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**Description:**

This workshop will explore the complicated dynamics involved in developing a body-positive approach to fitness and wellness for trans people that respects the deep impact of gender dysphoria. The importance of fitness and wellness for trans people that respects the deep impact of gender dysphoria. The importance of personal empowerment as a catalyst for internal and social transformation will be emphasized.

**Notes:**

Trying to work part-time in gyms that did not have a changing area for THEM, feeling like they couldn't do what they do within their values in a corporate environment

Mission: how to make movement a safe space for people who have not been welcomed into movement spaces

Affirms importance of using mics when possible, marks that sometimes this is not possible for them

Talking about own experiences of dysphoria, self-harm: "Feeling like the only way to live in my body was to *harm* my body."

Can we have a "body positive" approach while recognizing that some people cannot feel okay with their bodies without medical intervention?

The Things that Confine Us

- Spoiler Alert: The quick Answer
  - no, not really
  - body posi is generally small fat/curvy cisgender white women—it does not make room for people who need more space
  - "'love yourself exactly as you are right now' is great unless your body is profoundly marginalized because of race, size, gender"
  - alternative: radical fat acceptance
    - Image of kitty who is "glorious" and "so proud of his tummy"
    - Sonia Renee Taylor is a major influence in terms of expanding space for POC bodies in this movement—she is not focused on trans bodies but her work makes space for trans bodies
    - How can we love ourselves with our actions—not with your mind, consciously, but through real care *for* your body
- Defining the Terms
  - body positive

- Quotations from Ariel Woodson, *Bad Fat Broads*
  - Now: actively excludes fat people and other marginalized bodies
  - Should mean: you may not always *feel positively* but you have the right to be in your body and feel however you feel about it without being told you should feel otherwise
- fat acceptance
  - Major events ALL LED by queer and gender-non conforming folks. Fat acceptance is BUILT to accommodate and celebrate queer and trans bodies whether or not we pass
- radical
  - In order to be radical, it must connect to the very root
  - there are many learned behaviors and internalized behaviors that we have taken on as we move through the world in marginalized bodies
  - going to the root is finding the thing deep within us that remains untouched by that
- HAES
  - Health at Every Size
  - reframe our understanding of health as non-binary
    - health is not black and white—Healthy (and young and thin and with a particular physique and probably white) versus Not Healthy (all other ages, sizes, aesthetics)
    - What does health mean for me, in my body, in this moment?
      - for me, it does not mean that my chronic pain doesn't exist
      - what does health mean for an uninsured person with a chronic illness?
      - what does it look like to move toward health for someone who identifies as a “spoonie”—who has limited energy available each day?
      - What does it mean for me, practically, from here, with my resources and my body, to flourish?
  - smash the assumption that there is a natural correlation between size and health
    - When we control for movement and food security, weight is no longer a predictor of overall health.

- AND maybe you don't have the ability to exercise, or access to food.
    - Health is not a moral issue.
  - -ism versus -phobia
    - sizeism/fatphobia
    - Ism—collective, systematic
      - (macro cosmic bullshit)
    - Phobia—individual acting-on-isms
      - (internal toxicity)
      - sometimes this comes from people with bodies unlike ours, but sometimes it comes from within ourselves and our communities
    - "every day I face microaggressions and microinvalidations from so-called allies"
    - Sizeism in society
      - Michigan is the ONLY state that has protections against discrimination in employment and public access based on size
      - Discrimination is common and well-documented in hiring and salary, in medical care, from the fitness industry
      - Medical: underdiagnosed, frequently denied treatment; caregivers prefer not to treat fat patients, not to touch fat patients
        - Fat patients receive fewer tests
      - A woman who recently died of cancer because professionals refused to test her said that she repeatedly sought care but was told to just lose weight. She asks that we advocate for women like her who have not yet been allowed to die.
      - Tip: if you are refused diagnostic tests, request that the refusal be added to your chart while you wait. It can sometimes work to create access to testing.
      - Tip: cold-call potential providers and ask them questions relevant to your care. For them:
        - How do you typically respond when someone refuses to be weighed?
        - Have you treated transgender nonbinary
    - BMI:

- not invented by a medical doctor or health expert
      - eugenicist & statistician who wanted to describe the “ideal” human body
      - not intended for medical use
      - Came into medical use because doctors wanted a way to talk about the relationship between height and weight, and this already existed
      - over 30% of people who are “obese” are cardiomedically healthy, and over 30% of people who are “healthy” according to BMI are cardiomedically NOT
    - Being trans in America
      - this is an issue that reflects intersectional oppressions
- Exploring the Problems
  - Trans people are at the highest risk of disordered eating
    - disordered eating has the highest mortality rate of any mental illness
    - also under-insured and at risk of incomplete medical care
      - which fat people already are
      - which people of color already are
  - when trans people are accepted as who they are, the correlation between trans ness and suicide goes down to the rate of cis people. Similarly, support will minimize risk of eating disorder risk and increase health care
  - Support will not make us not need gender-affirming healthcare—trans people who have received appropriate medical interventions have lower risk of disordered eating and greater degree of body satisfaction
    - this does NOT solve disordered eating that already exists
  - The way fitness professionals talk to trans people about our bodies can cause a lot of harm because they can trigger disordered behaviors and increase that risk of mortality—so we need to know how we can talk to people in an affirming way, ESPECIALLY people who have been denied medical care and are looking for movement as a way to make their body more okay
    - how can we learn to love ourselves with our actions in the meantime?

- how can we see the place where you are in your body now, without introducing shame about your body?
- Living the Solution
  - There is a baseball bat. It is not a bat, it's a metaphor. But it looks like a bat. They break the bat with their hands.
    - “A couple decades ago the best job plan for me would have been the Bearded Lady and I would have rocked it.”
  - Basic tenets
    - how to support people who are struggling with a willingness to move from a loving place
    - 1: framework that relies upon a personal adherence to a positive mindset will not be sufficiently able to dismantle the structure of oppression
      - the inner work will never be enough to make it okay to live with oppression
      - we cannot positive think into okay
      - Allies: seek out opportunities to do this work in the world
      - “you cannot tell me to positive-think my way into health while ignoring my experiences of marginalization”
    - 2: a framework that invalidates the feelings and
    - 3: a framework that depends upon adherence to a narrow bandwidth of acceptable body options will cause harm.
      - we must move beyond the ubiquitous paradigms of sizeism and cissexism and heteronormativity decisively and simultaneously
      - I need to recognize how toxic and harmful it is that I am being asked to live within a standard that I can never access.
  - Tenets brought to life
    - Hard is not impossible
    - I cannot say “all people will be able to have a body that they find hot and celebratory and perfectly reflective of their true self”—but I can give you the strength to be present with what is hard, and give you permission to have it be hard.
    - wanting to be body-positive but not always feeling positive about my body
    - wanting to feel like my body is validated, and seeing that in the world—while also finding a way to feel that my body is valid
    - “through continued willingness to apply pressure, to change our leverage points as needed and find a new approach, we can bring things closer together that once

seemed so, so, so far apart, bringing them to a point of connection... perhaps even a bit of beauty.”

- Reframe, in a way that’s sensitive to the needs of people I’m working
  - client frames things aesthetically—which is what we’re shown—but let’s think about how this movement pattern will support recovery, to be able to do different things
  - we’re not going to say “you need to talk about your dysphoria in a loving way”—we’re going to sit with the feeling and reframe it towards love
- Further information
  - books
    - the fat studies reader
    - fat talk nation
    - health at every size
    - initiative editing
    - the body is not an apology
  - social media
    - decolonizing fitness - [www.decolonizingfitness.com](http://www.decolonizingfitness.com)
    - fit fatties - [www.facebook.com/groups/fitfatties/](http://www.facebook.com/groups/fitfatties/)
    - Justice Roe fitness coach - [www.justicerotraining.com](http://www.justicerotraining.com)
    - positive force movement - [positiveforcestrength.wordpress.com](http://positiveforcestrength.wordpress.com)
    - wrong is not my name: black feminist fitness - [www.facebook.com/blackfeministfitness/](http://www.facebook.com/blackfeministfitness/)

This is about finding a sustainable and safe relationship to movement—do not treat yourself with the same toxicity that the world treats us

What does movement mean?

- This is a really intentional choice—I used to call it exercise. I call it training when I do it. But exercise sounds tedious. Kids “play” and adults “work out” which sounds really unfun. So I use “moving with intention” or “play”—or “training” with a performance athlete. Any movement with intention is movement. It’s not going to always be exciting, but hopefully it feels playful and fun. Any way of moving one’s body intentionally, for the purpose of developing a kind relationship to yourself.

What are some tools you use to help people get into their bodies and the present when they’re thinking about “endgaming” and where they want to be?

- Survivors of trauma have this in a big way, along with trans people—we want to move through life in the top 12 inches of our bodies. Autistic folks also can feel really overwhelmed by the sensory input of a lot of movement. Breathwork and meditation, reiki, before we do any kind of fitness tools, starting with mindfulness about being in the body and knowing when we're breathing in and out. "What part of your body felt that the most? What part of your body feels engaged?"—and a lot of trans and traumatized folks can't answer that question even with high intensity. I use the word "curious" a lot—developing a relationship to our bodies that is grounded in curiosity rather than judgment. And it takes time—maybe people do the next set and they're curious, they want to know but they can't notice yet.

As someone who has experienced a lot of "weight related" illnesses, it's very hard to embrace the body positive movement because it feels invalidating to their outcomes. So how do you balance that?

- So a lot of people have weight loss goals that are reflective of health experiences. A lot of this is reframing that weight=unhealth because the largest study about intentional weight loss found that 95% of participants had regained the weight within a year, and 50% of the rest regained the weight soon after. So instead, ask about what outcomes "weight loss" represents—make THOSE the goals. It's not about that number, it's about sleeping better, having energy to keep up with grandkids, etc—and keeping THOSE goals in focus will be less likely to trigger disordered eating, even while introducing the same behaviors that a weight-related goal would bring in.
- Another person responds: told to lose weight to fix blood pressure, but walking every day corrected blood pressure without any weight loss

Share a resource: higher-weight trans people are frequently refused gender-affirming surgeries and 3rd Wheel (blog) has a letter to physicians explaining HAES and research that can help you self-advocate if refused. 3rd Wheel is a queer eating disorder blog.