Lex currently lives as a man in a woman’s body, but he’s on the way to changing all that. My job as his supercoach is not only to help with his nutrition, but also to ease his transition into the healthy body and peaceful life he’s striving to achieve. This will take more than just nutritional counseling.

With any luck, Lex will also have a multispecialty team on his side. His physician will have to attend to his testosterone levels and thyroid health. “Normal” testosterone ranges widely, so blood levels should not be the guide for adjusting his testosterone doses; instead, symptoms should drive any adjustments. And as his body changes, so may his need for thyroid hormone. The physician will need to monitor these levels closely, instead of adhering to the “once a year” measurement. Involvement of a mental health professional who specializes in gender issues is also critical. And there may be other members of the team—a personal trainer to ensure a safe and effective workout routine, for example, and a naturopath to help address the autoimmune issues. Optimal care will require easy communication among all members of the team.

Few strengths emerge in the consideration of Lex’s life web, and there are significant information gaps that need to be filled in. The entire relationships quadrant lacks strength. He admits to few intimate relationships and suffers from self-imposed social exclusion, and his social support network seems to consist only of his cat. The health and function quadrant reflects poor overall health, with his apple-like body and frequent autoimmune flare-ups. As for personal growth, Lex experiences anxiety, depression, suicidal thoughts, and self-alienation in place of joy, pleasure, and happiness.
I’d ask Lex more about the missing elements of his life web that could help address the resilience vacuums and stress challenges I’ll discuss later. What about a sense of larger purpose? Does his current mindset reflect stuckness (fixed) or the possibility of change (growth)? What about his work and hobbies, about which we know very little?

Sadly, Lex’s stress web is as strong as his resilience web is weak. With the possible exceptions of financial and environmental sectors, Lex’s stress sectors are maxed out. Loneliness, poor nutrition, shame, social and cultural isolation, despair all abound. Where you’d like to find resilience, you discover little joy, impaired functionality, virtually no supportive relationships, poor emotional health, and (based on his stressors) likely parasympathetic-sympathetic imbalance.

Lex’s biological sex has created only misery so far, and his social-cultural gender identity is at odds with what people have seen. This has left him alienated from himself and from his community. The current transition contributes to his otherwise poor quality of life. Imagine going through menopause while becoming hormonally male (if you can), and you get some idea of the whipsaw he’s experiencing.

I’d start with the good news. First, Lex is doing the right thing. Recent research indicates that “the Dutch model,” which progresses from cross-sex hormones (i.e., testosterone therapy for Lex) to gender reassignment surgery, yields superior global and psychological outcomes. None of 55 transgender young adults regretted their decisions, and all were very or fairly satisfied with their new-gender surgical outcomes. [http://pediatrics.aappublications.org/content/early/2014/09/02/peds.2013-2958]

Second, and this may be more good news to me than to Lex, is that his commitment to surgery should bolster his commitment to the program we arrive at. Although he is troubled now, he’s far from giving up, and, as we have seen before, believing you can do something is halfway to doing it.

After filling in the information gaps mentioned above, I’d move forward by trying to address 2 important elements in Lex’s life/stress/resilience webs. Most important to him (in the context...
of our relationship) is to find a nutrition plan that will help him lose weight (so the surgeon will proceed with the gender reassignment surgery) while at the same time addressing his autoimmune issues. Of nearly equal importance to me is to increase Lex’s socialization to make it easier to get through this difficult phase (and to foster a happier life thereafter).

Nutrition. It seems pretty clear that Lex doesn’t know the basic elements of healthy nutrition, so we’d start there. The basic PN Coaching for Men should do the trick there. Lex, though, has at least 2 challenges that need special attention. First, he’s taking testosterone (whose anabolic effects fight against our weight-loss objective) and estrogen blockers (which make him feel awful) and possibly thyroid hormone (but we don’t know that for sure and we don’t know if the dose is right). Either way, the plan will require steps for mitigating the influence of cortisol, which could be elevated for any number of reasons. Second, his autoimmune disorder (a stressor in its own right) means that he is systemically inflamed. All the time. The nutrition plan has to account for these additional factors.

Stress relief, then, will be an important component of his nutrition plan. Otherwise, even the healthiest eating will be defeated by the combination of hormones. (We don’t know about whether he has any strategies for stress management.) Along the way, we will need to visit mindfulness, sleep, and other recovery strategies. Which predominates will depend on what skills Lex already has and what skills he is ready, willing, and able to adopt.

Equally important will be nutritional attention to his inflammatory state. We’ll talk about common inflammatory foods and use food journals to identify those that worsen his autoimmune flares—and then eliminate them. We will put together an anti-inflammatory diet that is consistent with the (healthy) foods he already eats and foods he’s willing to try (no use writing a menu plan full of stuff he’ll never try). And if PN doesn’t already have him taking omega-3 supplements, I’ll make sure he starts. Because of the added mental benefits of DHA, I’ll likely recommend a formulation that has a higher DHA/EPA ratio than the typical fish oil preparations.

Socialization. There are numerous support groups of people like Lex with gender dysphoria or who consider themselves transgender. There’s even a Facebook transgender support page. There’s likely at least one where Lex lives. I’d recommend he visit several of those groups to

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**COACH KRISTA’S COMMENTS**

When one is going through transition, it’s actually really nice to get a break -- to just have a plain old boring everyday human problem, like being out of shape or having elevated inflammation (as you note). Thus, in fact, this may be a bit of a relief for Lex, and something that connects him to other people (you’ll remember that “common humanity” -- i.e. “you’re not alone” -- is part of self-compassion).
find one where he feels comfortable. Support groups help you feel less lonely and isolated; reduce distress, depression, and anxiety; improve coping skills and sense of adjustment; and foster a clearer understanding of what to expect. Socialization is an important stress management tool for someone who has been trying to make it all on his own. And for his nutrition, it would be much healthier for Lex to call a friend than to overeat to deal with all his stress.

As I alluded to earlier, I think quantitative indicators (alone) are the wrong way to go for people like Lex. It really doesn’t matter (to him or to me) what his testosterone level measures or what he weighs or how many hours of sleep he got last night. Nobody should care about the calories he ate yesterday or how many laps he swam Friday morning before work. What matters is how Lex feels about all the components of his life web. Is he moving in the direction he wants to be moving?

Here are some of the questions whose answers would drive our decision making:
- How do you feel overall? Does it seem like things are getting better?
- How do you feel about your body? Are we getting closer to where you want/need to be?
- How is this nutrition plan working for you? What do you like/hate? What do we need to change?
- How are you feeling your stress? How is [whatever management skills we’re trying to develop] working for you? Are they enough?
- What could be better? Is there anything we’re missing?

In short, here are the first action steps for Lex and me:
- Implement the “usual” PN nutrition plan with modifications to minimize any possible contributions of food to his inflammatory state
- Explore socialization possibilities to identify what feels right for Lex
- Identify at least one stress management technique that Lex feels is manageable and repeatable
- Make sure Lex (and I) understand that whatever plan we start with is subject to modification based on which elements are working and which are not
- Make sure the rest of the team is on board and keeps communicating

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COACH KRISTA’S COMMENTS

I love your willingness to go “off script” and really dig in to what would truly work for your client: “I think quantitative indicators (alone) are the wrong way to go for people like Lex. It really doesn’t matter (to him or to me) what his testosterone level measures or what he weighs or how many hours of sleep he got last night. Nobody should care about the calories he ate yesterday or how many laps he swam Friday morning before work. What matters is how Lex feels about all the components of his life web. Is he moving in the direction he wants to be moving?” Congratulations. :)---Coach KSD

P.S. Lex is a composite of several transgendered clients we’ve had over the years, but one of those was a close friend of mine. I feel confident that he would have been in good hands with you as such a compassionate and skilled coach.