

CASE STUDY:

Lex Transitions

Today we'll meet a composite of several clients we've seen in our Precision Nutrition Coaching program over the years — more often than you might expect.

This case puts a new spin on the practice of addressing the needs of a male client — and the need to always be ready to coach through complicated physiology and behavior.

The situation: Lex enrolled in Precision Nutrition Coaching for Women. Except Lex was a he, not a she. At least now he was.

You see, Lex had been born as a woman (i.e. with a female body and assigned a female gender at birth). People saw Lex as a woman. Except that's not how he felt about himself.

For decades, Lex lived in the female body he'd been born with. Miserably. He overate to cope with the feelings of social exclusion and self-alienation. He dealt with autoimmune flare-ups — joint pain, GI issues, and thyroid disease.

Every time he got a menstrual period, it was horrible. It reminded Lex that he was in the wrong body. And it was painful — part of Lex's autoimmune constellation involved endometriosis, a condition where uterine tissue grows outside the uterus, creating inflammation and scar tissue inside the visceral cavity.

Lex lived alone with two cats. He spent most days feeling either anxious or depressed. He was likeable — polite, funny, and friendly — but he didn't have many close, supportive relationships. After all, he didn't want anyone knowing his secret.

Occasionally, although Lex would never tell anyone about it, he thought about ending it all. Then he'd wonder: Who would feed the cats? This small connection kept him tethered to the rest of the world. And so Lex trudged on.

Eventually, he decided enough was enough. What did he have to lose? He began the transition to living full-time as male.

Under the care of his doctor, he began supplementing testosterone in a weekly injection. He also started taking estrogen blockers to prevent ovarian action.

Over several months, his body fat pattern shifted. He still had wide hips and narrower shoulders, but now he was looking more apple-shaped.

He started sprouting a beard and some teenage-style acne, thanks to the androgenic effects of the testosterone. (He started losing his hair, too, but he was so stoked about the new beard, he didn't mind much.)

Lex was feeling much better about his gender identity.

But healthwise, he was still unhappy. Now he had health concerns of a non-transgendered male (such as higher blood pressure and elevated CVD risk), plus lingering autoimmune problems from his history of living in a female body. And he was still over-eating to deal with it all.

That's when he found himself in Precision Nutrition Coaching.

He debated which program to enroll himself in.

He decided that he wasn't yet brave enough to confess his history to a male coach, who he thought might judge him. Many of his legal documents (such as his credit card) still had his old "female" name.

He hadn't yet had surgery to remove his uterus and ovaries, or his breasts. His doctor wouldn't clear him for the surgery until he lost some body fat and improved his health. But he had to act fast — the testosterone was doing its work on his ovaries, increasing his risk of reproductive cancer.

Plus, he knew that testosterone would help him build some muscle, if he could just work up the courage to get into the gym.

What the heck, he thought. Let's just get this over with.

Lex checked off "F" on his application (even though he desperately wanted to check "M"), and wrote, "I am a female-to-male transsexual" in his coaching intake form.

So began Lex's journey to recovery and a new life as a male. There were just a few small obstacles in the way.

Luckily, Lex's coach was well-informed about the nutritional, health, and interpersonal needs of trans people who are undergoing transition.

Given Lex's health history and situation, how do you think his coach might have addressed his case?

Your assignment

1. Review previous course material that might be pertinent to Lex's case.

2. List the elements of Lex's story that could potentially be relevant to you as a nutrition coach.

There may be more than you think. Look for clues everywhere. And if we didn't explicitly mention something, consider what else you might ask Lex about to understand his situation.

3. Consider and describe how Lex's case reflects the "life webs" of both stress and resilience.

What strands intersect? What are the important threads?

Imagine Lex's "stress fingerprint" at the center of a web. What else surrounds it? How does Lex's stress manifest?

Imagine Lex's resilience at the center of a web. What else surrounds and supports that?

4. Describe how Lex's unique biological sex and social-cultural gender identity might contribute to his experiences.

This could involve both Lex's own makeup as well as his interaction with his environment and other people.

5. Develop an action plan for Lex.

In your action plan, address:

- How could you help Lex build resilience — whether that's physical, mental, emotional, and/or behavioral?
- What's first for Lex? What do you prioritize? What comes after that? Describe the general sequence of coaching goals, priorities, and tasks that you'll plan and prepare.
- How will you track Lex's progress? What indicators will you use, and why? What indicators might you have to adjust for Lex's case? (For example, with testosterone use but existing breasts, Lex now has a unique body fat deposition pattern that isn't "textbook" male- nor female-typed.) What outcomes will you use for decision-making?
- How will you keep it simple for Lex and help him stay focused on doing what matters most?