td><strong>Basic Themes</strong></td>
</tr>
<tr>
<td>There is no one right way to experience or express gender--it is personal and unique.</td>
</tr>
<tr>
<td>Having a community fostered self-exploration, growth, and acceptance, whereas not having a community was experienced as isolating and invalidating by participants.</td>
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<tr>
<th><strong>Global theme 3:</strong> Meaningful activities, physical and emotional intimacy, and affirming clothing increased euphoria and aided in ED recovery in some participants.</th>
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<tbody>
<tr>
<td><strong>Basic Themes</strong></td>
</tr>
<tr>
<td>Clothing can be gender euphoric or dysphoric to participants, depending on the level of freedom to explore and experiment, as well as access to affirming clothing.</td>
</tr>
</tbody>
</table>
Engaging in meaningful activities increased a sense of wellbeing and euphoria in multiple areas of participants' life.

**Global theme 4:** Gender diverse participants endured messages of their body being "wrong" and needed to meet beauty standards in order to be acceptable--GAC support and community increased euphoria and positive health outcomes.

<table>
<thead>
<tr>
<th>Basic Themes</th>
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<tbody>
<tr>
<td>Cis-heteronormative expectations placed upon the gender diverse participants had negative impacts on their body image, mental health, and physical health.</td>
<td>Poor self-image or external oppression increased feelings of dysphoria, ED, and poor health outcomes; conversely, gender-affirming medical care and professional support increased feelings of euphoria and positive health outcomes.</td>
</tr>
</tbody>
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**APPENDIX D: DATA TABLES**

<table>
<thead>
<tr>
<th><strong>Global theme 1:</strong> Societal expectations, trauma, and low self-esteem impacted disordered eating behaviors and increased difficulty in participants' exploration of gender identity.</th>
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Not looking in mirrors... and obviously I can't avoid it, but like sure like, honestly just like not and because it like...trying to minimize my like obsession with how I don't like how I look so like trying to cut cut that off.

I think that part of it just being looking at it, being like ‘this isn't mine’ like it doesn't feel...like I’ve never felt that way ever before. But just this like looking at myself and being like ‘this isn't right, like this isn't...this isn't mine,’ which isn't great, because not associating your body with yourself, then leads to unhealthy behaviors ...

when we're talking about disordered eating behaviors, we're really talking about my twenties. You know it wasn't so bad at college because at college I ate All my meals in the dining room, and so there was just food there, and I would just eat it. But then, when I was on my own ...

I mean I think that there's no way that it isn't connected to fat phobia, and also I think it's...it's definitely like gender and dysphoria Yeah, but I mean I there's...there's no way. It's not really just because of how you know our society and especially like very, you know, family structure...

it's changed a little bit. Yeah, I’m pushing 60 now, and so parts of my body are starting to sag and get wrinkled, and that kind of thing not so thrilled about that. But on the other hand, I I would feel that same way, if I you know, if I hadn't gone through all of this but I would also have that kind of body the story.

I would say I’m frustrated. I mean I first of all, I love. I love the fact that I have a female body. I wake up every day, and I’m just amazed at how such a wonderful income happened to me. That being said I’m not very happy about the fact that I’m getting older...

I don't like about the fact that you know your body weight shifts as you get older, and it's shifting around my middle and I don't want to be one of those you know, potbellied Trans Women, you know ...

always throughout my life I have never been far away from a concern about body shape

in the last maybe 10 last year or 2 that I’ve started you know...my body shape has started becoming a little bit dumpy or the way that you do when you get older. So in that respect it's changed …
So I’ve always had a relatively good experience with food. As much as someone in our society can definitely some a lot of stuff with my mom around her internalized stuff trickling down to me and my sibling off and on. Throughout my life I’ve had the food stuff that has most impacted me has been like a under or lack of eating…

But looking back, I mean it really was unhealthy eating and so that that continued pretty much all the way through Graduate school. I spent 4 years and then when I left graduate school. Somehow the change of scenery made me face that, and made me say, you know what I don't want to be eating this way. This is not a healthy way to eat, this is not a healthy way to live…

I think most helpful, was a group called over-eaters anonymous and I went to their meetings, and I met a lot of other people there who had eating disorders who You know, talked about what worked for them?...

had to tinker with it for a couple of years. But I came up with a way of eating whereas if I eat this way. My body is going to get everything it needs, and I’m not going to be hungry, but I'm also not ever going to get fat and so and obviously I've been eating that way my whole life…

And I remember talking about my, to my sponsor at some point You know we're you know we were talking about what does being thin Mean to me. Why is it so important for me? And I I remember saying, you know, being thin to me sounds feminine, you know, and you know, is that kind of it? It kind of underscores…

I have no idea what my life would have been if I’d have been a cis, man, I’m sure it would be very, very different. I I think that it's certainly was a factor , being trans was a factor in my concern about my weight, my body, and it was interesting because…

the fact that I didn't feel constrained by doing things the way males did might have also you know, contributed to my you know, to my reaction to my anxiety about getting heavy in other words, it's just gender man, if they're anxious about being heavy they'll hang around with their dudes….

I had a lot of body image issues in, I guess, starting in childhood. In terms of like. I wanted to be like the boys that I admired, and they were really big eaters, and so like I would binge and like I wanted my body to look stocky like a like a young boy's body and and then, later, after puberty started, and I developed breast tissue…
in a way it's improved my relationship with my body. But in the way that like I’m able to articulate what's happening for me. Whereas when I was a child I would just--I don't know if they were panic attacks. But there were, there were some times that I would just be like totally overcome with a feeling of disgust…

It's not been the best...I feel like in the past couple of weeks, it's been improving by active choice where I recognize that I have a pattern of just beating myself up, and that's whether it's appearance or grades and I’m really trying to take active steps to be a lot kinder to myself, just in general…

I can't for sure say how or if my Trans Identity impact says like a one to one, my view with my body. But I know that I will say that thinner, skinnier bodies tend to be more androgenous. And I mean just based on like I said AFAB Folks are voluptuous in my family…

throughout my life I've had very big weight fluctuations. And I will say my biggest fluctuation happened. pre my biggest weight fluctuations happened. Pre my conscious knowing So my first is, I was a I was a very overweight child, but pre-pubescence. I knew that people looked down on me because I was fat but I didn't care because…

I don't know if I misremembering this because it feels physically impossible. But I remember having a line in my head that I lost £40 in 2 months, and that was like a ‘Wow! What a great person I am, like…This proves that I am awesome and disciplined and smart, and all these things that people assumed. I wasn't…I prove them wrong by losing all this weight this fast.’ …

But another part of it was also like I wore size, 4 jeans. For the first time in my life, and I would again was so proud of myself. And so there are times in which I’ll look in the mirror, and I’ll be like wow like if I put on this underbust for it. I've got like a real hour glass shape…

I just want to feel powerful paradoxically, even though like executive function wise, I understand that not eating is the opposite of powerful, it's gonna atrophy your muscles. It's gonna do all this stuff I know that and yet it feels powerful to do, and it almost feels like loving…

I think what actually sparked it off is I was like joking with with my girlfriend. We are like having a call, cause we're long distance the moment. But she just made some offhanded comments that wasn't meant to hurt me at all, but it was like, oh, like ‘we need to have you eat more peas and carrots to shrink this size of that bum’ and I was like I was like no like we're done talking…
I remember, like I was trying on all of these swim suits and being like ‘maybe it's like something's wrong with the cut, maybe it just fits weird’ and like it was like a pile of swimsuits that I had on my mom was like waiting for me like just bringing in the litany of swim suits and stuff like that and there was a point in which I just couldn't do it, and I remember just…

So I definitely think thoughts of my body being wrong, or something being wrong with me on like a very foundational and I've I also remember I was making like a lot of poetry. I was a very creative person…

one of the thoughts I had when I was younger was, ‘You know It's really sad that I wasn't born a boy, because I would have made some girl a really good boyfriend,’ which is cute, but also very gay, which is on brand, but like I don't think many cis people have thought…

There were 3 stages to kind of my obsession with body, without going deep into childhood, which is like middle and high school, where I gained a bunch of weight and was very depressed and binge eating and feeling just awful…

Then, when I lost a lot of weight, I was like, ‘Oh, this is great!’ And part of the thing that was great about losing a lot of weight was not only like my stomach…

Now that I have gained my weight back, but in a different way, and the fat distribution is different. I really find myself appreciating like, I don't know, just a masculine frame. I like, you know my stomach. I could do without my stomach. I could do with more muscle definition…

So, when I was in that middle school, high school kind of days, I was constantly having arguments with my parents where they would beg, plead on their knees, be like, ‘Please, wear girl clothes at least once, one day a week’ like those were the exact words, and I didn't want to…

I think it was during the Covid 2020 pandemic, I was at home. I was locked in my room. I had nothing to do but lay in bed and look at my body, or be in my body, because I couldn't just go out and do other things. I was. I was on like online school, so I was just staring at my face the whole time. So I was like ‘shit’…

Yeah. So after I organized it I started fully swinging with the girl Shit I was. I kept looking in my body, and I just felt like a like a flat stick, and used to be. I was cool, cool with the stick. I guess because I don't know everyone in society was a stick…
I feel like if I got more meat on me. It would fill out and make me have curves and stuff like how I see other girls have curves some stuff. I don't really have that many curves. That's kind of what I want from that…

So I guess, working out I like to work out like my hips and my butt and stuff and my legs and stuff that I want shaped in a feminine way. I'll work out, and then you know I just eat food try to get the fats from the food into me…

Well, the 3 classical eating, eating disorders? I don't think I fit into any of them I don't... I don't under eat I don't binge eat like where I throw it myself up. But I guess my guys totally fit closely, and I guess I would. If it if I were to take either of those 3. I guess the overeating one…

But then, after coming to understand myself I think more in the past couple of years, your your grad school, I think that I've debated around like, if I'm having like, if I'm like if it if it's fat phobia, or if it's like gender dysphoria or if it's both you know what I mean?...

So all those things 3 months from now it was okay. Yes, perfect. Okay, it's definitely been more self compassionate than I've ever been before. Like the relationship, as well, more full of compassion than ever before, and that is definitely like the results of my own therapy…

And then then also like my partner and I both got covid over the month of June, a different point during the month of June, and so I wasn't able to work out and then that makes me more shame and like negative toward my body because I'm like I'm not doing as much as I should be…

I don't know if it triggers it necessarily. But I think it's like a motivating factor for sure. So like my just for you, and my feeling like wishing my boobs are smaller, and knowing that like I could get top surgery or breast reduction but those would be things that are way…

those are sort of the thoughts that that will cycle or like, I do think about like if I’m not like I wanna be, I mean it's not just about gender. It's also about like I want to look better like I wanna like make my family proud, or whatever like being attractive to my boyfriend, or something like that. That those would all be things that our thoughts, and then trigger the behavior…
Identity is something deeply personal and individualized, yet how participants viewed themselves was influenced both by society and by connecting with others who experience similar things as them.

<table>
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<tr>
<th>So I do need to do some like inner reconciliation, because I've recently come to realize that I gravitate much more strongly, or enjoy it much more when people call me sir, or use masculine pronouns…</th>
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<tr>
<td>I think primarily, in the context of this study. It's important to me that I identify myself as transsexual and not transgender. I think that's an important distinction, and I hate to say for political reasons…</td>
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<td>And I also feel like I have mixed feelings about commercialization. I'm also a bisexual, identified as Lesbian before I realized that I was a trans man, so when the kind of commercialization of queer identities, really irritates me I don't like that you know it's been the big thing recently…</td>
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<td>I'm transgender male to female</td>
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<td>Okay, I would describe myself as a white nonbinary queer person who is a psychologist, and into the outdoors and the integration of ecosystem…</td>
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<tr>
<td>I describe myself as nonbinary</td>
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Disordered eating was often difficult to identify and be supported around in participants—freedom and capacity to explore gender was stifled in some cases if disordered eating was not identified and treated.

| But this time I did not put rules on myself because usually it's like I have to work out. I don’t have a choice and like I cannot have anything with that's over so many calories, or like all of these rules that I have for myself. And there were |
a lot. I really consciously was like. The only rule I am allowed to have is that I cannot have a hard and fast rule. I am allowed to have anything I want with moderation…

maybe part of it's the pandemic. But it feels like when you're struggling with disordered eating. You can't really talk about it and that's how it feels at least or how it felt to me, because even even when I was really bad with it. Like there were there were times that I would feel like weak…

I do wonder if, like you know, I had support and help around it. Instead of you know my parents are very like, lead by controlling. So I used to sneak food when I got my own job. I would spend most of my money on food because I was, you know, kind of fill whatever was going on inside. So I wonder if I had had support around the eating like I did kind of freshman year of, of college if I would have been able to explore my gender sooner.

that was a little tricky because like the question of like, what is disorder, eating behavior, thoughts, you know, like that comes into mind. And I think that I don't actually think that I need even too many disordered eating behaviors. Like Well, yes, I know I don't know it's hard. it's like all like perception based right cause like people think that intermittent fasting is great but some people think…

the thoughts about my body being wrong, triggering absolutely that it was kind, conscious, not as much because of When I read this question, the first thing that popped into mind was again another experience from high school…

it's been a very long time. I mean probably since the 1980s that I have done any disordered eating. However, I still have a lot of anxiety around food. And and you know part of that has gotten worse in recent years, because as a woman…

Interpersonal and sexual trauma had an impact on participants' self-perceptions and body perceptions, thereby further influencing gender expression and eating behaviors

In high school I had sexual trauma and a lot of boyfriends because of it. Dealing with it in a not dealing with it way But I remember at least like periods of time that I I believe that I like asked at least maybe 2 of them if they still like, if they would still like me if I was a boy. But it never like it
was never really a discussion, or like went anywhere or like. I never followed it further. I think it was something that I just like retrospectively was like, ‘Oh, yeah, that's interesting.’ I never…I don't know if I ever like hardcore was like identified as like a woman or a girl.

So I had in history of sexual trauma from my first boyfriend when I was 14. Good way to start and throughout time had, like a lot of various like sex triggering issues. But I feel like 2016-on has been pretty great, and I had another partner who's trans and then (I) was sleeping with an ex…

Yeah, I mean it was very much about protecting myself and changing the way that my body looks to others. So that the response I got from others would be safer for me…

Global theme 2: A community supporting gender exploration helped foster positive health outcomes in participants.

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<tr>
<th>Basic Theme</th>
<th>Text Excerpts</th>
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<td>There is no one right way to experience or express gender--it is personal and unique.</td>
<td>feeling different or similar to other trans people. Because there obviously are people who feel as like complicated as I do, and also a much larger narrative…</td>
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<td>I think in the last 10 years, even though I've identified as Trans. And there's been various like Changes in expression, and etc. I think yes, more like recently…</td>
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<td>So it's it's very important for me to be seen as female by everyone, it's very important that my female…that my body feel like a female body to me However, I can't honestly say that I feel like a female…</td>
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<td>So I started exploring my gender at age 50 and at age 51, I decided. I wanted to transition then, for in the next few years I just thought of myself as a transgender woman…</td>
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<td>I love my body shape as a woman. That much you know, is for sure I love it way better. I love all of the female things about my my body way better…</td>
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There's lots of things about you know femininity and womanhood that I’m like. No, it's not me…

I guess it's not really consciously, but picking things that are both very masculine and feminine more feminine I tend to like wanna be like a, almost a drag-like exaggeration of femininity to make it clear that…

I'm gender queer--Which for me, overlaps pretty significantly with nonbinary. So for me, I’m nonbinary and then gender queer is a more granular identity under that. Although it's its very own identity too…

Over the past couple of years let's see I started HRT in 2018, I think. and so since then, like my body has changed shape. Among loads of other changes...Yeah, I feel like I’ve had like a the real sort of body acceptance thing happen for myself in the last couple of years…

Just transsexual male or man, Don't care which one just as long as the…transsexual is the important part. I'd also say I feel some days more nonbinary than others…

my parents and I--this is a specific vignette that I feel like sums it up--went on a trip to North Carolina to visit my grandparents, and we stopped at a like a …

This been getting better and better...Oh, my God, it has been getting better. I used to hate it. Like actually. But now I I guess I’m a little bit more alright with it…

like a previously said Good. What I was trying to be a boy I I was going with the whole thing of I'm just gonna not eat that much…

It's in a body modification sort of way.

we aren't a model with there are so many ways of being trans of existing in the world…
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<th>Having access to community, terminology, and freedom to explore their identity had a major influence on participants’ feelings of euphoria.</th>
<th>I started thinking about gender in college in my junior year. so like 20. 10 years (ago). I think at that time it was just like being trans. And in general, and I guess more of like general nonbinary figuring stuff out…</th>
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<td>I didn't know that I could… I didn't know that that was an option. If somebody had told me that was an option? I probably would have said, Well, then, what are we waiting for? Cause I think, you know, since since I was a teenager, I wanted to be female. I wish that could be female…</td>
<td>at some point I said, you know and that that year that I turned 50. I said, you know I’m going to try to fix the things that are wrong with my life...</td>
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<td>So transsexual as I understand it, and I have only begun, like my readings, into queer theory. So this is very like dipping in the shallow end. But like as I understand it's just an older term and It was the first turn to come around when being trans was super medicalized…</td>
<td>Oh, there's been no small amount of angst, my parents are very not accepting. My dad is trying, but he's you know he's my dad…It was less hard, right, because my girlfriend who I mentioned earlier, transitioned…</td>
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<td>fully recognized? I was 19 that's when I was open it kind of started in high school. When I have my girlfriend, my first girlfriend, she explained a lot ...</td>
<td>I basically. I moved out of my house around 18 or 19. I was living with my friends, and I felt more accepted, I guess. So I started being more of who I was…</td>
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<td>I had a time when I was thinking like about this one and I think that I recognized that mine. I was like gender diverse before I had the language for it…</td>
<td>okay sure so I don't know the exact age that I was but I know that I well like my first 6 months, just for you when when I was like…</td>
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<td>Having a community fostered self-exploration, growth, and acceptance, whereas not having a community was experienced as isolating and invalidating by participants.</td>
<td>So I came up like kind of like, tangentially in the Lesbian community. And so like was sort of like a baby dyke at when I was like a teenager…</td>
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<td>it was tough because I didn't have access to like a like a treatment or anything like that. And so, but I did have friends who had gone through that treatment, and so one friend in particular helps me a lot. It was kind of… like she would tell me stories about, at the treatment center…</td>
<td>I don't think I would have been able to come out if I didn't also happen to have friends who supported and were gender expansive.</td>
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<td>I kind of just stuffed that down and said and thought to myself, Well, if that's not a thing that's recognized. Then I’ll just try my hardest to be a girl, but then, and my late twenties my mid to late twenties, I met another gender queer person, and We talked about gender stuff…</td>
<td>Challenges of being able to express gender freely can feel very isolating and painful, but recognizing that others may endure similar harmful messaging can lessen the feelings of otherness.</td>
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<td>I... never had like a really like good relationship with my body. And with food, various medical, cool things impacting body stuff, but never not in a lot of the other ways. People experience like I didn't I really have dysphoria like gender dysphoria…</td>
<td>I do think that, like it's it's hard, and maybe just like a really individualist process which is also hard with being so relational and like to have like people understand me, and get me through and through, and vice versa, you know, because and I don't think I’m like very connected to a trans community…</td>
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how I would describe myself with like as a relational person like I don't. It feels hard, because so much of gender expression and how like body image…

And yet merely the act of making my struggle so visible before I'm ready to tell you is or or before I’m ready to take any clear action towards it is is almost harder…

Global theme 3: Meaningful activities, physical and emotional intimacy, and affirming clothing increased euphoria and aided in ED recovery in some participants.

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<th>Basic Theme</th>
<th>Text Excerpts</th>
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<td>Clothing can be gender euphoric or dysphoric to participants, depending on the level of freedom to explore and experiment, as well as access to affirming clothing.</td>
<td>Clothes have always been part and complicated for me. I used to hate shopping, and I think retrospectively Some of it was gender and also overload sensory stuff. Clothes are a really…clothes are one of the biggest actual body gender things for me versus like physical body…</td>
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<td>I earlier this year got lingerie stuff for the first time, and specifically like top stuff for expression with like and having my like new chest and like exploring that and see like that feeling good in an affirming way…</td>
<td>There was a period of time where it was like, in the last few years. I kind of got rid of more like my femme workout stuff, and now I regret it…</td>
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<td>it used to be nice to go to the beach. There we go, going out not to the beach but you go swimming, and wear 2 piece swimsuits, so you can have all the men stare at me…</td>
<td>the clothes look nice on me, and so I know I look nice</td>
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<td>I couldn't wear the clothes that I like to wear as much, because developing hips, and so like boys pants don't look good on me anymore, because they're super tight on certain spots, or whatever …</td>
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I bought a binder like, So that is something that sometimes makes me feel better. It's a little challenging because it's like not the like most restricting binders, So it's supposed to be healthier and more comfortable…

doing exercise, but then also I don't know if I said exercise, but that is one further trying to do those things. But I had said then, like binding, or trying to wear like clothes that are more like fit from well fit for my body, like need for the shape of my body. But more in line with my gender identity.

Participants who engaged in sexual activity and emotional intimacy with their partners felt more affirmed and euphoric in their gender identity and body, which subsequently aided them in moving past disordered eating behaviors.

Sex, my partner and I…my partner, is also Trans. I love being in a T for T relationship, and T for T sex and… He’s one of the people who does understand my complexities and I’ve never had a like issue with sex stuff, because of being Trans. So that definitely is a big, like big activity for affirmation. Being, Being physical, and I mean that includes being physical in their body being physical in my body in any way.

Yeah, sex is honestly one of the best examples because I think it it's kind of like an outside in thing, because it's having a partner who I know actually sees me for who I am and so I’m able to like receive that…

I think there's also just something in general about like skin to see where it Just like existing as yourself, and like skin to skin with another person where you're able to just I guess like, be and feel yourself without I guess all the noise and all the like worry about like presentation and expression and dysphoria.

I mean I’d have to say like like being engaged in like sexuality is also a way that, like I use my body and feel comfortable in my body, which is something that has not always been a comfortable thing…
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<tr>
<th>Engaging in meaningful activities increased a sense of wellbeing and euphoria in multiple areas of participants' life.</th>
<th>I've always loved being physical like being an athlete working at summer camps. Just like I’ve always loved working out …</th>
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<td>Yeah, I guess just one more little thing, with the the question about what activities make me feel good in my body. like I would say like being disabled with like one of my disabilities is like chronic pain…</td>
<td>Yeah, so I have like a back issue right now. And so I’ve been doing physical therapy and so I’ve been doing exercises twice a day. Fairly gentle, mild exercises. but it feels really good, and it's like it's very grounding…</td>
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<td>the other thing that I haven't engaged in in a while. But I should is after a really good workout, like if I have an hour of cardio, and then an hour of weightlifting there's something about that process…</td>
<td>I never liked running before, but now that I’ve kind of started hormones, I love running. So, like, working up a sweat, working out like in a very positive way makes me feel really good...</td>
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<td>Senior year, I would go to the gym with my friends and do some workouts. But that's, about it...like it was nothing you know it and it wasn't something I was never going back from the gym like. ‘Oh, man, I feel awesome.’ It was just like ‘okay, I went to the gym. I'm sweating. Now I need to take a shower, this is gross.’ …</td>
<td>I think it's the kind of choice of it right before I felt like I had to, because, ‘oh, my God, I’m getting fat. I can't get fat because then I won't have worth and I'll be ugly’ …</td>
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<td>I like eating. Oh, I Know that the greasier and the fattier the food is, the more chance I'll get to gain weight from that…</td>
<td>listening to some music drawing and and travel, and whatever else that's just that's just stuff to help me relax if I’m stressing out…</td>
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I think that like a few things like I do think that when I’m really practicing self-compassion that is just like, and I guess like the activity with that is just like kindness…

**Global theme 4:** Gender diverse participants endured messages of their body being "wrong" and needed to meet beauty standards in order to be acceptable--GAC support and community increased euphoria and positive health outcomes.

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<th>Basic Theme</th>
<th>Text Excerpts</th>
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<td>Cis-heteronormative expectations placed upon the gender diverse participants had negative impacts on their body image, mental health, and physical health.</td>
<td>So there was definitely periods of time where if trying to be fit like, Be more masc, be more people perceiving me as like a very young, like cis gay boy, which like, does feel good, sometimes…</td>
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<td>I think it was just you know the you're assigned as this, and you are… people perceive you and raise you accordingly. Of how they think you are. There, I was never…I definitely had periods of time with my mom…</td>
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<td>we aren't a model with there are so many ways of being trans of existing in the world of identified, and I feel like it's I mean it's difficult in general for people to like, accept trans people, and also especially us who defy logic…</td>
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<td>one of the problems that I've had in my life is that I have a hard time making friends and in college most of my friends were female…</td>
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<td>It kind of happened at 2 points in my life. When I was 4 years old my parents gave me the talk about the difference between boys and girls…</td>
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<td>The first time that I was consciously aware that that nonbinary label fit I was 21. yes, I was 21 just a couple of months away from being 22. Although after I realized that's what that was suddenly it was like a flood of like Oh, that's what that experience was…</td>
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<td>I don't want to reveal my internalized misogyny here, but maybe I will. But I feel like it's very powerful to lift weights and it's kind of like a testosterone is pumping…</td>
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I think the intersection of the trans community, and also disordered eating is so prevalent that as I reflect on my life. I recognize that maybe part of why it's been so hard for me to cope with the unhealthy eating choices I made or the restrictive punishing choices I’ve been making…

…but talking to other people, well-intentioned though they may be, try and hold those conversations in a way that ends up hurting because they rushed so quickly to be like either ‘you’re valid and everything you experience is totally valid’ which like I don't some of it isn't…

That was the 1 one of the things that I'm Trans. and the other Is that I guess I never really understood Why, I’m like this, and no one else is like this like you either. You either wanna be skinny or you’re cool with the fact that you're already thick…

I don't know that like my perception of my body has changed much. Because it was more so like how I felt about my body making me like wonder about my dad's more than and like anything…

Honestly. it brings a little bit like anger and like I said, that I don't that I think wouldn't be there if I wasn't nonbinary. You know, because I think that I I have female friends who are like they identify as fat, like they're reclaiming the word, you know, and they are like they can embrace it…

So, I think that the thoughts are like. If I can lose weight, I would feel better about myself. Because my body wouldn't be as curvy or big, and so I could book more androgynous if I was just like more flat chested…

So, it's like a very specific job around parts of my identity and then there's the whole like, Am I queer enough, like impostor syndrome sort of thing coming into play, and I’m like and if I look cis…

| Poor self-image or external oppression increased feelings of dysphoria, ED, and poor health outcomes; conversely, gender-affirming medical care and professional support increased feelings of euphoria and positive health outcomes. | }
At some point, I guess, in 2018, 2019, I started to think about Medical transition stuff. Not necessarily because I was like I know what like. I know what changes I want. I know I want them, and it was just more kind of like a feeling…

Hormones are they're not like a super delayed, but a relatively delayed reaction, because your body catches up, and so it's definitely you know over the past year it's been it's been catching up with me…

I think part of the thing I'm concerned about is like, I guess, cause like my goal is honestly to lose weight. To change my body and I feel like the movement is towards is away from that, which is a good thing…

When I first started it wasn't about my body at all, it was about you know a living as a woman. And it really wasn't until I started living as a woman full time…

I was hanging around with a lot of trans people who were on hormones, and they were doing things like growing breasts. And I’m like I wanna grow breast, I want breasts…

These are the bodies I’ve wanted my whole life. And now, suddenly my body looks exactly like that. I mean it. It was something that I you know, just suddenly the impossible, It happened…

This is a really exciting time for me because I have a surgery this month, and like a gender or confirming surgery, and so I’ve been preparing for that and so mostly I’ve just been really excited and feeling like my body is strong…

So when I started hormones I gained a fuck ton of weight, and I was hungry all the time, and it felt like a lot like binge eating and I’m still above the weight I was…

It's better than it's ever been and it's also still not good. Again, top surgery has been a wild roller coaster. Healing is, you know, going well, but I’ve lost a lot of my mobility. And I have to learn so live in like a different body, basically…

I guess just like this isn't how it is for everybody because everybody has a different path, and not everybody has a medical or surgical transition…