



Transgender and gender diverse nutrition, food, and eating research: Our origin story

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Introduction

We have been studying the nutrition, food, and eating issues and concerns of people who identify as transgender or gender diverse (T+GD) with the view to developing appropriate clinical nutrition practice guidelines. The purpose of this article is to

articulate what inspired each of us to undertake this work. Sharing this background information explicates our ontology¹ and the connection between our work and our social justice efforts in dietetics education, practice, and research.

Definitions

Gender diverse: "Refers to a person who either by nature or by choice does not conform to stereotypical gender-based expectations of society" (Safe Schools, n.d).

Transgender: "Encompassing term of many gender identities of those who do not identify or exclusively identify with their sex assigned at birth. The term transgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life" (Trans Student Educational Resource [TSER], 2019).

Clinical nutrition practice guidelines: "Practice guidelines are clinical tools for improving the quality, consistency, and cost effectiveness of health care. They describe clinical management strategies aimed at improving the quality of decisions made by the dietitian and the client in order to improve client outcomes. They are based on scientific evidence and expert opinion that focus on client outcomes rather than the process of care" (Dietitians of Canada, 2000, p. 14)

Cis-gender: "Term for someone who exclusively identifies as their sex assigned at birth. The term cis-gender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life" (TSER, 2019).

Origin stories:

Perspectives of research team members

We are a research team of one professor, one comics creator, two recent Bachelor of Science in Nutrition (BSN) graduates from the School of Nutrition and Dietetics, and one BSN student at Acadia University. In this section, each of us describe our interest in this research.

Catherine Morley, Associate Professor (she/her)

As a person who teaches university-level nutrition assessment, I was confused about how to approach assessment when my eldest child transitioned. With testosterone injections, I witnessed rapid changes in his body shape, fat distribution, and appetite. I wondered how to include these aspects of anthropometric and eating behaviour assessment in the course... and I was discomfited that I would not have thought

¹ Ontology refers to "a set of concepts and categories in a subject area or domain that shows their properties and the relations between them" (Oxford English Dictionary, 2019).

of these professional issues without having a family member transition. Having recognized the limitations of the gender binary view, and that traditional nutrition assessment approaches are not inclusive of people who do not identify with the binary, the phenomenon could not be ignored. I had to do something.

Having found nothing in the literature to integrate transgender and gender diversity into teaching nutrition assessment, my son (Sfé Monster) and I reached out to dietitians at the 2017 Dietitians of Canada (DC) conference on 'thinking about trans-appropriate dietetic practice' (Morley & Monster, 2017). The 2017 and 2018 DC conference sessions on trans nutrition (subsequently reframed as transgender and gender diversity to be more encompassing) (Morley & Monster, 2018; Fergusson, Ng, & Morley, 2018) were well received and, along with copresenters, I felt encouraged to continue this research. A workshop that Sfé (sfemonster.com), and I facilitated at the 2017 Canadian Professional Association for Transgender Health (CPATH) conference likewise resulted in enthusiastic interest and support.

While these responses were exciting, I felt uncomfortable as a cis woman to be doing this work. Who was I to conduct research to facilitate decision making about T+GD food, nutrition, and eating issues? Attendees at the CPATH conference and Sfé assured me that using my privilege as a nutrition researcher to undertake this research would be very helpful to the transgender and gender diverse community. With that support, I have carried on. Nutrition care and services planning has always existed on a binary (male/female), a historical reflection of the dominant view of two exclusive gender identities. From a social justice perspective, harnessed to the value that all people deserve and have the right to access appropriate and relevant health services including nutrition services that consider their individual needs, my vision has been to make available T+GD practice standards to dietitians and other health and human service professionals. These guidelines would be useful to practitioners to recognize differences in nutrition work with T+GD people, and where there are similarities to working with anyone. Further, the existence of guidelines would support health and human service professionals when engaging in advocacy for T+GD-appropriate nutritional care.

During the 2018-19 academic year, a research team spontaneously came into being when students keen to participate in research related to gender diversity and

food, nutrition and eating issues, and working toward socially just nutrition services approached me to find out how they could be involved. I am a proponent of creating conditions where students embrace the notion that their ideas matter and that writing/publishing about their ideas is a means to advance the profession and to contribute to positive change in the world. As a result, the research team formed.

As we began our work together, and the more I learned about food, eating, and nutrition issues and concerns from people who identified as T+GD, the more the complex nature of food, eating, and nutrition were affirmed. Above all, I wanted to offer a starting point for dietitian colleagues to initiate conversations about T+GD-appropriate nutritional care and dietetic practice, and for others to recognize how they could engage in a participatory research process. All foundational knowledge/standards have to start somewhere, so we finally became comfortable with the idea that we could begin writing on the topic to have something in the dietetic literature.

With the gift of enthusiastic students, the research venture has moved along. The team piloted a successful community consultation, has received Research Ethics Board approval to undertake other consultations in Nova Scotia and elsewhere in Canada as circumstances allow, and has received internal research funding through a Small Institutions Grant (Social Sciences and Humanities Research Council). Our journey of inquiry continues.

***Sfé R. Monster, comics artist/graphic novelist
(he/him; they/them)***

When I started hormone replacement therapy I had no idea what was in store for me. I was thrust suddenly into a new world unfolding from within the body I had spent my entire life in, and I found (much to my surprise) this body needed things differently in mysterious new ways from what I had previously known. On every level, things were different, and on every level, I had no idea how to handle the new needs I faced. This lack of knowing and understanding how to dress, how to move, how to talk, how to act trickled down to something so fundamental it floored me: I was hungry but I did not know what to eat, how much to eat, when to eat, and where. Public eating was different, my food dynamic with friends was different, accessing public washrooms was different... on top of that I was losing mass but gaining weight, and I was hungry all the time.

In my work as a cartoonist and graphic novelist I interact with my community and hear anecdotes, questions, and concerns from across the gender diversity spectrum focused on “what do I need to do?”. I know my needs are not exclusively unique to my lived experience. As more trans and gender diverse individuals are able to come out to live as their authentic selves (either with or without hormone replacement therapy and/or gender affirming surgery) the need for food and nutrition knowledge and information will only grow.

I am here to lend my experience as a trans person who gets hungry, and who on a personal level understands all the complicated factors that go in to dealing with that situation - be those factors safely accessing food, confidently meeting nutritional needs, navigating public spaces, or adequately accommodating for increased or decreased food requirements (affected by transitioning or illness). The potential to work in partnership with the T+GD community to expand this research and increase our knowledge in order to benefit and aid this historically underserved population is incredibly exciting to me and one I look forward to with much eagerness.

Heather Bonnell, BSN 2019 (she/her)

Before studying nutrition and dietetics, I worked as a costume designer for live theatre. I am a member of the LGBTQ+ community, although I am not T+GD I was fortunate to work for companies who celebrated diversity in their employees and volunteers. As the designer, I was able to select and alter costumes that affirmed actors' gender identities. T+GD people who performed often confided in me about their body dysphoria about certain clothing items, as well as undergarments they wore to reduce dysphoria. I watched friends and acquaintances transition and struggle with their body image. This was especially evident in T+GD people not taking hormones as their biological sex defined how and where they gained body fat. This became stigmatizing for them.

I wondered how weight might or does impede gender affirmation and how body image and body dysphoria were linked. As I was deciding to study nutrition, I wondered about approaches to working with T+GD people via nutrition to find ways for them to affirm their gender identities (in those days, I naively thought it would be by helping them to eat healthier). Lack of financial resources, food insecurity, disability, lack of support from friends and family, and mental illness are all linked to and independent from a person's gender identity.

These, and many more considerations contribute to eating practices in T+GD people.

One motive for wanting to study nutrition was that I felt there should be nutrition professionals educated in how to communicate respectfully with T+GD people, and who have experience with LGBTQ+ issues. Through personal observations and analysis of online media, it is clear that there is pressure on members of the LGBTQ+ community to look young, slim, and fit, just as there are for those who identify as cis-gender. There are harmful stereotypes. When these pressures are layered on the other risk factors mentioned above, it creates toxic eating environments where disordered eating is considered normal. I have watched many friends adopt disordered eating habits to achieve an ideal body to match their gender identity or to attract partners. When so many voices are saying how undesirable one is (including rejection from family, the media, protesters of LGBTQ+ issues, bullying at school, etc.), people can be willing to do anything to seek approval or to attract people who will love them. As nutrition professionals, we can do better to create awareness of LGBTQ+ social issues, especially T+GD issues so that we can support vulnerable populations. We need to be able to understand one another and speak the same language. Having teams of people that include T+GD and LGBTQ+ people would be an asset, as well as partnering with allied community organizations well versed in the social issues that T+GD people face in their communities.

In addition to toxic social environments and social messaging, health care environments can be stigmatizing to those identifying as T+GD. As a result, many T+GD people are reluctant to seek assistance. Financial barriers can further compound access to nutrition services. In some provinces, nutrition consultations require a physician referral which may not be possible depending on a physician's personal stance on gender diversity.

We can make encounters with health care less stigmatizing and more validating for T+GD people. As a future health professional, I am motivated to create a more socially just environment for T+GD people and those in the wider LGBTQ+ community. When T+GD people are safely able to use their proper name and pronouns, suicide risk can decrease by 65% (Russell, Pollitt & Grossman, 2018). In a health care setting, being respectful of a person's gender identity has the ability to save a life, and we should take that responsibility seriously. Additionally, by identifying risk factors and

creating support systems that connect people with the services they want/need, I believe we can make nutrition a positive part of the holistic care of a T+GD person.

Lindsay Goodridge, BSN 2019 (she/her)

I consider myself a social justice warrior and am committed to fighting inequalities. I have long been active in feminist groups, an advocate for women to have equal access to healthcare. It was through this work that I met T+GD individuals and heard their stories. The more I learned about women's unequal access, the more I realized that T+GD individuals have it worse. I have friends who have transitioned and through my work in nutrition, I want to build a better world for them. T+GD individuals are people... and all people deserve access to safe, affordable, healthy, culturally relevant, and satisfying food.

As a Nutrition graduate, I am interested in the role that nutrition plays in health, and the influence of gender on food choice. Access to food, food choices, and dietary habits can tell us a great deal about people and their socioeconomic situation. Social determinants of health such as barriers to accessing jobs, education, stable housing limit access to food for T+GD individuals. I believe that to enhance the lives of T+GD individuals we must take a multidisciplinary and cross-sector approach to address underlying issues. Through the Nutrition program at Acadia, we learned that how, where, what, and with whom you eat are all very important aspects to consider when assessing dietary needs. I have moved beyond my previously-held views about what counts as knowledge and have become interested in generating evidence through the study of lived experiences with food and eating. As part of the T+GD Nutrition research team, I want to learn more about T+GD individuals' shared experiences with eating.

Anika Falkeisen, BSN student (she/her; they/them)

I have spent the entirety of my academic career taking courses related to healthcare with the goal of understanding what it means to be healthy. Before attending Acadia University, I studied biology and paramedics. Each of these programs taught me the importance of nutrition in health, inspiring me to pursue a degree in nutrition. While growing up, I had learned the different ways people managed their weight and I noticed how they rewarded themselves with food considered to be 'unhealthy'. I remember being 10 years old and believing that a healthy lifestyle meant strict dieting and a heavy exercise routine. I taught myself how

to count calories and tried to burn them off through physical activity. As an adult, I was desperate to learn how to answer my own health questions.

During the years of my degree, I found myself surrounded by other students and professors who shared my interests in food, nutrition, and eating, and I was able to identify specific areas of nutrition that I wanted to explore. I am interested in understanding relationships with and through food, specifically in people living with mental illness. As someone who lives with mental health issues, I am interested in helping those who also struggle, especially for groups of people who need more support. Food relationships, and mental health and eating issues are highly relevant to the work we are doing in T+GD nutrition.

This past year as Acadia's Pride Coordinator (providing peer support and mental health resources to students, and planning various events on campus for students), I learned about Cath's T+GD nutrition research and wanted to participate both as a Nutrition student and through Acadia Pride. I share her interest in collaboratively creating clinical nutrition practice guidelines because I believe that everyone deserves the same access to nutrition information that they can easily access and understand. I was pleased to be in the position to facilitate the collaboration between the T+GD Nutrition Research Team and Acadia Pride.

Closing

Synthesis of the perspectives of the research team members reveals how we contribute complementary yet different points of view to the project. We are committed to:

1. Working in partnership with the T+GD community on food, nutrition, and eating research.
2. The education and training of dietetics students, that they are prepared for the issues awaiting them in practice.
3. Supporting dietitians to be prepared to work with T+GD people (social justice in practice).
4. Facilitating connections between research, education, and practice about T+GD food, nutrition and eating issues in dietetics, and other health and human service professions.
5. Contributing to and building a community of dietetics researchers interested in T+GD nutrition, food, and eating research.

6. Connecting with other researchers in other health and human services about T+GD food, nutrition, and eating issues.
7. Informing standards for dietetics education so that understanding of gender variance and food, nutrition, and eating issues are formally integrated in dietetics preparatory education in Canada (as well as supporting international colleagues in affecting change in their education standards). This raises questions about integration of LGBTQ+ food, eating, and nutrition issues more broadly in dietetics education.
8. Knowledge mobilization (KM) with the view to influencing practice. Research findings are of no use when not integrated into practice therefore KM is integral.

We are constantly building a community of people interested in developing this research and ensuring that findings are integrated into practice. We welcome all expressions of interest.

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