



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Weight Stigma In Gender-Affirming Care

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REAT, ATR-BC, ATCS, LPC, NCC, CLAT, LCMHC, TP-MH, LPCC

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- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

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- Research, Education, Policy



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Objectives

- What Is Weight Neutrality
- Research Behind Weight Neutral Approaches
- Weight stigma
- Fatphobia
- Healthism
- Barriers to care
- Gatekeeping gender-affirming medicine
- What actual treatment can look like

What Is A Weight Neutral Approach?

- Taking a weight-neutral approach involves working outside the confines of weight loss or the pursuit of thinness as the main goal.
- The goal is to respect the body and learn how to cultivate healthy habits.
- Unlike traditional approaches to weight loss, weight is not used as an indicator of health.
- We also dismantle the definition of health and instead focus on what is appropriate to that individual's body and the resources available to them.

(Daniels, E. A., Gillen, M. M., & Markey, C. H. (2018))

Research Behind Weight Neutral Approach I

- Based on the research of Taylor (2021), Tribole et al (2021), Dazelle & Protos (2020), and Gay (2018) we see the need for a weight neutral approach in clinical work with transgender and gender diverse (TGD) clients to:
 - Mitigate risk factors including:
 - Eating disorder (ED) development
 - The development of low self-esteem
 - Continued distorted thinking about the body

Research Behind Weight Neutral Approach II

- These risks include increasing rates of eating disorders within TGD communities, whose members are 50% to 70% more likely to develop an eating disorder.
- These risks are further exacerbated by fatphobia, transphobia, healthism and the use of weight as barriers to accessing lifesaving treatment including gender-affirming medicine.
- A weight neutral approach involves client centered health enhancements that:
 - Incorporate cultural foods and eating for well-being;
 - Maintain respectful care that sees the client as the expert of their body;
 - Include movement that works for the client's body and ability level.

(Daniels, E. A., Gillen, M. M., & Markey, C. H. (2018))

Research Behind Weight Neutral Approach III

- In embracing this we embrace the ethical principal across all fields of, “do no harm” by addressing a client deeper connections and concerns of their body especially for those who present in a marginalized or oppressed body and that often face systemic barriers and discrimination.
- In a weight neutral approach to gender-affirming care, we don’t enable unhealthy behavior. We look at systemic barriers and how lack of access to resources creates further negative relationships with the body when gender identity continues to be a struggle.

(Daniels, E. A., Gillen, M. M., & Markey, C. H. (2018))

Fatphobia & Weight Stigma

What is Fatphobia & Weight Stigma?

- Weight bias, sometimes also called fatphobia or weight stigma, describes the negative attitudes and stereotypes surrounding and attached to larger bodies.
- Further, fatphobia is an abnormal and irrational fear of being fat or being around fat people.
- This includes but is not limited to:
 - Withholding treatment that would be provided to someone in a smaller body;
 - Using weight loss as an incentive for gender-affirming medicine;
 - Misdiagnosing eating disorders based on body size or weight.

What is Fatphobia & Weight Stigma? II

- As a result of fatphobia, clients experience fear of being mistreated and hearing anti-fat rhetoric when seeking health care. This often leaves many clients hesitant to seek the medical help that they need for fear of being dismissed, not listened to, and denied the potentially lifesaving care that they need.
- This is further exacerbated by other intersections of discrimination such as racism, homophobia & transphobia.

(Tribole & Resche, 2018)

Types of Fatphobia

- Intrapersonal
 - How we see ourselves.
 - Internalization of how we think we ought to look and present self to the world.
 - Difficulty being in the moment due to preoccupation.
- Institutional
 - Decreased ability to access resources in society.
 - Limits access to healthcare and feeling safe in medical spaces.
 - Low representation in film, theater, art & other publications.
 - Limited access to spaces such as restaurants, airplanes, educational systems, and spaces designed only to accommodate small bodies.
- Interpersonal
 - How others in the world respond to people based on size.
 - Creates clear differences in how fat and thin bodies are treated.
 - Leads to others making comments and treating fat bodies as less than.
 - Leads to negative comments about how those in fat bodies exercise and eat.
 - Creates a power and privilege dynamic around body size.

Fatphobia & Weight Stigma's Effects on TGD Clients

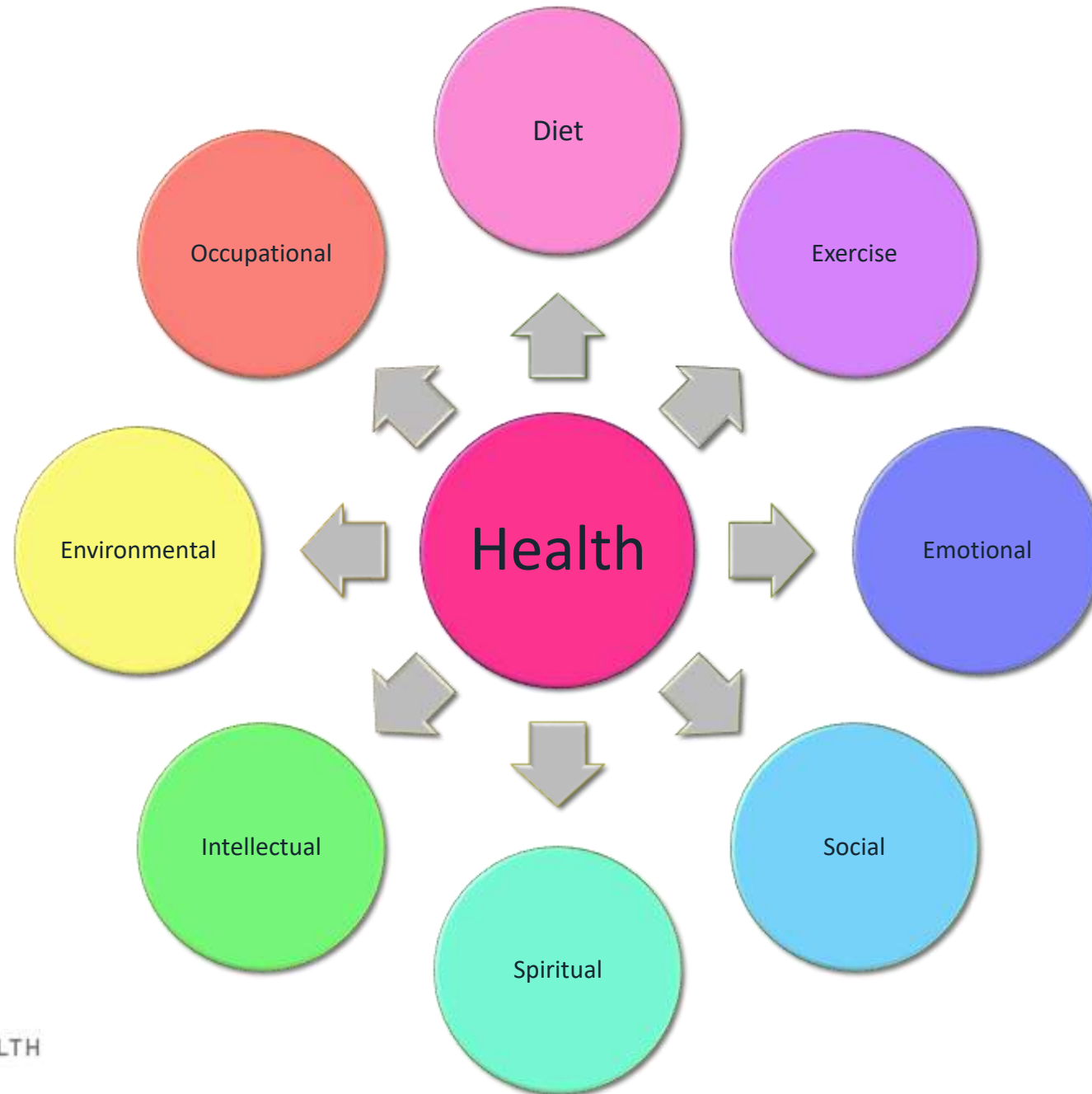
- A major challenge that many TGD clients face is the systemic use of fatphobia as denial for care.
- Many patient are denied gender-affirming care such as surgery and hormone replacement therapy (HRT) until they lose weight.
- However according to field experts such as Dr. AJ Eckert (2022), this is counterintuitive to gender-affirming medicine.
- These experiences lead patients to be mistrusting of providers, struggle to potentially follow treatment recommendations, and present as “non-compliant” when really the reaction is based on experience.

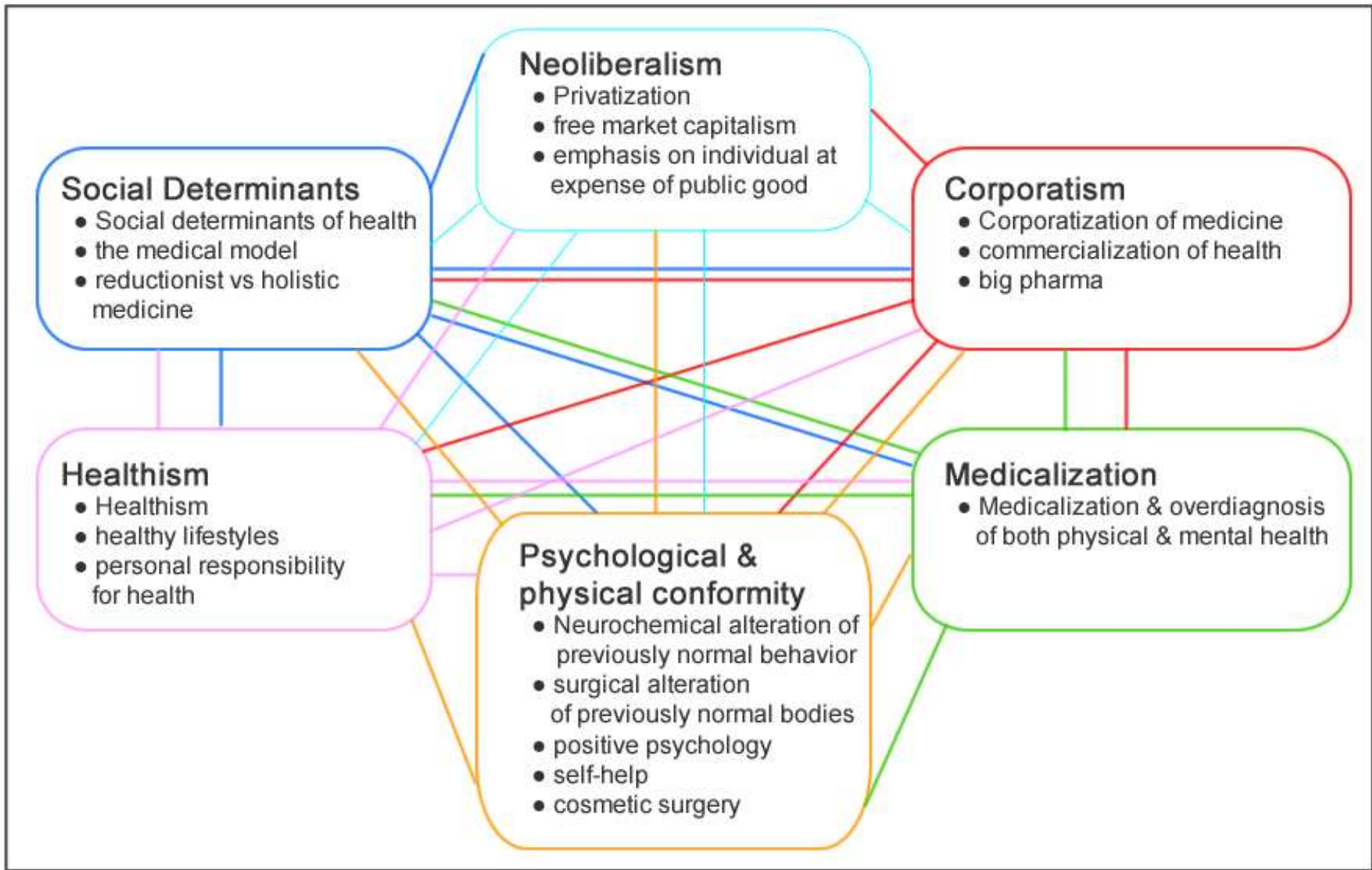
Healthism & Barriers to Care

What is Healthism?

- Robert Crawford defined healthism in 1980's as “the preoccupation with personal health as a primary...focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of lifestyles.”
 - Lucy Aphramor, Ph.D., R.D. from *Well Now Program* nicely sums up healthism:
 1. Healthism is the belief system that sees health as the property and responsibility of the individual and ranks the personal pursuit of health above anything else.
 2. Healthism ignores the impact of poverty, oppression, war, violence, luck, historical atrocities, abuse, and the environment (which includes traffic pollution, clean water, etc.).
 3. Healthism protects the status quo, leads to victim blaming and privilege, increases health inequalities, and fosters internalized oppression.
 4. Healthism judges people's worth according to their health.

(Aphramor, 2018)





Systemic Barriers

- TGD communities face unique barriers to treatment including:
 - Lack of access to gender-affirming providers in both the medical and mental health field.
 - Lack of financial supports.
 - Lack of social supports.
 - Increased negative social and political attention.

- All these result in:
 - Higher risk of eating disorder development.
 - Suicidality.
 - Depression.
 - Homelessness.

Systemic Barriers

- Keeping this information in mind is the most important thing you can do.
- TGD clients face discrimination at all the other intersections, many of which are addressed in Dr. Sabrina Strings book, "Fearing The Black Body: The Racial Origins Of Fatphobia."
- Many face deep-seeded pain around body image as a result of both sexualization and societies' rejection of trans bodies which makes treatment even more difficult.
- This is further exacerbated by gender dysphoria and other personal factors.

Gatekeeping in Gender-Affirming Medicine

Weight Doesn't Matter

- BMI as a reason to deny HRT or gender-affirming surgeries is scientifically and factually incorrect.
- Most surgery denials based on weight have more to do with the surgeon than insurance or anesthesia.

Co-occurring Conditions Considerations

- Co-occurring psychiatric issues should be well managed, however if the person has care support, is able to make decisions for their own health, and is able to care for their body, a mental health diagnosis is not a reason for denial.
- The exact same can be said for co-occurring medical conditions.
- While some medical conditions may need extra care and planning: that is not a reason to deny care.
- Why would we avoid making a better long-term plan and accommodating a current chronic illness?
- Isn't that a more ethical care plan than surgery and life saving procedure denial?

The Intersection of Diabetes Care

Trans and Gender Diverse Diabetes Care

- Let's start with diabetes is NOT a reason to deny HRT or gender-affirming surgeries.
- This is true for both Type I & Type II Diabetes, regardless of weight.
- We need to be mindful that reading the body and its responses, whether it's hunger, satiety, low blood sugar, or dehydration. This is more difficult for people who cannot be in their bodies due to a multitude of factors.
- Do we consider the factors that make being in a body difficult when we discuss chronic illness management?
- As health care providers we can provide our patients with education and options on how to manage their diabetes.

(ASDAH, 2022)

What Actual Treatment Can Look Like

What Is Weight Neutral Care?

- In weight neutral frameworks we keep weight stigma and fatphobia in mind along with healthism.
- Healthism is discrimination and prejudice against people who do not prioritize health and fitness above all else.
- As we know this is common in clients with eating disorder and disordered eating.
- Due to the complex medical nature of transitions many of our TGD clients face healthism and the ways that healthism can affect all areas of life.

What is Next?: Body Liberation I

- Body Liberation is the freedom from social and political systems of oppression that designate certain bodies as more worthy, healthy, and desirable than others.
- Body liberation interrupts our systemic oppression of bodies and allows clients who live in bodies outside of the social norm: TGD, Black, Indigenous, and People of Color (BIPOC), Asian American, Pacific Islander (AAPI), to be seen and heard and experience valuing having a physical form.
- Body liberation also offers these clients a chance to directly address these systemic barriers.

What is Next?: Body Liberation I

- According to The Center for Health & Wellbeing at The University of Vermont:
 - We define body liberation as the freedom from social and political systems of oppression that designate certain bodies as more worthy, healthy, and desirable than others.
 - We do not believe that bodies that are white, able-bodied, cisgender, thin, or fit are superior, worthier, or inherently healthier than any other bodies.
 - We use a social justice lens to approach body politics and body liberation. Forms of bias and prejudice that impact health and wellbeing can be structural, systemic, interpersonal, and internalized.

Gender Euphoria

- Gender euphoria is described as a distinct enjoyment or satisfaction caused by the correspondence between the person's gender identity and gendered features associated with a gender other than the one assigned at birth.
- Recent studies indicate that the experience of gender euphoria is a better clinical indicator of someone's identity than dysphoria.
- Euphoria is also an excellent way to support eating disorder healing. The more Euphoric moments a client can feel within their gender the more positive moments we have to work with.

(Newman, 2019)

Body Image I

- Body image is a LARGE focus in TGD communities for many reasons including:
 - Gender presentation;
 - Attracting a partner;
 - Being “notably” queer;
 - Art forms specific to these communities, such a drag, dance & performing arts;
 - Fitting in with mainstream society;
 - Wanting to “pass” as cisgender or heterosexual;
 - Disassociating from the body.

(DSM-V, 2013 and TransEquality, 2022)

Body Image II

- Body image is often integral to all human beings.
- We see a large increase in body dissatisfaction and presentation within TGD communities overall.
- Often the “more queer” someone is the more they present against the “societal standard”, this means they may feel good about how they look but feel a dissonance due to the expectations thrust upon them.

(DSM-V, 2013 and TransEquality, 2022)

TGD Clients Need for Weight Neutral Care

- Weight neutral care does more than diminish healthism and fatphobia, it increases the likelihood to recover from an eating disorder, to access gender-affirming care that meets the clients needs, follows clinical guidelines and promotes the client as autonomy over their care.
- In creating this autonomy, we end up supporting larger pro-social goals for clients including:
 - Increased self-advocacy;
 - Increased grounding in the body and connection to the self;
 - Increased access to recovery and positive relationship with food;
 - Increased access to gender-affirming medicine;
 - Increased access to healing from other intersectional issues such as PTSD.

(Boroughs, M. S., Krawczyk, R., & Thompson, J. K. (2010))

In Conclusion

- Check implicit biases.
- Unlearn weight stigma and healthism.
- Watch out for gatekeeping tactics.
- Remember there is more to diabetes management than weight reduction & reducing “sugary foods.”
- You have the power to empower clients to own their bodies.

Questions & Conversation

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