

Eating Disorders Among Transgender and Gender Diverse People:

A Qualitative Analysis of Reddit Threads

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Transgender and gender diverse (TGD) people experience a high prevalence of disordered eating.¹ One study showed that almost 1 in 5 transgender youth received an eating disorder (ED) diagnosis in the previous year, compared to less than 2% of cisgender youth.^{2,3} TGD people are vulnerable to unique risk factors and treatment barriers associated with their gender identity and experiences of gender dysphoria. For example, EDs among TGD people may involve a desire to alter gendered physical traits to better align their body with their gender identity.³ Additionally, like other minoritized identities, TGD people experience minority stress, such as transphobia, which may contribute to negative self-image and ED symptomatology.³ Finally, TGD people often encounter ED clinicians who lack knowledge and skills to serve patients with TGD identities, which can in turn impede ED recovery.²⁻⁶

Prior studies of EDs among TGD people have been limited to body image⁷ and treatment experiences,^{8,9} and they usually involved small samples of fewer than ten TGD participants.¹⁰ While there have been many calls for improved ED treatment programs tailored to the needs of TGD people,¹¹ design of such programs requires a thorough qualitative understanding of TGD peoples' experiences with EDs, and potential interactions between ED experiences and gender identity.

Exploring Peer Support Forums for Disordered Eating

Reddit threads have been qualitatively analyzed to improve our understanding of sexually and gender

diverse mental health,^{12,13} including EDs.¹⁴⁻¹⁸ No studies, however, have focused on the experiences of TGD people with EDs. The public "r/EDAnonymous" subreddit has over 128,000 active users and 60-70 new posts daily. To more holistically understand experiences of disordered eating among TGD people, we performed an inductive thematic analysis¹⁹ of a total of 130 posts and 374 comments (N = 504) to r/EDAnonymous that were written up to 1 year prior to the start of data collection (February 17, 2024) and mentioned transgender or gender diverse identities, extracted via keyword search.

Self-reported descriptive data on the sample for every comment and post were collected when explicitly mentioned by the user or in the user "flair," which refers to tags located beneath the username that users can customize for a specific subreddit (Table 1). Three themes emerged during analysis (Table 2), with supporting quotes available in Table 3.

Theme 1: Minimizing Gender Dysphoria Through Disordered Eating Behaviors. Most users mentioned motivations for disordered eating that were related to their gender identity. Many users framed their disordered eating as a strategy to *eliminate* gendered physical characteristics associated with certain gender identities, or all gender identities. Some users described specifically being triggered by gender-based sexualization.

A small subset of users framed their disordered eating as a strategy to actively *gain* physical traits they associate with their gender identity, which are often congruent with

traditional gendered stereotypes (eg, wishing to appear more feminine by having a narrower waist or shoulders).

A few users described their ED as a means of regaining control following trauma that was explicitly related to their gender dysphoria. Other users' trauma was more indirectly related to minority stress due to being a TGD person, such as bullying victimization.

Theme 2: Pursuing Gender Affirmation as a Motivator for Recovery. For some users, realization of TGD gender identity and recognition that they were experiencing gender dysphoria motivated weight restoration and recovery from disordered eating. For example, one nonbinary user realized that their pursuit of androgyny through weight loss was not only unsustainable but also a consequence of the social gendering of physical characteristics.

Users who identified that gender dysphoria was driving their disordered eating considered and pursued healthier alternative methods to minimize gender dysphoria and experience gender affirmation, such as wearing different clothing that aligns their appearance with their gender identity. Some users were interested in pursuing weight restoration to better align their physical appearance with their gender identity: for example, one user ceased restrictive eating behaviors to achieve muscle gain as a transgender man.

Some users who engaged in restrictive eating behaviors pursued weight restoration specifically to prepare their bodies for gender-affirming care. For some users, this involved meeting specific health-related eligibility criteria for gender-affirming interventions; other users

Table 1.
Self-Reported Characteristics of r/EDAnonymous User Sample

Characteristic	
Gender identity, n (%) (total N = 258)	
Transgender woman	5 (1.9)
Transgender man	27 (10.5)
Transfeminine	123 (47.7)
Transmasculine	41 (15.9)
Nonbinary	45 (17.4)
Agender	6 (2.3)
Bigender	2 (0.8)
Cisgender woman	8 (3.2)
Age, mean ± SD, y (total N = 95)	22.3 ± 4.2
BMI category, n (%) (total N = 53)	
Underweight	35 (66.0)
Healthy weight	17 (32.1)
Overweight	1 (0.2)
Diagnosis, n (%) (total N = 113)	
Anorexia nervosa	86 (76.1)
Bulimia nervosa	10 (8.8)
ARFID	5 (4.4)
EDNOS/OSFED	17 (15.0)
Behavior, n (%) (total N = 33)	
Binge-eating	16 (48.5)
Purging	11 (33.3)
Caloric restriction	21 (63.6)

Abbreviations: ARFID = avoidant/restrictive food intake disorder, BMI = body mass index, EDNOS = eating disorder not otherwise specified, OSFED = other specified feeding or eating disorder.

were generally motivated to take better care of their bodies, hopeful that their bodies would be better aligned with their gender identities following gender-affirming care.

Theme 3: Unique Obstacles to Disordered Eating Recovery. TGD users who pursued ED recovery reported that health care facilities and recovery resources were ill-equipped to support TGD people. Users mentioned that ED recovery groups and facilities failed to recognize or accommodate their gender identities.

Even when facilities were welcoming of TGD people, they often did not provide clinical treatments tailored for TGD patients. For example, users whose EDs did not center on the traditional preoccupation with thinness that certain treatments target often did not find treatment effective.

Users also suggested that their EDs were aggravated by lack of access to gender-affirming procedures that would have helped them achieve the body modifications they were trying

Table 2.
Themes and Subthemes Identified Through Thematic Analysis of the r/EDAnonymous Subreddit^a

Theme 1: Minimizing gender dysphoria through disordered eating behaviors (N = 345)

This theme broadly covers discussion of minimizing gender dysphoria through disordered eating behaviors and represents most of the threads in the analysis.

Subtheme	n (%)
Disordered eating behaviors to eliminate gendered physical characteristics	286 (82.9)
Disordered eating behaviors to develop physical characteristics associated with gender identity	33 (9.6)
Disordered eating behaviors to cope with traumatic experiences	26 (7.5)

Theme 2: Pursuing gender affirmation as a driver of recovery (N = 74)

This theme appeared in a small subset of posts and comments, where realization and acceptance of TGD identities, and the subsequent decision or opportunity to pursue gender affirmation, led to weight restoration and recovery from EDs.

Subtheme	n (%)
Recovery after TGD identity realization and recognition of gender dysphoria	44 (59.9)
Identification of healthy strategies to experience gender affirmation	30 (40.5)

Theme 3: Unique obstacles to ED recovery and healthy eating as a TGD person (N = 267)

This theme represents discussions of various obstacles uniquely impeding ED recovery among TGD people. These include internal factors, such as gender dysphoria, and external factors, such as discrimination within ED treatment facilities.

Subtheme	n (%)
Interactions between gender dysphoria and EDs	105 (39.3)
Lack of access to gender-affirming care	78 (29.2)
Lack of cultural responsiveness within ED recovery resources	38 (14.2)
EDs following gender-affirming care	46 (17.2)

^aWhile minimizing gender dysphoria and experiencing gender affirmation are interdependent, this theme is distinguished from the first theme (*minimizing gender dysphoria through disordered eating behaviors*) by users' stance of acceptance of and appreciation for their bodies and decision to pursue features that bring them joy in a healthy manner, rather than loathing their bodies and attempting to eliminate features that cause them dysphoria.

Abbreviations: ED = eating disorder, TGD = transgender and gender diverse.

to achieve through disordered eating. These users described various reasons that gender-affirming care was inaccessible to them, including geographic, financial, and legal barriers, as well as health-related barriers that were both related and unrelated to their ED.

While most users reported experiencing or expecting improvements in their EDs following gender-affirming care, some users described increasing ED symptoms following gender-affirming care, as they remained vulnerable to body criticism and self-objectification. Some users' EDs began or relapsed following gender-affirming care in response to weight gain, which may have been a side effect of some gender-affirming medical interventions. Some users were initially motivated to tend more for their bodies following gender-affirming care, which subsequently led to over-regulation of eating.

Understanding Drivers of EDs and Recovery

Previously, qualitative research on EDs among TGD people has identified that TGD people's EDs may be partially driven by the desire to reduce dysphoria-triggering secondary sex characteristics that do not align with their gender identity,²⁰ and modification of these characteristics through gender-affirming surgery can facilitate ED recovery.²¹ More recent quantitative studies have shown that body surveillance and objectification, which are elevated among TGD people, are associated with ED symptoms among TGD people.^{1,22,23}

In this present analysis, we found that broadly, TGD people developing EDs endorse negative attitudes toward gendered bodily characteristics, leading to the desire to eliminate certain gendered physical characteristics through disordered eating. While some people's disordered

Table 3.
Sample Quotes Representing Each Subtheme

Theme 1: Minimizing gender dysphoria through disordered eating behaviors	
Subtheme 1: Disordered eating behaviors to eliminate gendered physical characteristics	<p>“also I identify as NB, at the time I didn’t know that, but I did know there’s a disconnect with being a female and wanted to erase everything on myself that resembles a female.”</p> <p>“Eating too little or too much both tend to androgenize the body in different ways, and androgyny is better than expressing a gender that doesn’t match”</p> <p>“it feels like if i get skinny enough i can just get rid of my gender entirely.”</p> <p>“And I’m not that sad but this idea comes into my head daily. If I was a hermit I’d never be bulimic. No friends but no food pressured down my throat. No real house but no fast food within a mile. [...] No clothes, no vanity sizing! [...] <i>No more gender.</i>”</p> <p>“let’s just say i hate everything that reminds me that i’m a sexual being. when i first got underweight, my chest was flatter and I lost my period, both of which seemed very convenient as i try to look as little as a biological woman is supposed to look like.”</p>
Subtheme 2: Disordered eating behaviors to develop physical characteristics associated with gender identity	<p>“Second, I’m a trans woman and it’s the root of my ED, and I won’t lie to you, I genuinely feel like I won’t be a real girl until I’m skinny”</p>
Subtheme 3: Disordered eating behaviors to cope with traumatic experiences	<p>“It is really really hard being trans in this [expletive] world and you just want to feel in control of something, for once.”</p> <p>“But recently (like today) a new student called me fat, to my face, and told me to start exercising. This made me feel terrible and I’m really struggling to continue with recovery. I normally cope with these feelings with triple digit limits and ridiculous fasting periods with over exercise.”</p>
Theme 2: Pursuing gender affirmation as a driver of recovery	
Subtheme 1: Recovery after TGD identity realization and recognition of gender dysphoria	<p>“[expletive]’s just not sustainable for kind of essentializing the very binary we’re trying to get rid of, that binds certain body types to gender roles.”</p> <p>“I’m currently debating the idea of gaining some weight to get some fat back on my face so that my face can look more femme (I’m trans so softer facial features would be nice)”</p> <p>“omg I’m definitely going to recover [...] I’ve just seen a trans woman’s timeline and they started off at a [high weight] and when they lost it they looked stunning. That’s it. I’m going to gain until I’m on [hormone replacement therapy] and then I will lose if I need to”</p>
Subtheme 2: Identifying healthy strategies to experience gender affirmation	<p>“try to take solace in knowing that cisgender people see gender identity as a very black and white thing because most of them have never had to mentally deconstruct and recreate their own idea of what gender means. if you can be confident in your own identity, it is easier to stop putting other people’s ideas onto your own.”</p>
Theme 3: Unique obstacles to eating disorder recovery and healthy eating as a TGD person	
Subtheme 1: Interactions between gender dysphoria and EDs	<p>“i dont even know if it’s just generally wanting to be smaller in every dimension, or some kinda ‘gender dysphoria’”</p>
Subtheme 2: Lack of access to gender-affirming care	<p>“But in the country I live in the process [of starting hormone therapy] takes at least 5 y and since I’m not constantly dysphoric I doubt I’d even qualify. I also don’t have the money to get it done privately. [...] I do think top surgery or a breast reduction would help a LOT, because that’s the worst part, as soon as [I] gain a bit of weight even a binder won’t make me flat. But that’s also expensive and I’m still in school :!”</p>
Subtheme 3: Lack of cultural responsiveness within ED recovery resources	<p>“If my chest gets bigger it will be the last nail in my coffin. All recovery motivation I find is for WOMEN or people who identify as the gender they were assigned at birth, people who cannot fathom that gaining my curves back would actually be so horrible for me mentally, it would tear me down.”</p>
Subtheme 4: EDs following gender-affirming care	<p>“I’m trans (18 MTF, 6 mo E) which only makes it [my disordered eating] worse because of the shock of female body standards when I realized I was trans combined with the standard hatred for my body.”</p>

Abbreviations: E = estrogen, ED = eating disorder, MTF = male-to-female, NB = nonbinary, TGD = transgender and gender diverse.

eating behaviors are driven by the desire to actively align their physicality with their gender identity, most people’s disordered eating behaviors are driven by a desire to eliminate secondary sex characteristics, or to gain control over

their bodies following traumatic events. While some people explicitly stated that the characteristics they hoped to eliminate triggered their gender dysphoria, others described their general desire to liberate their body from societal gender norms and

gender-based sexualization through the pursuit of androgyny.

As many ED studies were built upon an outdated binary conception of gender, there is a lack of research on androgynous or gender-neutral body ideals among TGD people with EDs.

Presently, the only study examining androgynous body ideals and EDs is limited to people who identify as nonbinary.²⁴ Our analysis shows that gender-neutral body ideals may also be pursued by TGD people who identify as women or men. Future research can improve our understanding of body dissatisfaction among TGD people by further examining experiences of gender neutrality among TGD people, while avoiding the assumption that eliminating physical characteristics associated with one binary gender is necessarily equivalent to aligning with another binary gender.

TGD people who recovered from their EDs displayed a shift in attitude from *eliminating* physical characteristics they dislike using unhealthy methods toward *pursuing* physical characteristics they like using healthier methods (eg, a transmasculine person stopping caloric restriction to eliminate feminine body shape and instead beginning to pursue muscle gain through lifting weights). Recovery is associated with an internal shift toward gender identity acceptance and increased body appreciation, which may stem from gaining access to gender-affirming health interventions,²⁵ leading to increased body satisfaction.⁶ This shift, however, can also occur in the absence of any physical changes; for example, some users were motivated to pursue weight restoration simply after realizing that their gender dysphoria was contributing to their restrictive eating. Of note, reducing gender dysphoria often but not always improves EDs among TGD people, as EDs may persist after effective gender-affirming medical procedures.²⁶

Strengths and Limitations of Analyzing Peer Support Forum Data

While this analysis may not represent all TGD people with EDs (eg, more stigmatized disorders, such as binge ED, may be less represented in

the sample),^{27,28} qualitative data and thematic analysis unveil novel insights and perspectives^{29,30}: Reddit-based qualitative studies extract data from anonymous online forums that encourage a diverse user base of people both seeking and not seeking treatment to share authentic experiences.^{17,18,31}

Conclusions and Recommendations for Culturally Responsive ED Treatment

This analysis characterizes the body dissatisfaction and desire to eliminate gendered physical characteristics that are experienced by TGD people with EDs, which may subsequently shift toward the desire to pursue healthier strategies for gender affirmation. Understanding that one is experiencing gender dysphoria and experiencing gender affirmation can facilitate recovery. Thus, it may be more effective for clinicians to guide TGD patients in exploring their attitudes toward gendered aspects of their body.³² Additionally, future research ought to further investigate gender-neutral body goals among TGD people.

During ED treatment, TGD people face a variety of internal stressors, such as return of dysphoria-inducing physical characteristics, and external stressors, such as stigmatization, discrimination, and lack of recovery resources that address the unique experiences of TGD people.⁹ Importantly, many TGD users on the subreddit who were motivated to recover already demonstrated a clear understanding of interactions between their gender identity-related desires and their disordered eating but were faced with unresponsive providers. Thus, health care practitioners ought to be trained in patient-centered, culturally responsive care for TGD patients and to build networks of TGD-responsive ED treatment referrals. Overall, our findings call for the development of inclusive, gender-affirming treatment resources for TGD people, as well as ED programs that

better address the unique experiences of TGD patients.

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