

The Weight of (Im)possibility

Exploring body weight and shape with trans and
gender non-conforming people

Felix McNulty



**The Weight of (Im)possibility:
Exploring body weight and shape with trans and
gender non-conforming people**

Felix McNulty

This thesis is submitted in accordance with requirements for the
degree of PhD

Lancaster University

Sociology, Faculty of Arts and Social Sciences

September 2021

The candidate confirms that the work submitted is their own and that
appropriate credit has been given where reference has been made
to the work of others.

This copy has been supplied on the understanding that it is
copyright material and that no quotation from the thesis may be
published without proper acknowledgement.

Abstract

In recent decades, theorising around trans embodiment has sought to move away from narratives of the 'wrong' and pathological trans body. Emergent analytical and theoretical frameworks have instead highlighted the ways in which particular bodies become designated as trans, and what this means for the kinds of possibilities for embodiment that are opened up and closed down at the levels of both individual relationships and contexts, and structural and systemic constraints. The significance of weight and shape in relation to these embodied possibilities has not yet been fully explored within sociology.

Drawing upon qualitative interviews with 21 participants who identified as trans and/or gender non-conforming, this thesis examines the intersection of body weight and shape with trans and gender non-conforming positionality in order to address gaps in existing knowledge around the meaning and significance of weight and shape for trans and gender non-conforming people and communities in the UK. Phenomenological epistemology informs this thesis and the thematic analysis (TA) undertaken, centring participants' experiential claims.

In discussion of the findings presented, I argue that weight and shape are enmeshed with the constraints and possibilities of gendered positionality in ways that indicate the need for wide-reaching and profound transformation in order for relationships with the body based on connection, acceptance, and pleasure to be more consistently and widely possible for trans and gender non-conforming people. Relationships with weight and shape, as I illustrate in this thesis, were not simply *shaped by* the conditions and possibilities for embodiment in which they were situated, but represented sites of agentic engagement *within and through* conditions of embodied possibility.

Contents

Abstract	2
Acknowledgements	6
Abbreviations.....	9
List of figures	9
Introduction.....	10
Grains of salt: Emergent knowledges of embodiment	10
Bodies at risk: Situating trans and gender non-conforming embodiment	17
Definitions and terms.....	20
Chapter outline	24
Chapter One – Wrong(ed) bodies: Theoretical approaches to trans and gender non-conforming embodiment.....	30
Introduction.....	30
Wrong bodies: 19 th century sciences of sex and gender	31
Diagnosing difference: 20 th century medicolegal framings, expectations and inscriptions	35
Modes of becoming: The emergence of ‘transgender’ potentialities	48
Resistant bodies: Sociological theories of trans embodiment	54
Embodying dysphoria, euphoria, and neutrality	68
Conclusions	73
Chapter Two – Analysing weight, shape, and embodied practices	75
Introduction.....	75
The body beautiful: Contemporary western weight and shape ideals	78
Health in conflict: Medical and moral panics about weight, shape and size	81
Gendering fat: The gendered meaning of different embodied states and practices	84
Quantifying trans and gender non-conforming relationships with body weight and shape.....	91
Weight in motion: Trans and gender non-conforming relationships and engagements with body weight and shape	100
Conclusions	108
Chapter Three – Methodology and process.....	110
Epistemological positioning and approach.....	110
Research objectives and design	114

Recruitment, sampling and selection	123
Conducting the research	130
Participant portraits and description of final sample	133
Data analysis.....	144
Ethical concerns and considerations.....	150
Situating myself as researcher	156
Limitations	160
Conclusions.....	161
Chapter Four – Ways out, through, and toward: Engagements and relationships with weight and shape.....	165
Introduction.....	165
Landscapes of engagement: Thoughts, feelings and interpretations around weight, shape and size	168
Health in tension: Participant understandings and models of ‘health’ and wellbeing	181
Away, out and through: Weight and shape as resource in navigating distress and dysphoria	187
Towards and into: Labour and desire in relationships with weight and shape	196
Conclusions.....	208
Chapter Five – Opening up/closing down: Expectations, pressures, and possibilities	211
Introduction.....	211
In/visible positions: Social dysphoria and gendered physical ideals.....	213
Value and validity: The frustrated promise of thinness and weight loss	221
‘Sort of like how I see me, but better’: Interaction, validation and affirmation.....	232
Conclusions.....	236
Chapter Six – Gateways and gatekeepers: The impact of gender affirming interventions and care pathways	238
Introduction.....	238
This change in my body that I needed to happen: Transition and gender affirming care	240
Sanctioned trajectories and deferred bodies: Embodied navigations of care and clinical power	246
Too fat for healthcare: BMI cut-offs and gender affirming surgery	253
Conclusions.....	260
Chapter Seven – ‘Fitting yourself into something’: Queer and trans communities and spaces	263

Introduction.....	263
‘Freedom and rebellion’: Access to positive experiences of weight and shape through community	265
Under pressure: Intracommunity ideals and exclusions	276
‘Do as I say, not as I do’: Expressions of guilt and responsibility	281
Conclusions	285
Conclusions – Through and beyond: Embodied possibilities.....	288
The need for trans knowledges: Summary of findings.....	288
Recommendations	295
Limitations and future directions for research	301
‘Brick in the wall’: Looking outward and beyond	302
Bibliography.....	306
Appendix 1: Recruitment poster/flyers	339
Appendix 2: Template recruitment email.....	341
Appendix 3: Participant consent form	343
Appendix 4: Participant information sheet	350
Appendix 5: Debriefing sheet	362
Appendix 6: Interview guide	366
Appendix 7: Coding frame.....	369
Appendix 8: Notifications of ethics approval	370
Appendix 9: Excerpt of line-by-line coding.....	371

Acknowledgements

While I am proud of the work that follows, it feels important here to acknowledge that, as Ruth Pearce (2020) has written of so cogently, at points it has felt as though the work of this thesis was something I was surviving. Pearce writes of her experience of doctoral research that ‘while I survived my PhD, I have become considerably more emotionally vulnerable as a direct consequence both of my research and because of other events which took place during the same time period’ (816). This statement resonated with me as I read it; the time during which I was working on this thesis encompassed a major breakdown and subsequent intercalation, during which time I began taking anti-depressant medication which I still take today.

Inexpressible thanks go to Imogen, Beth, and Cron, whose collegiality and commiserations were invaluable in my surviving 2017. Thanks to Imogen, in particular, for the laughter and joy we managed to wring out of that miserable time. Thanks, in a greater, life-sustaining sense to my friends, to Kieran, Abs, Archie, Kai, Chi, Ethan, James, Abi, Georgia, Natalie, Kate, and the many others I have known and have yet to know. Without you all, I would not know how to be, in any sense, a person. Thanks beyond words for all that you are.

Thanks also to my family, whose ability to learn, change and grow I am immensely proud of: my siblings Maura, Catherine, and Joe, for the bone-deep sense, which I have come to appreciate all the more in adulthood and during the intense isolation of CoVID-19, of never being alone. My assorted niblings, Charlotte, Patrick, Santi, and Holly, for the sheer joy of seeing you existing in this world. My parents, Ann and John, for their growth and commitment to doing what was needed for rich and meaningful relationships between us to be possible;

wherever I am, I feel your love for me. This is a gift I endeavour to offer to other people in my life who I love.

To my grandmother Sally, who told me she would pray for me just the same when my dad and I told her I would be transitioning, and whose 'To a special grandson' cards are more precious to me than she will likely ever realise. A special mention to my Auntie Hils, who is probably the strongest person I know, and who is a shining beacon of the kind of auntie I hope to be. Last but not least, thanks go to my cat Naya, who has been a constant source of (cantankerous) comfort for almost 10 years, and has napped her way through some of my darkest times, reminding me of the importance of rest.

Special thanks to my supervisors Liz and Debra; I could not have asked for more compassionate, honest and insightful guidance. Your generosity and integrity have provided me with a sense of what it can be to approach academic work with humility, curiosity, and care, and to be looking resolutely outwards and beyond myself at the same time as doing intense and often isolating introspective work. As you can see, I am still guilty of long sentences.

To my girlfriend Siobhan, whose presence in my life has been and continues to be a gift; for your patience, support, and the generosity of your love. Thank you for gently reminding me to eat, sleep, move, and hydrate, and for not minding that I was so exhausted for most of the summer of 2021. Thank you also for your love of and attentiveness to birds, beasties, and small, everyday wonders.

Finally, thank you to the people who took part in the research conducted for this thesis, who trusted me enough to share deeply personal stories and reflections, and who were so patient with my tendency to at times get lost in the

middle of my own questions. I hope I have done justice to all that you shared with me.

Abbreviations

DSM: Diagnostic and Statistical Manual of Mental Disorders

GIC: Gender Identity Clinic

GP: General Practitioner

HRT: Hormone Replacement Therapy

ICD: International Classification of Diseases

LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer

NHS: National Health Service

POC: Person/people of Colour

QTIBPOC: Queer, Trans and Intersex Black and People of Colour

TA: Thematic Analysis

List of figures

Figure 1: Visual organisation of codes.....p.148

Introduction

'Ocean: [...] when it started to rain and there were no seas, we're talking billions of years ago, the water was fresh, the oceans were fresh water, and in three billion years they've turned salty and how've they turned salty? It's all the rivers in the world flowing into them and yet the rivers are fresh water-

Felix: Mm.

O: -and each river brings a tiny amount of salt that you can't even taste but over-over time all those tiny little bits add to a profound change. And again that's the same thing as I was saying about the bricks in the wall and you know, your research is part of that'

(Ocean, Research participant)

Grains of salt: Emergent knowledges of embodiment

This thesis explores trans and gender non-conforming embodiment, specifically focusing on the intersection of body weight and shape with trans and gender non-conforming experience and positionality. I situate body weight and shape in relation to 'bodily aesthetics' (Davy, 2011), in order to draw into focus the kinds of meaning and agency that entail from different ways of relating to and engaging with the body. Most existing literature exploring this topic proceeds from an implicit understanding of transness and gender non-conformity as inherently 'troubled' and as therefore resulting, inevitably, in varying degrees of embodied distress. In departure from this understanding, this thesis is concerned with the ways in which body weight and shape represent a means with which trans and gender non-conforming people respond to and seek to shape the perceptions and responses of others, as well as with which to mediate, labour upon, and seek forms of pleasurable embodiment and connection with the embodied self.

The tendency in existing literature to proceed from a starting point that places emphasis upon notions of trans as condition or conditional (Pearce, 2018) reproduces the trans and gender non-conforming body as the source of trouble, and the 'problem' to be resolved. It also detracts from a sense of trans and gender non-conforming people as active subjects capable of reflection on and nuanced understanding of their own embodied practices. Behaviours and practices (often categorised as either disordered or non-disordered) are interpreted as emerging, almost inevitably, as a 'by-product' of trans and gender non-conforming experience, rather than as responses to or mediations of conditions of lived and embodied existence.

Framing analysis in terms of the meanings and context of different relationships and engagements with weight and shape among a sample of trans and gender non-conforming people, I examine in greater depth the kinds of relationships and engagements with weight and shape that are possible, desirable, and imaginable for trans and gender non-conforming people living in England. Through such analysis, it is my contention that we gain a deeper understanding of the ways in which body weight and shape inform and are informed by gendered social contexts, and the different forms of judgment visited upon trans and gender non-conforming bodies.

There is little existing literature addressing this topic in general, and even less applying a specifically sociological lens; much existing literature is clinically situated and grounded in the application of quantitative tools developed within psychology. This thesis develops research further by examining the complexity and nuance of body weight and shape in relation to an understanding of trans and gender non-conforming embodiment and bodily aesthetics as 'a set of

discourses, practices, perceptions and experiences of embodiment' (Davy, 2011, p. 11). These aspects have not been developed within transgender studies, nor within the fields of healthcare, law, and policy. This thesis incorporates attentiveness to contemporary theorising around trans and gender non-conforming embodiment into analysis. The key research questions informing the thesis are:

- How do trans and gender non-conforming people understand and engage with the weight and shape of their bodies?
- How are these engagements and understandings informed by different trans and gender non-conforming positionalities and experiences?
- How do different situations, environments, and relationships impact upon engagements with and feelings about body weight and shape?
- Specifically, how do encounters with gender affirming healthcare pathways and trans/queer communities impact upon engagements with and feelings about body weight and shape?

This thesis begins by situating body weight and shape in relation to bodily aesthetics, drawing on theorising around trans embodiment (Salamon, 2010; Davy, 2011), feminist and queer phenomenologies (Butler, 1993; Ahmed, 2006), and critical interventions into the study of body weight and shape emerging from feminist scholarship, critical weight studies, and Fat Studies (Bordo, 1993; Burgard, 2009; Bacon and Aphramor, 2013). Reflecting a historical association of trans and gender non-conforming subjectivity with forms of pathological embodiment, the majority of existing literature (particularly clinical literature) draws on the language and framework of 'body dissatisfaction' as measured using a range of Likert scale measures (Thompson, Burke and Krawczyk, 2012).

Existing queer critiques of such models highlight the danger of locating risk and pathology *within* individual minoritised bodies, in ways that homogenise such bodies, construct marginalised communities as inherently shallow and image-fixated, and risk creating a 'body dissatisfaction imperative' whereby, through circulation, embodied distress becomes integrated into specific forms of marginalised subjectivity (Vasilovsky and Gurevich, 2016).

Existing literature is also characterised to a significant degree by a subscription to understandings of trans embodiment primarily in terms of 'wrong body' tropes (Engdahl, 2014), as well as linguistic and interpretative features that are identified by Y. Gavriel Ansara and Peter Hegarty as 'cisgenderism', or the forms of othering that occur (in psychological research specifically) when cisgender development and experience is positioned as the 'healthy' and ideal norm against which trans and gender non-conforming experiences are measured (Ansara and Hegarty, 2012, p. 141).

Contemporary qualitative studies have begun to develop an understanding of the intersection between body weight and shape and trans and gender non-conforming experience within sociology. Gordon and colleagues (2016), for instance, draw on interviews with a sample of low-income, ethnically diverse young trans women and trans feminine people to propose a conceptual framework for potential pathways to the embodiment of high-risk weight and shape control behaviours. The authors apply ecosocial theory and Sevelius' gender affirmation framework (2013) to emphasise the interplay between femininity ideals and transphobic stigma and discrimination in contributing to the embodiment of high-risk weight and shape control behaviours. Alongside these

factors, resilience, social support, gender affirming care, and protective laws and policies are identified by the authors as protective resources.

Francis Ray White's (2014, 2020b) work relates more specifically to a UK context, and is informed by their background within the field of Fat Studies. White contextualises the findings of their empirical research with British trans adults (2020b) in relation to what they describe as the 'cis-centricity' of Fat Studies more broadly. The findings of this study highlighted the association of transness and gender non-conformity with thinness in popular and mainstream representation, the significance of what fat 'does' in the embodiment and communication of gendered identity, and the variable experience of body fat as an obstacle or as a resource.

My research contributes to and expands upon this work by drawing upon a phenomenological lens to examine experiential aspects of body weight and shape as agentic aspects of embodiment. Phenomenology has been developed and drawn on generatively in recent decades by feminist and queer scholars (Young, 1990; Butler, 1993; Ahmed, 2006) and has been proposed and applied by others specifically as a framework with which to approach and seek understanding of trans and gender non-conforming embodiment (Rubin, 1998; Davy, 2011). To date, however, phenomenological understandings of trans and gender non-conforming embodiment have not been applied to analysis of body weight and shape specifically.

Fundamental to Merleau-Ponty's theses on the body is the felt and experienced sense of the body as situated; to inhabit the body as the 'vehicle of being in the world' is 'to be involved in a definite environment, to identify oneself with certain projects and to be continually committed to them' (Merleau-

Ponty, 1962, p. 82). Zowie Davy (2011) has drawn extensively upon the work of Merleau-Ponty and other phenomenological scholars to highlight the intentionality of trans peoples' body projects and the centrality of embodiment to processes of identity formation, drawing also on Gail Weiss's work on the intercorporeal nature of body image (1999), and Judith Butler's theorising of gendered performativity within the constraints of heteronormativity and the 'heterosexual matrix' (Butler, 1990, 1993). In this thesis, I argue that body weight and shape represent important vectors of agentic engagement with the body, and that close analysis of the ways trans and gender non-conforming people communicate their relationships with weight and shape can shed light on the embodied impact of prevailing conditions of embodiment for trans and gender non-conforming people living in England.

Within bodies of sociological work exploring and analysing body weight and shape, there has been very little development of analysis concerning the meanings of weight and shape-related bodily practices for trans and gender non-conforming people. Much existing work highlights the significance of an 'inescapable Western cultural fixation' with body weight and shape (Burns and Gavey, 2008, p. 142). Maree Burns and Nicola Gavey track this fixation through media images and advertising, public health panics regarding 'obesity', and features of 'healthy weight' discourse that equate slenderness (achieved by any means) with health.

Such characteristics form the broader contextual landscape to this study; discursive associations of weight loss and slenderness with health circulate widely in UK mainstream media (Hopkins, 2012; Flint and Snook, 2014). The equation of slenderness with health is also identified by Lucy Aphramor and Linda

Bacon (2013) as a defining characteristic of a dominant, weight management-focused health medical paradigm that prevails in the UK despite robust and sustained critique; a 2020 Public Health England 12-week NHS Weight Loss Plan sought ‘to encourage millions of adults to kick start their health and reduce their risk of serious illness, including COVID-19’ (PHE, 2020).

Feminist scholars have made extensive contributions to sociological understandings of embodiment, drawing particular attention to the gendered meanings and expectations placed upon weight and shape (and other bodily features). The extensive feminist literature pertaining to weight and shape addresses the origin, entrenchment and circulation of cultural ideals of slenderness (Chernin, 1983; Bordo, 1993), while Fat Studies has focused specifically on fatphobia and the negative meanings associated culturally with fatness (MacInnis, 1993; Royce, 2009). A great deal of feminist analysis has been concerned specifically with disordered eating (anorexia and restrictive practices, in particular) both as an experience and as a medicalised diagnostic category (Orbach, 1986; MacSween, 1993; Malson, 1998; Warin, 2010).

In their work, these and other scholars have argued for a better understanding of bodily practices related to weight and shape as an expression of gender and power relations under patriarchy (Malson, 2007) and as a ‘crystallization’ of specific, and gendered, power relations and dynamics (Bordo, 1993). Within these lived dynamics and relations of power, according to Helen Malson, different weight-related practices ‘collide in their individualised and meticulously detailed control over the body constituted as an *object or resource to be made good*’ (Malson, 2007, p. 36, emphasis added). What I am concerned with in this thesis are the ways in which trans and gender non-conforming bodies

are positioned at a particular distance from being 'made good', indeed, those bodies whose very 'wrongness' secures the boundaries of what is and can be 'made good' at all (Butler, 1993). Close analysis of participants' accounts identified the significance of weight and shape in relation to the ability to move, change, and navigate the 'un/successful embodiment of femininity (or, increasingly, masculinity)' and to 'properly conduct a self-directed life' (Malson, 2008b, p. 38).

[Bodies at risk: Situating trans and gender non-conforming embodiment](#)

Since the emergence of 'transgender' in English language contexts in the 1990s, the impact of the related fields of transgender studies within the academy, and community formation and organising beyond it, has been profound and far-reaching (Stryker, 2008; Schilt and Lagos, 2017). Taking as its material the bodies of medical and psychiatric knowledge constructed around gender variance and non-conformity from the 19th to the close of the 20th centuries, trans studies has sought (among other objectives) to identify the ways in which 'trans' has been produced, defined, and contained within and through the construction and reiteration of sex and gender as binary and oppositional.

Engagement with pre-existing bodies of knowledge and the identification of their underlying assumptions around gender and sex (Ansara and Hegarty, 2012; Schaffner, 2012) has been accompanied by the development and re-development of frameworks for forging alternative bodies of knowledge, resulting in tentative observations of a number of, at least partial, paradigm shifts. In relation to bodies of knowledge, Kristen Schilt and Danya Lagos track the development of transgender studies from a focus on 'gender deviance' from the

1960-90s, to a focus on 'gender difference' from the 1990s onwards (Schilt and Lagos, 2017). Schilt and Lagos qualify the latter as focusing attention on the diversity of identities and contexts within transgender populations, on the experiences of trans people in institutional and organisational contexts, and on quantitative approaches aimed at establishing areas of inequity between transgender and cisgender people.

One of the outcomes of these (hard fought-for) shifts, as identified by Schilt and Lagos, has been the increasing quantitative attention being paid to questions of health and well-being for trans, non-binary and gender non-conforming people *beyond* physical transition. Among the prominent areas to have received greater attention in recent years have been sexual health and HIV (Jaspal *et al.*, 2018; Hibbert *et al.*, 2020), barriers to general healthcare and aspects of transition of clinical relevance to other areas of health (McNeil *et al.*, 2012; Nodin *et al.*, 2015; Whitehead, 2017), and the impact of marginalisation, discrimination and violence in health-impacting areas such as housing, employment, and intimate relationships (Morton, 2008; Mitchell and Howarth, 2009; Ozturk and Tatli, 2016; Bachmann and Gooch, 2018).

Within literature focusing on health inequalities, attention is increasingly being paid to mental health, and contemporary research has indicated heightened vulnerability to mental distress among trans communities and populations (McNeil *et al.*, 2012; Ellis, Bailey and McNeil, 2015; Nodin *et al.*, 2015). Anxiety, depression, self-harm, and suicidality have been particularly prominent in research examining mental health and distress (Clements-Nolle, Marx and Katz, 2006; Maguen and Shipherd, 2010; Budge, Adelson and Howard, 2013).

Alongside indications of poor mental health outcomes such as anxiety and depression, and prompting the initial motivation to conduct the research upon which this thesis reports, a number of contemporary studies have indicated a heightened vulnerability to difficult relationships with food, eating, and weight (primarily through the clinical lens of disordered eating) among trans and gender non-conforming adults and young people (McNeil *et al.*, 2012; Diemer *et al.*, 2015; McGuire *et al.*, 2016; Feder *et al.*, 2017; Diemer *et al.*, 2018a).

Although a key catalyst for my research was the indication of heightened vulnerability to different forms of ‘disordered’ eating among trans and gender non-conforming people, I place emphasis in this thesis on relationships with weight and shape, and not on eating disorders specifically. In part, this decision is informed by the argument made by Helen Malson that bodily practices that are classified as disordered exist not as aberrations from ‘healthy normality’ but as ‘integral to those culturally dominant, gendered norms’ (Malson, 2008b, p. 30).

In the context of a framework that situates body weight and shape in relation to embodiment and embodied practices as agentic aspects of subjectivity, to focus *exclusively* upon experiences and practices centring distress (a tendency I identify in existing studies in Chapter Two) obscures from view both the *meaning* of bodily practices originating in distress, and those ways in which people engage generatively, compassionately, and hopefully with their bodies. This is a major shortcoming when considering the potential for change and transformation, and the cultivation of conditions that enable relationships with the body’s weight and shape that emerge from, centre, and integrate joy, healing, compassion, and connection (Westbrook, 2010).

An approach centring relationships with weight and shape also allows us to move away from the reproduction of what Ruth Pearce describes as ‘repertoires of conditionality’ (2018, p. 20), which construct trans subjectivity and embodiment as fixed, static, and resolvable, and towards repertoires of ‘trans as movement’. The latter orients us (in a queer phenomenological sense as articulated by Sara Ahmed (Ahmed, 2006)) away from the risk of fixing trans and gender non-conforming bodies within realms of abjection and distress, and towards the imagination and opening up of space for non-distressed bodily practices and relationships with weight and shape.

Definitions and terms

The focus of this thesis is the experiences and understandings of those who are positioned and position themselves as trans and gender non-conforming, in alignment with applications of ‘transgender’ that emerged over the course of the 1990s in Anglophone contexts (Feinberg, 1992; Stryker, 2006; Whittle, 2006). For the purposes of this research, in terms of the populations and communities that I have sought to engage and whose experiences I will be engaging with, use is made of the term ‘trans’ and the related but not synonymous terms ‘non-binary’ and ‘gender non-conforming’. Use is made of these terms less as ‘umbrella’ or ‘catch-all’ terms¹ and more as ‘experiential descriptors’ (Ansara and Hegarty, 2013, p. 160) of positionality in relation to social, cultural, political, legal and administrative structures and systems of sex and gender. Such designations are

¹ Some examples of discussions of the strategic reasons behind the mobilisation of the ‘trans umbrella’ and its attendant complexities include Currah (2006), Davidson (2007), and Singer (2014).

situated within a Euro-American cultural and historical landscape broadly, and, for the purposes of this study, within a UK context in particular.

An emphasis on positionality and experience is reflected in the tentative and heavily caveated definitions put forward by contemporary trans scholars; writing in 2008, Susan Stryker states that she uses the term to ‘refer to people who move away from the gender they were assigned at birth, people who cross over (*trans-*) the boundaries constructed by their culture to define and contain that gender [...] it is *the movement across a socially imposed boundary away from an unchosen starting place*’ (Stryker, 2008, p. 1). In her introduction to the 2010 book *Transgender Identities*, Sally Hines draws on a similar understanding of ‘trans’, as denoting ‘gender experiences, subjectivities and presentations that fall across, between or beyond stable categories of ‘man’ and ‘woman’” (Hines, 2010, p. 1). These definitions are striking in the attention that they draw towards the positioning of bodies and identities defined as being situated *across, between, or beyond* culturally, socially, and structurally imposed boundaries.

To describe experiences that have in common a movement away from assigned gender is only intelligible in the context of a dichotomous model of two opposites, which has been and continues to represent the dominant overarching model of sex and gender. Indeed, as has been argued powerfully by Judith Butler, such bodies represent the securing boundary of intelligibility in relation to heteronormatively sexed and gendered bodies (Butler, 1993). Such theoretical affinity is to be expected – queer theoretical ideas concerning the constructed nature of sex and gender have been hugely influential in the early emergence and development of transgender studies as a field of perspectives and theory (Stryker, 2006; Stryker and Aizura, 2013).

Definitions such as Stryker's and Hines' also emphasise the active nature of challenging, moving within or away from, and navigating such positions, and share a common emphasis on the interpersonal and contingent nature of 'trans' as a way of affirming and creating space for a spectrum of marginalised experiences. This shift to an emphasis on a model based on shared (although specific) experiences, and to an open-ended and malleable model rather than a fixed and bounded model, originated in part in relation to efforts to form and strengthen new forms of community and solidarity based on shared and overlapping histories, marginalisations, and forms of oppression. Attention is drawn to questions of autonomy and choice, to processes of navigation and negotiation, and to the imposition and enforcement of binaristic divisions between forms of human experience.

In line with this, some of the definitions of and around 'trans' that issue from trans studies are framed in terms of choice and affinity; Stephen Whittle, in a foreword to the first *Transgender Studies Reader*, writes of trans identity being 'accessible' to any person 'who does not feel comfortable in the gender role they were attributed with at birth, or who has a gender identity at odds with the labels "man" or "women" credited to them by formal authorities' (Whittle, 2006, p. xi). This use of 'trans' accommodates, at least in theory if not always in practice, for diverse gendered experiences and trajectories, spanning those that involve physical transition and those that do not, those 'within' sexed and gendered binaries and those outside of or in opposition to them.

Such approaches to definition reflect the politicised nature of 'trans', at least in its entry into greater circulation and usage in Anglophone contexts from the 1990s onwards; Susan Stryker characterised the emergence of trans,

specifically in the writings of Leslie Feinberg and other contemporaries, as a mobilising call to arms for ‘an imagined community encompassing transsexuals, drag queens, butches, [intersex people], cross-dressers, masculine women, effeminate men, sissies, tomboys, and anybody else willing to be interpolated by the term’ (Stryker, 2006, p. 4). Hines draws on a similar open-ended understanding of who is encompassed within and under ‘trans’, noting its reach as including genders ‘that have, more traditionally, been described as ‘transsexual,’ and a diversity of gender that call into question an assumed relationship between gender identity and presentation and the ‘sexed’ body’ (Hines, 2010, p. 1). The open-ended nature of trans, and the emphasis placed in definitions such as those outlined by Whittle and Stryker on the act of *choosing* to identify with and within transness, emerge in opposition to the legacies and ongoing impositions of clinical definitions, which are inherently oriented towards the drawing of definitive boundaries between those recognised as ‘legitimate’ trans people (historically, ‘true transsexuals’ (Benjamin, 1966) and those excluded from such recognition.

The explorations in this thesis are based on and rallied in support of the conviction that while practices, beliefs and behaviours around weight and shape are not reducible to the trans component of a person’s experience, they are shaped inevitably (in varying ways and to varying degrees) by a socio-historical context in which certain bodies, practices and identities continue to be marked – consensually or otherwise – as ‘trans’ border crossings. There is tremendous struggle and contention over the parameters of these crossings – how they should be managed and monitored, who should do the managing and monitoring, what kinds of crossings and movements are possible and legitimate – and this

thesis explores in greater depth the impact of these conflicts on the kinds of embodiment and body image available to the people navigating them, *specifically* in relation to an understanding of weight and shape.

This thesis engages with prominent theoretical framings of transness as they relate to the different constructions of the trans body and the possibilities for trans embodiment that these constructions foreclose and/or open up. The findings of my research indicate the significance of body weight and shape within these landscapes of embodied possibility, highlighting the agentic processes involved in navigating a shifting terrain of (im)possibilities that come into play when considering the specificities of being positioned and living as a trans or gender non-conforming person in England.

[Chapter outline](#)

Part one of this thesis explores different theoretical approaches to framing and understanding the significance of body weight and shape in relation to trans and gender non-conforming embodiment. In *Chapter One: Wrong(ed) bodies: Theoretical approaches to trans and gender non-conforming embodiment*, I engage with historical and contemporary constructions of the trans body and theorising around trans embodiment, engaging with the meanings and truths the body has been and is 'read' for (Stryker, 2006) in different settings, the significance of bodily aesthetics in daily life (Davy, 2011), and the embodied possibilities that are foreclosed and/or opened up in different constructions (Butler, 1990, 1993). Beginning with the 'wrong body' trope established in European and American psychiatry over the course of the 20th century, I examine the contemporary significance of diagnostics and medico-legal framings of trans

and gender non-conforming embodiment. I then examine the kinds of ontological challenges to such framings posed by the emergence of transgender studies since the 1990s, and the development of theory and empirical work on trans and gender non-conforming embodiment that foregrounds agency, contingency, and intercorporeality. I close this first chapter with a critical reflection upon the different (mis)uses of the concept of 'dysphoria'.

In *Chapter Two: Analysing weight, shape, and embodied practices*, I detail existing critical sociological perspectives concerning body weight and shape, particularly drawing on feminist work around disordered eating and body image, critical weight studies, and fat studies. I will also discuss the landscape of existing empirical research and literature regarding relationships and engagements with body weight and shape for trans and gender non-conforming people and communities. I identify the tendency to locate dissatisfaction and distress *within* trans and gender non-conforming subjectivity and bodies, in ways that result in the framing of relationships with body weight and shape as defined by the pathological 'failure' to experience embodiment and gendered subjectivity in cis- and heteronormative ways. I contextualise this tendency in relation to historical constructions of transness and gender non-conformity in terms of pathology, and the aesthetic judgments that these constructions and their contemporary iterations have entailed. I will also examine existing approaches that have departed from or which are explicitly positioned in opposition to these tendencies, to highlight the indications of these studies for an understanding of trans and gender non-conforming peoples' relationships and engagements with weight and shape. I discuss these different approaches by drawing on the distinction made

by Ruth Pearce (2018) between framings of 'trans as condition' and 'trans as movement' in relation to trans health.

In *Chapter Three: Methodology and process*, I provide details of the methodological approaches used and the analytical process. Here, I examine the epistemological grounding and implications of a phenomenological lens for the study of trans and gender non-conforming embodiment, and explain my methods, the limitations of the study, and the ethical issues involved in research of this kind. I also reflect on the research questions and objectives underpinning the study, and on my own position in relation to the research. Chapter Three concludes with pen portraits of the participants in the study to provide a sense of the people who took part.

Part two of the thesis consists of four empirical chapters exploring participants' accounts of their relationships and engagements with the weight and shape of their bodies. These chapters are organised according to emphasis; *Chapter Four: Ways out, through, and toward* examines the accounts given by participants regarding how they perceived and experienced weight and shape and how they made sense of their own weight-related bodily practices. This chapter examines themes of embodied movement and (im)possibility as they emerged in participant accounts of relationships and engagements with weight and shape. Analysis is organised around discussion of participants' engagements with weight and shape as resources with which to facilitate movement away from or through embodied distress and pain, and/or towards desired futures and embodied selves. Opening with a discussion of weight and shape-related practices that centred movement away from or through distress, pain, and suffering, the chapter moves on to examine how participants made sense of those

practices that they understood as being oriented towards embodied connection, compassion, healing, and pleasure. I will then examine the tensions and interactions between these thematic strands, placing them in the context of participants' experiences and positionalities as trans and gender non-conforming people.

In *Chapter Five: Opening up/closing down*, the research findings are organised in terms of the 'body-for-others', emphasising participants' accounts of the impact of interactions and relationships in the immediate environment on relationships and engagements with weight and shape. Here, the urgent salience of the experienced and anticipated judgments of others emerges as significant, both in terms of experienced and anticipated harm and invalidation, and in terms of the importance of affirmation and recognition. These states exist in tension with one another across almost all of the participants' accounts to varying degrees and in different forms, and highlight the role played by body weight and shape in the mediation and management of intercorporeal body image (Weiss, 1999), possibility, and safety across different settings.

Chapter Six: Gateways and gatekeepers is the first of two chapters that move beyond the immediate environments of participants' embodied lives to examine the significance of two specific sites: pathways to accessing gender affirming healthcare and interventions, and trans and queer communities and community spaces. Here, I frame analysis more specifically in relation to the 'conditions of possibility' (Foucault, 1972) informing participants' relationships and engagements with the weight and shape of their bodies, and the complexities inherent to navigating these possibilities. In Chapter Six I explore the ways in which participant experiences of specific gender affirming interventions, and of

gender affirming pathways to care, were connected with their relationships with weight and shape. The kinds of possibilities that bodily transition represented were profound in relation to participants' sense of the opening up or closing down of space for their embodied selves within the world. Experiences of transition-related healthcare pathways shaped these possibilities powerfully; in Chapter Six, I examine the specific implications of the power dynamics and expectations inherent within such clinical pathways, the indefinite deferral of embodied possibility, and the imposition of exacting BMI thresholds for relationships and engagements with weight and shape across the sample.

In *Chapter Seven: Queer and trans communities and spaces* I focus on the ways in which experiences of community featured in participant interviews in relation to weight and shape. In a great many interviews, experiences of community represented crucial means of access to ways of seeing, thinking about and relating to the body's weight and shape that were experienced as pleasurable, connected, or neutral. Alongside consideration of the significance of community and community space as expanding gendered and embodied possibilities for participants, I explore the tensions and complexities that arose in accessing and navigating community, from intracommunity ideals, pressures, and forms of exclusion, to participants' expressions of complex feelings of guilt and responsibility with regards to both how they experienced their bodies and how they publicly expressed these experiences.

In the final, concluding chapter, I draw together the key findings from the research presented in chapters four, five, and six, to reflect on and discuss their implications. Here, I argue that in order to understand the different relationships trans and gender non-conforming people have with weight and shape, and the

different bodily practices that entail from these relationships, we must address the ways in which conditions of lived existence and possibility manifest in such relationships. In this chapter, I will outline some potential priorities and directions for future research and intervention, and situate these recommendations in relation to the context of increasingly pernicious and targeted efforts to curtail and diminish the rights and lives of trans and gender non-conforming people living in the England.

Chapter One – Wrong(ed) bodies: Theoretical approaches to trans and gender non-conforming embodiment

'[h]ere on the gender borders at the close of the twentieth century...we find the epistemologies of white male medical practice, the rage of radical feminist theories, and the chaos of lived gendered experience meeting on the battlefield of the transsexual body: a hotly contested site of cultural inscription, a meaning machine for the production of ideal type'

Sandy Stone, 1992, p. 164

Introduction

This first chapter will engage with historical and contemporary constructions of the trans body and theorising around trans embodiment, engaging with the meanings and truths the body has been and is 'read' for (Stryker, 2006) in different settings, the significance of bodily aesthetics in daily life (Davy, 2011), and the embodied possibilities that are foreclosed and/or opened up in different constructions (Butler, 1990, 1993). Beginning with the 'wrong body' trope established in European and American psychiatry over the course of the 20th century, I examine the historical emergence and entrenchment within medicine and psychiatry of models that rely upon and reify a definitive split between the gendered 'self' and the material body that either proves or betrays this self.

Contemporary critique has highlighted the conflation in such models of trans and gender non-conforming experience with distress, specifically distress about and towards the body (Lev, 2005), and the consequent requirement that forms of embodied distress are 'adequately' displayed or performed in order to access recognition, affirmation, and healthcare (Davy, 2011, 2015). This body of critical work has emphasised agentic aspects of trans embodiment, in response

to and arguing against framings that emphasise determinism, and foregrounding situationality with respect to embodiment and bodily aesthetics for trans people (Davy, 2011, p. 148).

The intention and objective of this thesis is not to reproduce constructions of trans and gender non-conforming embodiment as fixed and static states with specific delineated characteristics. Rather, in this thesis I highlight and challenge the kinds of ontological assumptions made about embodiment and embodied practices for trans and gender non-conforming people by centring the ways that trans and gender non-conforming people make sense of their own relationships with weight and shape, and to contribute to contemporary scholarship seeking to establish alternative approaches and frameworks.

[Wrong bodies: 19th century sciences of sex and gender](#)

To describe as trans those experiences that have in common a movement away from assigned gender is only intelligible in the context of a number of mutually reinforcing belief and knowledge systems. For movement away to occur, an initial assignation must have been made at birth and become formally integrated into the records of a person's life; in the UK, such records begin with an individual's birth certificate, and later include forms of documentation such as their passport, driving licence, bank account, national insurance records, and other 'apparatuses of identification' (Caplan and Torpey, 2001). These processes are so thoroughly integrated into the legal and administrative structure of life in the UK as to be considered largely unremarkable and uncontroversial², and are based on a

² Notwithstanding interventions and arguments calling for the abolition or fundamental transformation of legal gender in the US, UK and elsewhere (Spade, 2009; Renz, 2021)

unifying logic in which gender is understood to 'typically' follow from physical sex. This dichotomous model of two, complementary sexes (and genders) has been and continues to be the dominant and overarching model of sex and gender in the UK and many other countries (Butler, 1993; Davy, 2011).

Over the course of the 19th century, the establishment of sexual difference as denoting separation into two distinct categories rose to prominence in Euro-American societies, characterised by a focus on the physical body as the primary signifier of 'sex' (Hird, 2004). According to Anna Schaffner, Christianity's 'taxonomies of sexual sin' were superseded by scientific, medical and psychological models over the course of the 19th century, signalling a shift towards forms of knowledge-making 'based primarily on congenital, psychiatric and legal conceptions of the modern subject' (Schaffner, 2012, p. 2). In Schaffner's view, the emergence in the 19th century of the scientific study and classification of 'perversions' or 'deviance' in terms of gender and sexuality was intimately linked to '[a]ttempts to establish the sexually 'normal'' (Schaffner, 2012, p. 2).

The move towards '[a]n anatomy and physiology of incommensurability' (Laqueur, 1990, p. 6) produced and reproduced two poles of (heterosexually interlinked and specifically classed and racialised) 'natural' and ideal poles of sexual difference, securing these poles with reference to biology, anatomy and physiology. The bodies of those whose existence strayed outside of the parameters of these interlinked poles acquired new and specific kinds of visibility within and through the emergent discipline of sexology. Working under the remit of a scientific examination of human sexuality, early sexologists were concerned with forms of classification and taxonomy that functioned in different ways to

stabilise heterosexually complementary union as the default norm: Richard von Krafft-Ebing positioned non-heterosexual orientations on a spectrum defined by degrees of gender variance (Krafft-Ebing, 1892); Karl Heinrich Ulrichs' figure of the 'urning' centred the notion of feminine and masculine 'essences' arising within and through sexually differentiated male and female bodies (Ulrichs, 1864, 1869); Havelock Ellis' theory of sexual inversion was put forward under the term 'eonism' (Ellis, 1928); and Magnus Hirschfeld articulated a theory of 'sexual intermediaries', elaborating on a continuum between 'complete' manly men and womanly women (Hirschfeld, 1910, 1914).

The approaches and intentions of these early figures varied; Ulrichs has been claimed in some histories as an early pioneer of gay liberation (Leck, 2016), and Hirschfeld's Institute for Sexual Research was the site of some of the first recorded medical interventions that would now be considered forms of medical transition (Bullough, 2003). In theories such as these, the 'phenomena' under study were approached as examples of 'natural' diversity and variety. In work such as that produced by Krafft-Ebing, the question was less the degree of natural variety, and more the degree of inherent pathology. In the work of Krafft-Ebing and his contemporaries, 'atypical' sexualities became associated with and characterised by deviant sexual physiology, and 'atypical' gender expression was bound up representationally with 'extreme' sexuality. The parsing and discrete differentiation of sexuality *from* gender would be taken up as one of the central concerns of 20th century medico-psychiatric approaches to gender variance in the West.

Gayle Salamon reflects on the conceptualisation of gender variance as an 'extreme' form of inversion as the foundation of the medical and wider socio-

cultural perception of transsexuality in particular as ‘a kind of hypersexualisation’ that *manifested* in and through the body (Salamon, 2010, p. 45). In these modes of examining, interpreting, and explaining individual experiences of gender and sexuality, the move towards conceptualisation of the ‘atypically’ gendered person as ‘a personage’ in the Foucauldian sense, is apparent. As Foucault defines this in his *History of Sexuality* with respect to the figure of ‘the homosexual’, the personage is an assemblage consisting of ‘a past, a case history, and a childhood’ which, together with the other elements of a person’s existence, amount to ‘a type of life, a life form, and a morphology, with an indiscreet anatomy and possibly a mysterious physiology’ (Foucault, trans. Hurley, 1980, p. 42).

Among the sexual ‘types’ studied and classified, Krafft-Ebing identified as the ‘most pathological’ those people in whom gender ‘inversion’ was most extreme. Through a contemporary lens, these individuals have been claimed by some as historical trans figures (Feinberg, 1996), although there is no way to know how such individuals understood themselves, and such speculations should be approached with caution (Halberstam, 2005). However, what we can reliably infer is that in their time, the individuals considered most pathological by Krafft-Ebing and his contemporaries were those whose gender was considered atypical or variant in the context in which they lived. These most apparent forms of gender variance were framed in terms of profound disturbance, and the desire for affirmation of one’s lived reality was considered tantamount to psychosis (Whittle and Stryker, 2006, p. 21).

In these writings, we see the beginnings of medicalised and objectifying ways of viewing the gender variant body; the case studies in Krafft-Ebing’s work reflect the taxonomical parsing of aspects of personhood into distinct components

which, together, were considered to shed light on the phenomenon in question. Case studies in Krafft-Ebing's *Psychopathia Sexualis* (1892) included extensive histories encompassing an individual's family tree; sexual history, orientation and practices; and a comprehensive summary of precise physical attributes, from height to pelvis width to detailed skull measurements³. In early sexological accounts of 'inversion' such as this, outward physiology and bodily aesthetics were assessed and 'read' as evidence of the inner inversion of a masculine or feminine essence.

The result of these early literatures, which formed the basis of the developments that were to come in the 20th century, was that the body would remain 'writ large' in medico-psychiatric theorising, such that the trans subject as delineated in these terms is 'embodied and shaped by the constraints that follow from having, and being, a (wrong) body' (Davy, 2011, p. 55). By the close of the 20th century, the wrongness of the body that had been positioned in early sexological writings, as furthest in degree from the natural and correct configuration of (diametrically opposite and heterosexually complementary (Foucault, 1980b; Butler, 1990, 1993)) male and female, became enshrined diagnostically.

Diagnosing difference: 20th century medicolegal framings, expectations, and inscriptions

Against the backdrop of the transformation of visual forms of media over the course of the 20th century and emerging from the colonial tradition of the

³ An example of detailed physiological examination can be found in the case of a 'Count Sandor V.'; Krafft-Ebing provides a detailed physiological account (including measurements of labia majora and minora, clitoral size and sensitivity, perineal width, and size of vaginal opening) with comments included on the degree of masculinity or femininity perceived in the physical characteristics being recorded (Krafft-Ebing, 1892, pub. 2006, p. 26)

exhibition and display of deviant and othered bodies, the trans body became an object of spectacle, intrigue and suspicion, and a symbol of cultural anxieties around gender and sex. 'Transsexualism', as a dominant framework for understanding trans lives, experiences and embodiments entered the third edition of the DSM in 1980. Its terms were visceral; to a large extent the drawing of diagnostic boundaries was centred on the body and a person's experience of that body.

'The essential features of this heterogeneous disorder are *a persistent sense of discomfort and inappropriateness about one's anatomic sex and a persistent wish to be rid of one's genitals* and to live as a member of the other sex...These individuals often find their genitals repugnant, which may lead to persistent requests for sex reassignment by surgical or hormonal means' (American Psychiatric Association, 1980, pp. 261–262, emphasis added)

The particulars of this definition were the result of the work of psychiatrists specialising in the areas of gender identity and development, usually drawn to such specialism by personal interest stemming from clinical interaction with people seeking assistance with transition. A figure of particular centrality and significance in the 'Big Science' period of trans healthcare in the US and Europe in the 1960s and 70s (Stryker, 2008, p. 93) was Harry Benjamin, who used the terms 'transsexual' and 'transvestite' in his work. These terms are attributed in their first appearances to Hirschfeld (Hirschfeld, 1910, pub. 2006; Pfaefflin, 1997), but arguably gained greater traction as a result of Benjamin's work.

If the taxonomies of the 19th century were primarily concerned with identifying, recording, defining, and analysing 'atypical' genders and sexualities as part of the project of establishing the (hetero)sexual norm, the concerns of 20th century Euro-American medicine and psychiatry can broadly be considered as coalescing around the question of what should be *done* about such afflicted individuals. In this context, the trans and gender variant body became a heated site of moral debate, as well as of medical fascination and spectacle. Should 'the transsexual' properly be rehabilitated 'back' into conventions in alignment with their assigned gender or assisted in medical transition?

American sexologist David Cauldwell's *Psychopathia Transexualis* was published in 1949 and followed the line of forebears such as Krafft-Ebing in characterising trans subjectivity as a mental illness, interpreting expressions of embodied and outwardly expressed gender variance as symptomatic of mental pathology. Cauldwell's prescription involved the therapeutic 'bringing back' of an individual to the correct and appropriate mode of embodiment. David Irving (2013) brings this objective into clearer focus in his analysis of the key role that 'proper' heterosexual productivity and reproductivity played in the clinical disputes that were waged in the mid-20th century over the best way to manage the 'problem' of gender variant lives and bodies. In Irving's view, a fundamental aspect of Cauldwell's argument for 'reparative' therapy was to restore the (re)productive function of the individual, which was diminished by movement away from the dichotomous gender binary and its implicit dimension of heterosexual partnership and childbearing.

Harry Benjamin's position departed from that of individuals such as Cauldwell in refuting the claim that the proper response to trans subjectivities was

'curative' therapy, or at least, Benjamin understood what constituted an appropriate therapeutic and curative response differently. In his 1966 book *The Transsexual Phenomenon* advocated for the provision of medical interventions such as surgery and hormonal treatment for 'true transsexuals'. In order to distinguish this true transsexual (i.e., that person deserving of medical interventions) from other 'types', such as the 'fetishist', Benjamin emphasised the role of physicality and what we might now refer to as physical dysphoria, stating that '[t]ranssexualism is a different problem and a much greater one. It indicates more than just playing a role. It denotes the intense and often obsessive desire to change the entire sexual status including the anatomical structure' (Benjamin, 2006, p. 46).

The means by which the 'true' transsexual (i.e., that person deserving of medical interventions) was differentiated from other 'types', such as the 'fetishist', or the 'transvestite' mirrored the logic inherent in Cauldwell's arguments to a degree, in terms of the emphasis placed on 'post-transition' heterosexuality (Stryker, 1999; Irving, 2013). The suitability of an individual for medical transition was judged, therefore, on an assessment of their ability to assimilate, which meant, in part, their ability to go on to lead a life that resulted in appropriate heterosexual coupling (Stone, 1992) and to function economically by going on to be a 'good' and productive worker (Irving, 2013).

The defining differentiation between 'transsexual' and 'transvestite' in Benjamin's terms was located in the request for medical assistance, and specifically in the attitude of the individual towards their genitals, with a sharp diagnostic boundary drawn between pleasure in the body, and disgust in the body; transvestites were positioned on one side, driven by pathologically

excessive sexual pleasure, and transsexuals on the other, repulsed by the 'dreadful deformity' of the sex-associated parts of the body (Benjamin, 2006, p. 46). For Benjamin, then, hatred of the genitalia in particular and not only lack of pleasure but intense disgust with regards to them were the 'cardinal distinction and perhaps the principal differential diagnostic sign' (Benjamin, 2006, p. 46). According to Stryker, the publication of *The Transsexual Phenomenon* brought about a 'sea change' in medical and legal attitudes towards trans people, resulting in the opening of one of the first programmes in the US to facilitate gender affirmation therapies and surgeries (Stryker, 2008, p. 73). Treatment programmes were established within universities, with interested individuals leveraging the potential for research into transsexual subjects to fund such centres. The research published by these centres circulated in turn to inform and shape treatment and diagnostics.

In their introduction to his work in an excerpt published in the 2006 *Transgender Studies Reader*, Susan Stryker and Stephen Whittle characterise Benjamin as 'a compassionate though paternalistic advocate for transgender people' (Whittle and Stryker, 2006, p. 45). Recognition of the efforts Benjamin made on behalf of the people who he encountered is tempered in accounts such as Stryker and Whittle's with acknowledgement of some of the consequences of the definitions popularised by him. The notion of the 'true transsexual', defined in terms of heteronormative gender norms, would ultimately form the basis for the diagnostic tools used to provide or withhold specific treatments, firmly entrenching the fraught relationship between the transitioning person and the 'gatekeeper' in the figure of the physician. 'Real Life Experience' requirements persist in the UK as prerequisite requirements for gender affirming surgeries,

concerning the ability of an individual to 'successfully' live in their 'chosen' gender, with success primarily constituting the ability to maintain employment, navigate sexual, platonic and familial relationships, and evidence psychological stability (Barrett, 2007, p. 72).

The legacies of other prominent contemporaries of Harry Benjamin are also fraught; the American physicians John Money, Robert Stoller, and Richard Green are considered key figures, alongside Benjamin, in contributing to the addition of 'transsexualism' to the DSM (Drescher, 2010). Their work focused on the development and substance of gender as an inherent trait. John Money is credited with developing the concept of 'gender role' to refer to forms of behaviour, comportment, and self-presentation that communicate a person's gendered positionality (Money, 1985, 1994); or what Kessler and McKenna (1978) refer to as 'cultural genitals'. Stoller coined the term 'gender identity' as a means with which to examine a subjective sense or feeling of gender as expressed by individuals. Divergent perspectives on the development of gender reflected preoccupation with questions of nature versus nurture in psychiatric opinion; Benjamin considered gender to be inherent and inborn, while Money, Stoller and others considered gender to be, to a certain extent, malleable.

Naturally, the legacies of 20th century psychological investigations into gender are complicated. The concepts of gender role and identity have inevitably transformed in circulation in the decades since Money, Benjamin, Stoller and Green were working, including in their being taken up by emergent trans and gender non-conforming communities as a means with which to argue for access to forms of legal citizenship and protections (Monro, 2003). As trans scholars have reflected upon (Stryker, 2008; Pearce, 2018), the 'Big Science' period of

trans healthcare, and the establishment of formal trans healthcare programs, opened up a legitimised pathway, however narrow, for those people seeking medical transition, and treatment was even free at some centres for those who qualified as valuable research subjects. As those navigating these newly emerging treatment pathways would find, research programs often came with their own priorities, agendas, and preconceived ideas about gender. These agendas and ideas were often more conservative than they were liberatory; concerned, as Stryker puts it, with restabilizing rather than destabilizing existing gender systems.

Clinicians were positioned, and positioned themselves, as ‘correcting’ anomalous blips in the order of ‘mandatory relationships between sexed embodiment, psychological gender identity, and social gender role’ (Stryker, 2008, p.94), rather than disrupting these mandatory relationships. As a result, the navigation of pathways to medical transition quickly became a question of learning how to stay within the lines of legitimacy as judged in the eyes of the gender ‘specialists’ and, as Sandy Stone illustrates so adeptly in her 1992 ‘posttranssexual manifesto’, this model can in part be considered a co-construction between clinicians and psychiatrists and the people seeking to access care from them, insofar as ‘wrong body’ narratives loom large in transsexual autobiographical accounts produced in the mid- and late-twentieth century (Stone, 1992).

In the UK, early practice appears to have emerged along similar uneven trajectories to the US developments described by Stryker, prior to the development of international standardised care pathways and guidance. In the 1940s, a small number of practitioners began seeing patients in private clinics;

among the prominent early recipients of transition-related treatment in the UK was Michael Dillon, who underwent the first recorded chest and genital surgeries for a trans man in the mid-1940s (Hodgkinson, 1989; Combs, Turner and Whittle, 2008). In the 1960s and 70s, distinct clinics for trans people seeking medical treatment began to become more established, with the first appearing in Newcastle upon Tyne and London (Combs, Turner and Whittle, 2008). The number of patients on the books for these early clinicians was small; in the 1970s the largest clinic was seeing less than 200 people per year, a figure that would increase to closer to 2,500 by 2008 (Combs, Turner and Whittle, 2008).

The closure of the university clinics that opened in the US in the 1960s and 70s led to the shifting of responsibilities to private clinics, and the establishment and dissemination of professional standards of care was taken up by psychiatrists and psychotherapists in private practice. The formalisation of this network took place in 1979 with the founding of the Harry Benjamin International Gender Dysphoria Association (HBIGDA), named after Benjamin (although he was not himself a member of the founding committee). Initially comprising exclusively US-based clinicians, the key objectives of the association at the time of its founding were to compose Standards of Care for trans people seeking treatment, and to establish an international professional society for clinicians providing such treatment. Progress on the first of these objectives was rapid, and by 1980, a set of protocols for 'medically managing' trans people and populations had been established (Stryker, 2008, p. 112). These protocols included psychiatric assessment, hormone treatment, a year of living 'in role' and further psychiatric evaluation prior to surgery. Depending on the country (or region of

that country) that a person was living in, legal changes could potentially then be made to an individual's gender.

The developments of the late 20th century brought those bodies marked as 'wrong' directly into contact with the question of, explicitly, what and who could be considered 'real' and 'true'. Learning how to stay within the lines of legitimacy as judged by psychiatrists in the field of gender identity continued to be of crucial importance as treatment protocols became increasingly standardised (Kessler & McKenna, 1978; Stone, 1992). The impact of presentation and visual aesthetics on diagnostics in the 1970s and 80s is highlighted by Kessler and McKenna (1978) in their ethnomethodological study of gender; the authors cite comments from clinicians indicating that their judgements of the legitimacy of the trans women they consulted with was influenced to a great extent by how attractive they found the women. The authors make this observation alongside a consideration of the kinds of expectations placed upon the trans person; 'in order to be a transsexual one must also meet the criteria of being a "normal" member of one's "chosen" gender. There is some suggestion that not only must one be normal, but it helps to be attractive' (Kessler & McKenna, 1978, p. 118).

What isn't stated by Kessler and McKenna is the racialised and classed nature of the 'normal' around which treatment and diagnostic criteria were constructed. Contextualising the development of contemporary medical transition in relation to the fields of endocrinology, gynaecology, and urology, C. Riley Snorton's work highlights the anti-Black violence and exploitation upon which such fields were founded, for example in the experimentation of physicians such as J. Marion Sims (Snorton, 2017). Julian Gill-Peterson identifies such histories of violence specifically at Johns Hopkins hospital, which was one of the first major

centres for the treatment of transitioning patients in the US. Going further, Gill-Peterson's work identifies the pernicious racialised impact of HBGDA's stated aim of establishing an international association and Standards of Care for implementation in other contexts. As they state, '[t]ranssexuality became exportable as a technology of modernization in the mid-century by activating its whiteness to racialize its others as less than human, making itself innocent of race and transforming itself into a universal category' (Gill-Peterson, 2018, p. 615). In other words, the legibility of medicalised transness was predicated from its inception upon the (re)inscription of binary gendered whiteness, in ways that marginalised and erased other modes of being and rendered non-white trans and gender non-conforming lives illegible (Gill-Peterson, 2018; Hsu, 2019; Riggs *et al.*, 2019).

As indicated by this body of critical literature, the establishment of new medical programmes established tightly circumscribed legitimisation for a set of embodied possibilities for those people seeking medical transition. Efforts to transform medical models have persisted alongside sustained critique and challenge since the 1980s, and this is reflected in the evolution across different editions of the DSM of the diagnostic categories and definitions developed for use with trans and gender non-conforming people. In the 1990s, 'Gender Identity Disorder' would replace 'Transsexualism' in the DSM (American Psychiatric Association, 1994), maintaining similar emphases in terms of diagnostic criteria. The two central criteria of GID were 'strong and persistent cross-gender identification' and 'persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex' (American Psychiatric Association, 1994, p. 537). The examples provided in relation to the latter of these

two requirements centre 'preoccupation' with sex characteristics, and requests for assistance with physiological change. Critique of GID as a diagnostic category highlighted the preclusion inherent within its definitions (and name) of 'non-disordered' trans life (Lev, 2006), and in the early 2010s GID was replaced with 'Gender Dysphoria' in the fifth iteration of the DSM (American Psychiatric Association, 2013).

Among the stated aims and intentions of this most recent change were efforts to move diagnostic and treatment models away from a binary understanding of gender, and to emphasise experiences of distress resulting from 'gender incongruence', rather than gender identity and/or presentation per se (Beek et al., 2016; Lev, 2013). Zowie Davy reflects critically on the changes made over time from 'Transsexualism' to 'Gender Identity Disorder' to the notion of 'Gender dysphoria/incongruence' in terms of diagnostic definitions. Against what she identifies as the stated aim of providing a definition that was less prescriptive and pathologizing, Davy highlights that 'proclaiming you have Gender Incongruence publicly and that you wish to live in a different way to the way you live now is no different (except semantically) than the intentionality required of the person behind the [...] naming of GID' (Davy, 2011, p. 29).

Towards the end of the 20th century, according to Davy, bodily aesthetics and presentation became crucial for trans people as evidence of 'seriousness' or commitment, which was important diagnostically in terms of the requirement that 'persistent' identification be evident. This argument is supported by Ruth Pearce's observations of the ongoing function of 'real life experience' requirements within treatment pathways, in that such requirements represent a particularly literal aspect of a set of processes that constitute a 'test' of seriousness and

commitment on the part of the transitioning person (Pearce, 2018, pp. 137–144). These features of diagnosis and treatment, according to Davy, undermine the argument that shifts towards ‘gender incongruence’ diminish the imposition of binary and heteronormative gendered expectations and broaden conceptualisations of bodily dysphoria. A ‘test’, by definition, can be failed, and as such, diagnostic criteria contain an implicit demand that a person demonstrate a level of intentionality, seriousness, and certainty in relation to the body and its trajectories in ways that extend beyond the walls of the clinic. Within these models, bodily aesthetics become loaded for trans people as evidence, in short, of legitimate identity (Davy, 2011). A period of ‘real life experience’ remained a requirement for treatment until relatively recently, and remains a requirement for genital surgery referrals (NHS, 2013).

While there have been paradigm shifts in the framing of and approach taken to trans bodies and health from gendered ‘deviance’ and pathology to models of ‘difference’ (Bockting, 2009; Westbrook and Schilt, 2014), Ruth Pearce, in her ethnographic study of trans health discourses in the UK, identifies the ongoing dominance of a ‘trans as condition’ discursive framework in relation to trans and gender non-conforming lives, bodies, and healthcare (Pearce, 2018). Conditional understandings, according to Pearce, frame trans as static and resolvable; trans and gender non-conforming subjectivity can be clearly delineated and measured, in ways that illuminate the ‘correct’ forms of management and treatment required. These processes of delineation, diagnosis, measurement, management, and treatment are properly situated in a conditional framework with the figure of the clinical ‘expert’.

Pearce's analysis acknowledges the complexity and tension between the kinds of possibilities that are opened up through the progression of a conditional model of embodiment and subjectivity for trans and gender non-conforming people, and the possibilities that are closed down. Among the consequences of conditional framings that persist in contemporary conceptions of health and healthcare for trans and gender non-conforming people, she includes the demands placed upon people to prove themselves 'trans enough' in relation to binaries between female and male, 'fetishistic' transvestism and 'true' transsexualism, and contemporaneously, those who 'require' physical transition and those who do not.

As people navigate these requirements and the different ways in which they are applied by individual clinicians, the elevation of clinical judgment in conditional models mean that 'specialists' working within gender identity services 'hold the power to determine what constitutes an acceptable form of gendered behaviour and embodiment for the purposes of transition' (Pearce, 2018, p. 94). These factors materialise as what Alison Rooke calls 'incitements to intelligibility' that are anticipated and encountered by trans people in medical discourses and treatment pathways (2010, p. 68).

Discourses of 'trans as movement', by comparison, centre potentiality, change, creation, fluidity, and world-building, with the 'repertoire of movement' entailing 'a continual potential for and actuality of change, being linked to queer notions of fluidity and the constant *work* of negotiation' (Pearce, 2018, p. 20). Discursive repertoires of movement are positioned by Pearce in relation to politicised communities, and generative relationships and exchanges between individuals and collectives to and for whom the possibilities associated with

different ways of conceptualising 'trans' are meaningful and, often, urgent. As Pearce emphasises in her work, the conceptualisations of trans as movement, and the forms of contemporary community formation from which such conceptualisations have emerged, are specific in their historical and political context. In the following section, I explore the circumstances of this emergence and the implications for the kinds of knowledge and understanding sought regarding trans and gender non-conforming embodiment.

Modes of becoming: The emergence of 'transgender' potentialities

In English language contexts and in the UK and North America in particular, key developments in the arenas of academic inquiry, community building and activism have, since the early 1990s, concentrated in specific ways around 'transgender', a term intended to denote explicit opposition to understandings of transness as pathological and to open up space for new perspectives on what transness 'is', what it means, and what it could mean. These developments have had profound implications for modes of embodiment and forms of theorising about gender as lived and embodied at the close of the 20th century and the first decades of the 21st.

A very young term in the grand scheme of things, 'transgender' itself was coined in the 1980s by US activist and advocate Virginia Prince as a way of naming and validating the experiences of people who did not desire or seek medical transition (Valentine, 2007; Stryker, 2008). As such, its emergence was bound up intimately with questions of legitimacy in relation to the body and to bodily configurations. Prince's original use of the term was relatively conservative; her aim was to claim a space for non-transitioning people (women

in particular) in terms that sought distance from the stigmatised medical markers of 'transsexual' and 'fetishistic cross-dresser' and which constituted 'a moral claim to (implicitly white, middle-class) normality and a rejection of deviant sexuality' (Valentine, 2007, p. 32).

In the 1990s, the term would depart from these origins and be taken up as a mobilising pole for community organising with a liberatory and radical political slant, but the question of the claim and aspiration towards the entitlements and social privileges associated with middle-class whiteness in the UK and other countries remains a contentious and difficult one within contemporary trans organising and theory (Irving, 2013; Lamble, 2013). This shift was part of a surge in transgender activism in the industrialised West that Susan Stryker, in her 2008 book *Transgender History*, identifies as having been galvanised by a number of factors including the emergence and rapid expansion of the Internet and communication technologies, the proliferation of queer theoretical work, queer studies and the politicization of 'queer', and the formation of new political alliances in the context of the AIDS epidemic (Stryker, 2008).

Stryker and Whittle note the significance of the advent of the virtual worlds, communities, and realities that digital and networked technologies brought into being. A crucial feature of 'cyberspace', or 'the ether that lies inside and occupies the in-betweens of all the computers' (Sardar and Ravetz, 1995, p. 695), has been the novel ability for individuals to connect and for communities to form across space and time. Early commentaries on the Internet emphasised the capacity of networked communication and digital technologies to engender new (virtual) shared realities (Rheingold, 1993; Baym, 1994; Sardar, 1995). Engagement with emergent and virtual communities and spaces provided new

ways of inhabiting and experiencing a 'virtual self' and opened up areas for experimentation with the creation of virtual bodies, which both facilitated access to and affirmation of the 'experiential' or 'actual' self, and provided a means of becoming aware of the challenges and injustices faced in the 'real world' by contrast (Whittle, 1998, p. 389). The Internet also provided a means to connect and communicate for people who were not only geographically diverse but who, as Sandy Stone comments, had been 'programmed to disappear' (Stone, 1992)⁴. These developments have had significant impact in terms of the ability to share information and advice, in ways that have contributed to individuals taking up positions of self-advocacy, cultivating lay knowledge and expertise in order to be able to navigate care pathways (Linander *et al.*, 2017).

If we consider Whittle's characterisation of these shifts, a struggle emerges to wrest ownership of the body – in the sense of naming, defining, and changing – away from the forces that, together, represented 'the externally dictated real self' to recognise and validate instead 'the internally defined actual self' (Whittle, 1998, p. 395). The rapid and widespread dissemination of ideas and perspectives linked to 'queer' – as a politicised identity, pole of community and activist organising, field of theory, and critical framework – is also identified by Susan Stryker as one of the crucial foundations underpinning work concerning trans embodiment. Judith Butler's work in the 1990s would foreground concepts such as gender performativity, which claimed in essence that *all* genders are produced and reproduced in sets of gestures, modes of being and interactions

⁴ The nature of this programming, in Stone's view and from a US perspective, was in the methods of differential diagnosis that meant the disavowal of sexuality and sexual pleasure came to be obligatory for trans women who sought genital surgery, in the inclusion of gendered 'coaching' in treatment pathways, and in the instructions issued to people about 'constructing a plausible history' in order to assimilate into cisgender society and erase the element of transness specifically from one's history.

that form a framework of intelligibility, with the aim of destabilising the claims of binary sex and gender to the status of the 'natural' (Butler, 1990).

Butler presented the theory of performativity in the 1990 book *Gender Trouble*, which was followed in 1993 by *Bodies That Matter*, which was part clarification and part expansion on its predecessor, more explicitly contending that biological sex and physiology, rather than constituting the natural and pre-existing 'foundation' on which gender was imposed or from which gender could be considered to issue, should be considered as a socially produced and maintained construction in much the same way as gender (Butler, 1993). A characteristic that Butler's work shared with contemporaries such as Donna Haraway was a drawing of attention to how the deeply unequal, stratified, and contingent ways in which different bodies are accorded value translate into conditions that make some bodies 'matter' more than others, with symbolic value informing and literally shaping physical worlds in terms of survival odds. Making the case for the value of partial and 'situated knowledges' in 1988, Haraway aligns herself and deconstructionist theory with the project of understanding 'how meanings and bodies get made, not in order to deny meanings and bodies, but in order to build meanings and bodies that have a chance for life' (Haraway, 1988, p. 580).

The emergence and circulation of queer theoretical ideas and principles heralded a significant redirecting of critical attention to the ways in which particular continuities had become established between assigned sex, experienced and expressed gender, and sexual orientation and behaviour (Butler, 1990, 1993). The work centres around discourses of heteronormativity and relates the parameters of discourse to questions of which sexualities and

genders are rendered recognizable and intelligible and which, by co-dependent contrast, are positioned as 'outside' of this sphere of intelligibility. These structural power relations are theorised as matrices (Butler, 1990), within the logics of which certain genders are rendered as failures, a rendering that has also been addressed in queer theoretical scholarship (Halberstam, 2011). The argument here is not only that some genders and, by extension, some forms of sexuality are rendered as failures, but that this rendering is *crucial* to the rendering of other gendered configurations – i.e., heteronormative configurations – as 'natural', successful, with the ring of rightness and normality.

The influence of Foucauldian ideas in queer theory is clear in the critical analytical approach taken to categories of sexuality and the understanding of 'sexuality' as a 'trait', biologically inherent and categorizable (Foucault, 1980b), as well as the placing of these in historical context and specific relation to systems and trajectories of institutional and medical power (Foucault, 1975, 1980b, 1989). Queer theory has concerned itself as a field with theorising the impact of discourses and constructions of sex and gender on lived experience.

Although this field of scholarly work has clearly influenced the development of transgender studies and the works informed by the field, criticism has been levelled at a tendency to position the trans or gender non-conforming body as an exemplar of performativity, or as 'proof' of a theory (Prosser, 1998, 2006) while centring discussion of queer sexualities. A significant point of departure in the research with which this study is aligned theoretically is in examining with specificity those models of sex and gender that first define trans, non-binary and gender non-conforming existences as such, and then structure the possibilities available to bodies positioned in this way.

The evolving uses of 'transgender' in the 1990s sought to unify rather than separate different groups by demonstrating the shared stakes many could be seen to share in challenging an 'oppressive heteronormative regime' (Stryker, 2006, p. 7) and its attendant norms regarding sex and gender. Within this landscape, opposing the drawing of objectifying boundaries in medicine and psychiatry between the discrete (and implicitly hierarchical in terms of value and legitimacy) categories of the 'transsexual', 'transvestite', 'transgender' sought to unite those bodies that medicine parsed out and separated, by defining their *transness* as a positionality, rather than a defining essence (Ansara and Hegarty, 2013).

One of the results of these imaginings of community, of course, was the *formation* of communities centred around novel framings of transness that resisted the institutionally powerful and inherited narratives prevailing at the time (Whittle, 2002; Stryker, 2008). Much work has been and continues to be done to illuminate the ways in which the trajectories of community formation have been problematic and at times exclusionary (Davidson, 2007; Valentine, 2007), but that these shifts have been profound and impactful would be difficult to deny. By imagining a unity based on shared opposition to oppressive structures of sex and gender, a parallel decentring of particular experiences and narratives began to occur, and the notion of 'wrong body' was called into question (Stone, 1992; Cromwell, 1999). Attention was drawn to the association of these narratives with binary-identified trans people who were able to assimilate into society as cis-passing people.

Emerging in direct opposition to a pathologising medical discourse that framed trans experience as a mental disorder in and of itself, 'transgender' as a

term of self-identification and/or self-association sought to create new subject positions not defined by pathology (Stone, 1992; Lev, 2006; Stryker, 2006). The project of creating a space of this kind for non-pathological trans selfhood has necessarily involved confrontation with powerful received truths about gender identity itself and with embodiment in particular (Stone, 1992; Salamon, 2010; Davy, 2011), specifically in terms of the interconnections and relationships between these things.

To return to Stephen Whittle's distinction between 'the externally dictated real self' and 'the internally defined actual self' (1998, p. 395), contemporary trajectories of trans and gender non-conforming community formation, campaigning and politics reflect and reinforce new problematic models of trans and gender non-conforming embodiment, in terms of the reification of a split between an 'externally dictated' and *inauthentic* self, and an 'internal', 'real' and *authentic* self. Theoretical work exploring embodiment for trans and gender non-conforming people over the course of the 2010s has sought to address the origins and function of this split, and to accommodate for the implications it presents for embodiment and relationships with the body. I turn now to the substance of these theoretical endeavours, in relation to which this thesis is situated.

[Resistant bodies: Sociological theories of trans embodiment](#)

The objective in early trans and gender non-conforming community formation, organising, and scholarship, of identifying a shared position for resistance, shifts emphasis from individual bodies as units of pathology to bodies as lived sites of struggle and violence of many kinds. The calling into question of 'wrong body' narratives, and attendant hierarchical stratifications of trans bodies and lives

along lines of assimilability (Kessler & McKenna, 1978, p. 118), places the power wielded by medico-legal gatekeepers over the trans body at the forefront. Early sociological interventions and accounts of trans and gender non-conforming experience are primarily associated with ethnomethodology and symbolic interactionism. Harold Garfinkel, a leading figure in ethnomethodology, conducted extensive research in the 1960s and 70s with intersex and trans people living in the US, exploring the agentic means by which research subjects navigated sex and gender norms at the everyday level of social life (Garfinkel, 1967).

Drawing in particular upon the post-structuralist legacies of Foucault and Butler, Zowie Davy approaches embodiment and bodily aesthetics as ‘an agentic aspect of subjectivity’ (Davy, 2011, p. 173). Davy draws upon Butler’s concept of the ‘medicolegal’ (1993), as a description of the relationships between medical and legal regulatory norms, in order to elaborate upon the ‘relational functioning’ that constitutes authenticity for trans people, specifically as this is negotiated with medical and legal regulatory forces and institutions, and the people who form these structures. In these encounters, ‘transpeople and medicolegal representatives construct, deconstruct and reconstruct various narratives of authenticity, deserving of medical interventions and legal recognition or not’ (Davy, 2011, p. 113). Navigations of identity, validity and authenticity extend to the workplace (Budge, Tebbe and Howard, 2010), personal relationships (Hines, 2007) and self-perception (Cashore and Tuason, 2009)

Sandy Stone, in her blistering 1989 article ‘The “Empire” Strikes Back: A Post-transsexual Manifesto’ (written in response to Sheila Jeffreys’ polemical tract *The Transsexual Empire: The Making of the She-Male* (1979)), delivers

pointed indictments of the power wielded over the trans body by medical gatekeepers and the ways in which valid gender identity has been tied to physiology. In her analysis of a selection of prominent trans autobiographical works, she highlights the ways in which genital surgery is presented as the 'specific narrative moment' of transition. Forms of theoretical reflection and analysis such as this provide tools with which to consider the frequency with which trans people report claims to knowledge of their anatomy being made by clinicians, peers, and the general public (McNeil *et al.*, 2012).

The power dynamics between trans person and medical practitioner (GP, psychiatrist, gender identity clinician) are such that the expression and communication of bodily experiences is fraught with complications around the knowledge or lack thereof of the practitioner in question, as well as the anticipation of subtle or overt hostility or prejudice (Ellis, Bailey, & McNeil, 2015; Ellis, McNeil, & Bailey, 2014; McNeil *et al.*, 2012). In Davy's research, issues of non- or misrecognition come to the fore on the level of the emotional and bodily impact of *recognition* (as highlighted in the title of the book *Recognizing Transsexuals*) and different forms of misrecognition, from refusal, to misinterpretation, to bureaucratic erasure (Davy, 2011).

In analyses such as these, it is possible to discern the ways in which 'transgender' can be understood as an 'experiential descriptor' (Ansara and Hegarty, 2013, p. 160), in that it has been mobilised as a way of identifying and discussing a range of experiences in which gendered subjectivity and/or embodiment do not proceed from physiological sex in ways that have come to be considered typical. Going further, 'transgender' has sought in fact to turn the tables in order to identify the ways in which framings of transness *inhibit*

experience by containing, classifying and managing particular bodies along lines that have historically been debated and defined by (predominantly white and male) cisgender doctors, psychiatrists, legislators and funding bodies (Lev, 2006; Lawrence, 2014; Davy, 2015; Snorton, 2017; Gill-Peterson, 2018).

It follows that a substantial amount of attention has been dedicated to questions such as what is meant by ‘typical’ and for whom, how exactly these judgments come to be and have been made, and the forms of power operating within and through such judgments (Butler, 1990, 1993). Understanding any facet of embodiment for trans, non-binary and gender non-conforming people in a UK context involves grappling with this dense medico-legal history. Psycho-medical models of transness have been placed under increasing pressure by transgender inquiry and activism, but nonetheless remain dominant in reach and influence, particularly in relation to the trans body. The HBIGDA, for example, changed title in 2007 to become the World Professional Association for Transgender Health (WPATH), and continues to wield a powerful influence over models of trans healthcare (Lane, 2012).

The interrogations of the prescriptions set out to delineate and define legitimate trans subjectivity that underpinned the emergence of ‘transgender’ have been taken up and built upon in exponential iterations in the decades since 1990. One branch of this endeavour has been to question and challenge the articulation of embodiment in terms grounded in pathology and inherent self-hatred and disgust, and proposing new frames of reference, such as the concept of gender *euphoria*, which, as the name suggests, centre joy and pleasure (Shotwell, 2009). Where Butler and other queer theorists have focused their attention primarily on structures of compulsory heterosexuality, theorists such as

Davy have concerned themselves with the implications of such theories for those whose bodies form the 'raw materials' of the matrices of heterosexuality elaborated upon by Butler. In the models put forth by Krafft-Ebing and Ellis and, later, Benjamin and Cauldwell, the 'anomaly' of transsexualism is understood primarily as an aberration from the 'natural' progression from sex to gender to normative heterosexual gender relations, with a crucial task at hand being to assess whether this aberration can be considered, on balance, benign or malevolent.

Centring the complexities of the lived body as it moves through the world, Davy's research seeks to encompass the multiplicity and complexity of processes involved in embodiment as an ongoing navigation of pre-existing and emergent models of identity and subjectivity. These navigations are positioned in the context of daily life, with different contexts and situations carrying different levels of risk and safety. Crucial within these embodied navigations and the communication of meanings about the body are notions of authenticity, or *realness*, which is foregrounded in theoretical accounts (Butler, 1990, 1993) and in sociological inquiry (Garfinkel, 1984; Davy, 2011). Within a complex contemporary moment, the 'atypically' sexed or gendered body must navigate multiple forms of authenticity, which are further complicated by an individual's particular position and trajectory; a historical emphasis on aesthetics persists in accounts that touch upon the very real impact of 'passability' and *desirability* (Davy, 2011; Garfinkel, 1984; Kessler & McKenna, 1978). These judgments and their attendant hierarchies have material consequences in terms of the limits placed upon a person's freedom to act; they are directly enabling and constraining of bodily agency and autonomy.

Entanglements and negotiations with medicolegal systems and representatives make it necessary to engage with questions of authenticity 'agentically' as an 'ontological category within lived relations, a concept to secure treatment and as a concept to open up the field of possibilities surrounding their embodiment' (Davy, 2011, p. 127). Viewed this way, embodied practices and 'body techniques' and the significance of intelligibility that is foregrounded in Butler's work acquire a more tangibly fleshy reality in Davy's framing. The establishment of forms of legal recognition has altered the meaning of authenticity in relation to legitimately (in the eyes of the law) gendered bodies (Davy, 2011), while also enshrining binary gender (since male and female remain the only legally sanctioned genders) and consolidating the authority of the gender identity clinic over the embodied possibilities available to trans people (Vipond, 2015; Johnson, 2016).

In her discussion of the kinds of constraints within which trans peoples' embodied practices and forms of embodiment emerge, Davy emphasises the social, which has begun to gain some momentum in being integrated into research concerning the embodied practices and experiences of trans and gender non-conforming people. Contemporary studies have integrated ecosocial understandings and frameworks of affirmation (Gordon *et al.*, 2016), theories of minority stress (Diemer *et al.*, 2015), and enacted stigma (Watson, Veale and Saewyc, 2017). An element that remains marginal in existing literature concerning trans and gender non-conforming embodied practices regarding weight and shape, and which Davy and other trans studies scholars have placed significant emphasis on, is the forms of embodied possibility and constraint that are produced within the medicolegal sphere. It is my contention, in my analysis

of the experiences and perspectives of the participants in this research, that weight and shape become meaningful as an immediately accessible conduit for negotiations of, struggles with, and frustrations in response to constraints on embodied possibilities. These constraints emerge from and are imposed by medicolegal and political discourses and constructions of trans and gender non-conforming embodiment and life.

An understanding of trans and gender non-conforming embodiment as comprising agentic navigations of possibility and constrain is proposed in departure from what Davy outlines as a biological and medical model, whereby bodily aesthetics and body image are positioned and understood as *proceeding from*, and therefore as rooted in, inner identity and 'essence'. In such a model, bodily aesthetics are detached from subjectivity in ways that secure a specific form of gendered legitimacy while entailing various consequences, among which Davy identifies the foreclosure of nuance, pluralism, contradiction, and complexity in trans peoples' embodiment practices, as well as the tendency for questions of embodiment to become visible primarily in relation to pathology.

This tendency is one we can see reflected in the composition of existing literature exploring body weight and shape for trans and gender non-conforming people, as I discuss in Chapter Two, in that the vast majority of existing studies take as their starting point 'disordered eating' as defined by the DSM 5, and apply an analytical lens that emphasises gender variance as a risk factor, defining transness and gender non-conformity in terms of embodied distress. The kinds of conclusions and indications that issue from this body of work also reflect Davy's arguments; resolution is centred in discussion of engagement with embodied practices framed as 'disordered', and the recommendations made often

compound clinical oversight and expertise (integrating screening for ‘gender identity conflict’ into treatment for disordered weight-related practices, for example, or vice versa).

Embodiment models that position the body as a vessel for internal identity are also unable to accommodate for the *intentionality* of embodied practices, and the ways in which embodied practices represent forms of agency whose scope and limits reflect specific contexts of possibility. In short, ‘theorizing trans bodies through a gender identity framework mistakenly suggests that the (modified) trans body is a result of a particular gender identity rather than the (modified) body is sociohistorically situated and constitutes gender identity’ (Davy, 2011, p. 5). In contrast to a gender identity framework, Davy argues for the development of a ‘psychosocial model’ of bodily aesthetics, whereby engagements with and experiences of embodiment are framed and understood as *intrinsically linked* with processes of identity formation and expression. The primary framework Davy uses to structure her arguments, and through which she interprets the experiences of her research participants, is the ‘framework of recognition’, which she mobilises as a means to analyse embodiment in ways that move beyond dichotomies that subsume trans bodies into either complicit or resistant positions, to instead centre ‘agency within constraints’ (Davy, 2011, p. 18).

This way of understanding and analysing body image is grounded in Gail Weiss’ work on the ‘intercorporreality’ of body image (1999), and both Davy and Weiss draw on the legacies of phenomenology in foregrounding the multiplicity and complexity of the body as lived. In Weiss’ view, ‘body image’ in the singular sense, is non-existent, since ‘images of the body are not discrete but form a series of overlapping identities whereby one or more aspects of that body appear

to be especially salient at any given point in time' (1). The development of phenomenology has progressed through different productive encounters across theories and frameworks, particularly, in Davy and Weiss' case, with Foucauldian legacies, whereby body images 'cannot be understood as arising out of a private relationship between an individual and her/his own body, but are rather both disciplinary effects of existing power relationships as well as sources of bodily discipline' (2). While these frameworks have been considered contradictory (Foucault himself was hostile to phenomenology as is discussed by Henry Rubin (Rubin, 1998)), for Davy and Weiss (and Rubin), the two are complementary.

For Davy, Weiss and Rubin, Foucauldian social construction mediates against the over-privileging of *individual* interpretation and experience in relation to embodiment, while phenomenology works to counter the danger of disembodied discursive relationships of power. Henry Rubin (1998), for example, argues that the logical conclusion of a purely Foucauldian perspective is exemplified in the work of Bernice Hausman (1995), for whom trans subjects and bodies become passive sites of technological inscription. While Weiss contends that bridging these frameworks provides a strong foundation for addressing individual corporeality in ways that have the potential to 'move successfully towards the eradication of sexism, racism, classism, ageism, and ethnocentrism' (Weiss, 1999, p. 10), Davy and Rubin apply such thinking directly and specifically to the analysis of trans, gender variant and gender non-normative embodiment. For Rubin, phenomenology's insistence on the significance of the subjectively embodied perspective is significant for research with trans people precisely due to the historical tendencies of 'nontranssexuals to wrest away the terms through which we transsexuals define our lives' (Rubin, 1998, p. 268).

The emphasis placed by Rubin on the legitimacy of the knowledge generated through lived and embodied experience is echoed across trans studies scholarship more broadly. We can draw a thread between Rubin's arguments, for example, and Sandy Stone's call to 'begin to *write oneself* into the discourses by which one has been written' (Stone, 1992, p. 168). Later, in 2006, Susan Stryker would write that trans studies 'considers the embodied experience of the speaking subject, who claims constative knowledge of the reference topic, to be a proper – indeed essential – component of the analysis of transgender phenomena' (Stryker, 2006, p. 12).

Rubin's arguments concerning phenomenology centre on specifically 'transsexual' embodiment; Rubin draws on the phenomenon of anosognosia (or 'phantom limb'), for example, as one means of approaching, discussing and understanding forms of embodiment related specifically to physical transition. This is also true in Davy's work to an extent (the title of her 2011 book is, after all, *Recognizing Transsexuals*), but Davy's work speaks to a very different discursive and material context. Responding to the multiple evolutions in diagnostic terminology (from 'transsexualism' to 'gender identity disorder' to, forthcoming at the time of *Recognizing Transsexuals*' publication, 'gender dysphoria' or 'incongruence'), Davy argues that the medicolegal terms in which claims for recognition are made and granted (or withheld) have shifted from an emphasis on the material markers of the body to 'the intentionality behind sartorial practices and bodily aesthetics' (Davy, 2011, p. 41).

Rather than understanding 'recognition' and 'authenticity' as pre-existing and static states, to which a person either does or does not have access, Davy situates recognition and authenticity *within* the body and embodiment, as

manifest 'through ongoing sensations of identification and disidentification' (Davy, 2011, p. 170). These embodied 'sensations of difference' emerge in Davy's research as fundamental to formations, communications, and negotiations of trans subjectivity. 'Bodily aesthetics' are defined as 'the appearance of the body that is *subjected to judgments*, whether that is personal and/or public', consisting of 'a set of discourses, practices, perceptions and experiences of embodiment' (Davy, 2011, p. 11, emphasis added). In foregrounding bodily aesthetics, Davy emphasises 'aesthetic imaginings and personal reflections' alongside 'structural constraints' (Davy, 2011, p. 13); personal and public judgments are inextricably linked with body image(s), which in turn are inextricably bound up with processes of identity formation.

This formulation is positioned as distinct from a model that views trans embodiment through the lens of gender identity first, in ways that separate identity from the body and which position trans identities and gendered experiences as somehow inherently and qualitatively different from those of cisgender people. Emphasis is placed, instead, on the fact that all subjects are engaged in body projects of various kinds. What emerges as specific are the factors acting upon these projects and forms of engagement, and the positionings that inform what embodied practices and experiences are possible.

The different forms of judgment that are visited upon the body are organised into the personal, the political and the medicolegal, and Davy analyses each of these spheres in terms of the forms of recognition that are offered and withheld, are possible or impossible. It is the engagement with these forms of recognition with which Davy is primarily concerned, in terms of the ways in which

bodily aesthetics are acted upon and engaged with as a means with which to navigate the worlds within which a person is located.

Among the aspects that Davy identifies as being of importance, especially in terms of the body as social, are ‘the face, hands, clothing, *shape under clothing* and gestures’ (Davy, 2011, p. 15, emphasis added). I have emphasised ‘shape under clothing’ here, although shape as it relates to weight is not an aspect of bodily aesthetics that is explored in depth by Davy in her 2011 book. Of importance to Davy’s arguments concerning how body image may productively be analysed and understood is the interplay between internal and introspective processes, and the social norms, rules, and codes that shape the landscapes through which the body moves. These landscapes, or worlds, through which and within which body image is mediated, consist of the intersubjective negotiation of structural bodily meanings which Davy associates with the *medicolegal*, *socio-political*, and *sexual* fields. Within these contextual landscapes, Davy is concerned with the attainment or ‘achievement’ of a ‘legitimate’ social body aesthetic, or a body aesthetic that is perceived as legibly and coherently sexed and gendered, which then feeds back into a positive body image or, conversely, the sense of *not* attaining a legitimised body aesthetic, which then feeds back into a negative body image.

This argument finds parallels in the theoretical work of Gayle Salamon, particularly in the following illustration in her 2010 book *Assuming A Body*, and a crucial aspect that is foregrounded by both Davy and Salamon is that of the kinds of value that are attributed to the body based on norms and expectations around gender and sex in terms of roles, status, and coherence. Davy identifies the interplay and feedback between such ‘intersubjective values’ and body image in

terms of what the trans person understands and absorbs about 'how their social body is valued' (Davy, 2011, p. 16). For Salamon, the experienced and anticipated cisgender gaze becomes internalised *into the gendered self*, in a complex interplay between perceptions of the self and the way the self is perceived by others. In the 2010 book *Assuming A Body*, Salamon characterises this interplay as a feedback loop within which an internal, felt sense of dysphoria 'becomes amplified as it circuits from [the] body to the gaze of an external world that is brutally hostile to gender ambiguity to become internalized and incorporated as a part of [the] gendered self' (Salamon, 2010, p. 117).

In Salamon's circuitry, the hostility of the external world places boundaries and constraints on the possibility of pleasurable embodiment and (re)produces forms of distress in relation to the body. In this theoretical framework, this circuit forms a crucial aspect of what can be thought of as trans and gender non-conforming positionality, and as I return to in Chapters Four and Five, the act of seeking to escape or break circuits of these kinds can be seen reflected in participants' reflections on the difficulties of managing the way the perceptions of others informed their own relationship with their body and its weight and shape.

In my research, I examine the ways in which participants internalised, resisted, and negotiated the gaze that Salamon identifies via body weight and shape specifically. In the sense that I draw upon here, the 'gaze' cannot be reduced to the individual gaze, stare, or appraising look of an individual (although this is one manifestation), but incorporates the facets – social, medical, legal, political – that Davy, Pearce and more have identified as of central importance in the landscape of gendered and embodied possibilities navigated by trans and gender non-conforming people in the UK.

Conceptualisation and theorisation of the gaze, initially emerging within psychoanalysis and 20th century philosophy, has been developed for application in areas from feminist film theory (Mulvey, 1975) to travel and tourism (Urry, 1990, 2002; Urry and Larsen, 2011). Iris Marion Young's (1990) development of feminist phenomenology connects the objectifying gaze to the inhibition of movement for women, as the body is experienced less as a capacity through which desire is enacted, and more as a 'thing' upon which desire is inscribed (p. 147-148). Young does not explicitly address or consider gendered positionalities or experiences outside of cisgender masculinities and femininities, but her framing of womanhood as a structural and conditional 'situation' has been fruitfully drawn upon in phenomenological theorising with a more explicitly queer perspective (Ahmed, 2006; Salamon, 2010).

Applications of gaze theory to the theorisation of trans and gender non-conforming experiences have included work exploring the navigation and negotiation of biomedicalization in accessing gender-affirming care (Linander *et al.*, 2017). Study approaches such as those applied by Linander *et al.* draw on Foucault's (1973) conceptualisation of the medical gaze as an objectifying force that constructs 'the patient' as passive, removes the person seeking care from their lived context, and establishes the power of the expert clinician to define the boundaries of embodied possibility. Outside of an explicit focus on the medical sphere, Nigel Patel highlights the function of the gaze to police (specifically, trans people of colour's) bodies and gender in public bathrooms in South Africa, identifying in particular the 'cissexist visual investigations to which the transgender persons are subjected' (Patel, 2017).

Embodying dysphoria, euphoria, and neutrality

One active intention of this study has been to work against constructions of trans and gender non-conforming embodiment that centre and emphasise distress. In a critique of body image research involving gay men, Vasilovsky and Gurevich (2016) refer to what they call the 'body dissatisfaction imperative' in such research, an imperative which migrates beyond the research literature where it originates to inform the kinds of relationships gay men have with their bodies. The same imperative is detectable in the majority of existing research addressing relationships with weight and shape among trans and gender non-conforming people, and arguably the balance towards such an imperative is even more heavily skewed, given the extent to which gendered legitimacy for trans and gender non-conforming people has required (and continues to require) evidence of embodied distress.

That being said, as I seek to illustrate in this chapter, to be positioned as atypical in an intensely gendered and binary society and culture exerts specific forms of pressure upon the body in different spaces, and the kinds of pain that can and do result from this are viscerally real. In seeking not to reinforce a narrative that demands evidence of specific forms of distress from trans and gender non-conforming people, I also do not wish to take lightly the pain of dysphoria or detract from the role dysphoria plays in the ways many trans and gender non-conforming people relate to the weight and shape of their bodies. This was true for many of the participants in this research. What this looked like for each of them, however, was nuanced and richly complex, and it is my hope that the exploration of their experiences that I present in Chapters Four, Five, Six

and Seven contribute towards a deeper and more expansive picture of dysphoria as a lived experience.

To take the clinical definition at the time of writing as a starting point, the DSM 5 defines 'Gender Dysphoria' in the following terms:

'Gender dysphoria as a general descriptive term refers to an individual's affective/cognitive discontent with the assigned gender [...] *Gender dysphoria* refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and/or surgery are not available [...] Individuals with gender dysphoria have a marked incongruence between the gender they have been assigned to (usually at birth, referred to as *natal gender*) and their experienced/expressed gender. This discrepancy is the core component of the diagnosis. There must also be evidence of distress about this incongruence'

(American Psychiatric Association, 2013, emphasis in original)

Clinically and diagnostically speaking, the change from the previous iterations of transsexualism and gender identity disorder has positive aspects, such as a toning down of sexist language, a shift away from binary gender, and the centring of distress rather than gender variance itself (Lev, 2013). On the other hand, the terms of the current definition establish and affirm a distinction between

'congruent' and 'incongruent' genders (Lev, 2013) and continue to require the adequate presentation of forms of specifically gendered distress in ways that continue to support the power of the clinician in terms of judgments about what 'counts' as diagnosable dysphoria (and therefore who is able or not to access transition) (Pearce, 2018).

Outside of clinical contexts, 'dysphoria' is widely drawn upon in English-speaking contexts as a means of organising, understanding, and communicating forms of embodied distress, but its role here is as a *shorthand* for some experiences that participants linked directly to trans and gender non-conforming experiences, rather than *constitutive* of those experiences. This distinction is an important one since, although a diagnosis of gender dysphoria is required in order for access to be granted to most gender affirming interventions, by no means all trans and gender non-conforming people experience dysphoria (Chen, Fuqua and Eugster, 2016; Byne *et al.*, 2018).

While diagnostic definitions of dysphoria emphasise *incongruence* between 'one's experienced/expressed gender' and 'primary and/or secondary sex characteristics' (American Psychiatric Association, 2013, p. 452), explanations or definitions have been proposed by trans and gender non-conforming writers and scholars often draw on metaphor, imagery and emotive language to capture something of dysphoria as a felt and lived reality. Julia Serano suggests 'gender dissonance' or 'gender sadness' as alternatives (2007, pp. 27–29), while CN Lester describes it as 'missing a step in the dark [...] it's knowing how your body should be, and living with the continual pain of discord' (Lester, 2017).

The descriptions offered by participants in this study also drew on imagery, metaphor and emotion; dysphoria was described in terms of emotional states of intense sadness, disgust, and self-loathing, physical sensations such as pressure, and temporally as an all-encompassing or overpowering moment that felt difficult or impossible to escape – one participant described the experience of being ‘trapped in the moment’, which they were anxious to distinguish from the familiar trope of being trapped within a ‘wrong’ body. In these descriptions, the expression of the experience of being ‘trapped’ drew attention, not to entrapment within a body itself, as in the meaning conventionally associated with the ‘wrong body’ trope discussed by Ulrica Engdahl (2014), but to a context of limited choice and ‘embodied possibilities’ (Pearce, 2018), in relation to which participants draw on the language of being trapped, a distinction that was made explicit in some cases.

In contemporary scholarship, effort has been made to take the diverse and contingent nature of dysphoria into account. Lex Pulice-Farrow and colleagues (2019) elaborate upon experiential aspects of embodied experience falling under the umbrella of ‘dysphoria’ in their research, including aspects such as disconnection from the body, the variability and changeability of dysphoria over time and according to context, and manifestations of dysphoria in the form of aching physical pressure, emotional paralysis, and despair. M. Paz Galupo and colleagues reported in 2020 on a survey of 617 trans adults in the US exploring the social elements of dysphoria; one of the key themes was concerned with how participants processed external stressors, including self-scrutiny and preoccupation with both experienced and anticipated external perceptions of the body (Galupo, Pulice-Farrow and Lindley, 2020).

Theoretically, Zowie Davy and Gayle Salamon have both applied queer phenomenological perspectives to discussion of dysphoria; Davy foregrounds sensations of identification and disidentification in her work as a means of connecting processes of identity with embodiment, feeling, and sensation (Davy, 2011), while Salamon foregrounds the inextricability of physical dysphoria and sensations of discomfort and disidentification from the ‘brutally hostile’ nature of cisnormative contexts (Salamon, 2010). Both theorists draw here upon queer phenomenological ideas as articulated most prominently by Sara Ahmed; heteronormative structural and social conditions exert a ‘straightening’ effect upon queer(ed) bodies, applying pressure in myriad and complex ways upon such bodies to ‘straighten’ and fall in line (Ahmed, 2006).

‘Euphoria’, as a counterpoint to dysphoria, is more clearly distinct from psychiatric and medical models. As a term and concept, gender euphoria has been mobilised by trans and gender non-conforming people and communities over time partly as a response to the intense medicalisation and pathologisation of trans and gender non-conforming existence and embodiment, and circulates most widely *within* communities (Beischel, Gauvin and Anders, 2021). As the term itself indicates, ‘euphoria’ in relation to gender indicates bodily and emotional states of joy, and it has also been defined in terms of ‘rightness’, recognition, affirmation, and connection (Davy, 2011; Sevelius, 2013; Beischel, Gauvin and Anders, 2021).

A risk that arises from an over-emphasis on either dysphoria or euphoria is the construction of trans and gender non-conforming embodiment in terms of two distinct and oppositional states, when in reality the fluctuation and intensity of embodied states is vastly varied and variable (Beischel, Gauvin and Anders,

2021). Gender euphoria and dysphoria are neither mutually exclusive, nor unique to trans and gender non-conforming people. The relationships with weight and shape that contextualised the embodied practices described by participants in this study emphasised pain and self-loathing in some cases, pleasure and connection in others, and indifference, ambivalence, and compromise in others still. These emphases often coexisted within participants' interviews and formed overlapping and fluctuating landscapes within which different practices became more or less attractive, possible, or urgent, and different outcomes more or less desired.

For all of the participants, weight and shape-related aspects of body image represented specific facets within a complex, changeable, and contingent landscape. The factors and experiences shaping participants' understandings of and engagements with weight and shape were varied, and in a number of interviews discussion included explicit reflection on the difficulty of teasing different elements of body image apart and differentiating one aspect from another.

Conclusions

This chapter has traced the origins of contemporary conceptualisations of trans and gender non-conforming embodiment in the UK, beginning with reflections on shifts in 19th century European and American science towards a model of binary sex as a 'biological substrate' (Kitzinger, 1999) from which (hetero)sexual and gendered roles and norms 'naturally' proceeded. Within this model (and stabilising its underlying principles and assumptions), individuals whose sexual

and/or gendered selves could or would not 'align' acquired new forms of visibility as 'wrong', failed, or pathologically gendered bodies.

I have considered the trajectories of such models and their implications over the course of the 20th century and into the 21st, highlighting the increasingly fraught tensions between psychiatric and diagnostic framings requiring forms of tangible 'evidence' of gendered experience, and emergent models of 'trans as movement' whose emphasis is on changeability, fluidity, and structural oppression. This thesis addresses and accounts for the significance of bodily aesthetics in relation to trans, non-binary and gender non-conforming experience and positionality, not in the sense that bodily aesthetics are *central* to these positionings, but rather in terms of the meanings that bodily aesthetics carry (Davy, 2011) and the ways in which contact with the gendered perceptions of others is integrated into the experience of the body itself (Salamon, 2010). These factors are situated within (and shape the material conditions of) a socio-historical context in which discourses of 'trans as condition' and 'trans as movement' (Pearce, 2018) co-exist in often uncomfortable, conflicting and loaded ways as parts of a landscape through which the body moves, in ways that come through in the accounts given of relationships with body weight and shape by participants in this study.

In the next chapter, I examine contemporary theorising and analysis of body weight and shape. Here, I examine literature examining weight and shape in relation to gender, in order to identify those points at which arguments can be made concerning the significance of weight and shape in relation to the constructions of and tensions around embodiment explored in this chapter.

Chapter Two – Analysing weight, shape, and embodied practices

Introduction

Opening the book *Critical Bodies*, Pirkko Markula, Maree Burns and Sarah Riley (2008) emphasise the significance of body weight and shape in Westernised cultures in terms of the kinds of meaning and value that are accorded to bodies. The many perspectives that have been brought to bear upon weight and shape have challenged scientific and medical understandings of the ‘body-as-machine’ (Gard and Wright, 2005), and related understandings of body weight, shape and size as formulaic questions of energy in versus energy out. Mechanistic models of the body and nutrition originated in the late 1700s, when quantitative and scientific methods began to be applied more cohesively to the functions of living bodies, both animal and human (Carpenter, 2003). Over the course of the 20th century and into the 21st, the medicalisation and surveillance of body weight and shape in the UK intensified rapidly, invigorated at the close of the 20th century by widespread moral panic regarding the ‘obesity epidemic’ (Gard and Wright, 2005).

Beyond a disembodied set of numbers on scales, or body mass calculations, bodily states of weight and shape, in the UK and other Westernised societies, are profoundly imbued with cultural meanings concerning un/desirability and worth (Gard and Wright, 2005), political and moral anxieties concerning ‘healthy’ and pathological bodies (Joanisse and Synnott, 1999; Aphramor and Gingras, 2007), and individual character traits of discipline or laziness, success or failure (Campos, 2004; Lupton, 2018). Renewed sociological interest in the body and embodiment towards the end of the 20th century has challenged the notion of the pre-social and ‘natural’ body as it is constructed in

positivist accounts, as 'a passive container' or 'shell for the human mind' (Shilling, 1993, p. 26). The notion of pre-social bodies and characteristics has been thoroughly challenged and placed under pressure over time by theories of the marginal/ised: feminisms, critical race and postcolonial theory, disability theory, and queer studies have been among the schools of thought that have sought, among other objectives, to undermine the notion of 'original' natural bodies, upon which (as opposed to in and through which) social relations are imposed.

In this chapter, I outline the theoretical principles used in this thesis to explore and make sense of the intersection of body weight and shape with trans, non-binary and gender non-conforming experience. My emphasis in this research is on the role of weight and shape, for participants in this study, as a means of engaging with embodied possibilities in ways that were informed by being positioned as non-normatively gendered bodies. This emphasis requires engagement with understandings and meaning-making related to embodied practices, as these relate to gendered subjectivity. At this point in the thesis, I seek to connect my research with existing work addressing the meaning of embodied practices that are related to weight and shape.

I also identify key contemporary arguments and theorising concerning the ways in which gendered subjectivity and embodiment come to bear upon relationships and engagements with weight and shape, in order to identify where and how my own research is situated within this body of work. The findings presented in Chapters Four through Seven contribute to the establishment of more complex and nuanced understanding of trans and gender non-conforming embodiment more broadly, and relationships with weight and shape specifically. In addition, this research draws critical attention to the impact of dominant

medico-legal models of trans and gender non-conforming experience and embodiment on the kinds of relationships with the body and with weight and shape that it is possible for trans and gender non-conforming people to have.

This chapter is divided into five sections. The first section explores early feminist interventions regarding gender, weight and shape, which sought to question the nature of the body and 'appetite' for cisgender women in Western societies (Orbach, 1978, 1982) and identified the meaning and significance of slenderness as a physical ideal (Chernin, 1983). From here, I explore the ways in which this early work has been critiqued and developed through post-structuralist analytical lenses (Lupton, 1995; Malson, 1998), and the vital role that Fat Studies scholars have played in this development (Burgard, 2009).

In the second section, I address the construction of fat over the course of the 20th century and into the 21st as a site of profound moral, social and political anxiety (Gard and Wright, 2005). Here, I draw upon critical work examine the contemporary phenomenon of the 'obesity epidemic' to illustrate the connections between medical fatphobia and the gendered dimensions of neoliberal forms of 'healthism' (Crawford, 1980). In section three, I explore the ways in which body weight and shape are gendered based on cis- and heteronorms, and make connections between the demands placed on the body by prevailing weight loss health paradigms (Bacon and Aphramor, 2013) and those issuing from conditional framings of trans health and healthcare (Pearce, 2018).

In the last two sections of the chapter, I discuss the characteristics and findings of existing research concerning relationships with body weight and shape for trans and gender non-conforming people. Here, I argue that most existing research addressing this intersection subscribes to positivist forms of knowledge

and utilises a conditional framework of ‘transness as embodied distress’, limiting understanding and indicating a restricted set of recommendations for change. In considering some of the indications of the small body of qualitative research that exists, I identify the contributions this thesis makes to scholarship.

The body beautiful: Contemporary western weight and shape ideals

‘At this particular point in history, in the Western world, a limited range of body shapes are deemed acceptable (Rothblum, 1990); for women, slimness is particularly valued, while for men a mesomorphic shape is considered most acceptable (Lamb, Jackson, Cassiday & Priest, 1993)’

(Conner and Norman, 1996, p. 135)

Contemporary designations of specific bodies as desirable and, by extension, the designation of others as undesirable and abject, are far from being purely about the ‘objective’ attractiveness or otherwise of an individual body, if such a metric could even be thought to exist. That said, explanations to this effect have been put forth by scholars working in fields such as evolutionary biology and psychology, arguing for example that specific waist-to-hip ratios are considered attractive as they signal fertility (Singh, 1994, 2006), and that muscularity and leanness are desirable as they signal a prospective partner’s fighting ability and physical prowess (Sell, Lukazsweski and Townsley, 2017).

Such arguments have been robustly critiqued within contemporary literature on grounds of the bald heteronormativity (and latent homophobia) inherent in many studies, as well as the sexist implications of centring physical features associated with reproduction and fertility in discussions of physical attractiveness (Martin, 2001; Geller, 2009). According to Reischer and Koo

(2004), thinness, as an essential component of dominant ideas of ‘the body beautiful’ in Western societies, has acquired a taken-for-granted quality in the early 21st century that has made it seem “natural” to assume that a thin body is aesthetically preferable to a corpulent one’ (299). Indeed, much work has been done to *denaturalise* this notion by historicising it; Viren Swami (2007) traces the origins of contemporary slender physical ideals, especially as these relate to feminised bodies, to the 19th century. Whereas larger, ‘full-bodied’ shapes had previously been idealised in Western Europe (Fan, 2007; Swami, Gray and Furnham, 2007), Swami attributes the emergence and intensification of slender ideals over the course of the 20th century and into the 21st in part to the acceleration during this time of capitalist processes of modernisation and urbanisation.

Susan Bordo (1993, 2018), in particular, has convincingly articulated the connections between idealised bodies and prevailing socio-political contexts, arguing that the turn of the 20th century in the West marked a shift away from social status and mobility as evidenced by wealth accumulation and towards the ability to control and manage labour and wealth as markers of status. These shifts, according to Bordo, can be ‘read’ into the increasing emphasis placed on the firm, disciplined, and ‘controlled’ slender body over the course of the twentieth century, which has continued with increasing intensity into the twenty-first.

The intensification of compulsions to control and discipline the body is associated with modernity in Bordo’s account as well as in Swami’s, and she draws in articulating this argument upon Foucault’s (1975) theorisation of the shift towards internalised modes of discipline in the management and containment of ‘docile bodies’, arguing that self-control in relation to food represents one

(powerfully gendered) function of a broader disciplinary project concentrated around the body. Bordo's work represents a key theoretical account of the connections between which bodies come to be positioned and considered to be 'desirable', and the correspondence of these bodily shapes and forms to broader prevailing value systems in terms of the worth and value with which idealised bodies are imbued. The articulation of these parallels provide context for work examining the kinds of traits and individual characteristics associated with bodily states of thinness and fatness. Among the personal traits associated with slenderness in Euro-American imaginaries are happiness, youth, self-control, and success more generally, while fatness has become associated with laziness, lack of control and discipline, and failure.

The ways in which fatness and thinness operate as sites of cultural meaning are highlighted by Reischer and Koo in relation to an understanding of the body as symbolic; as an ideal, slenderness functions culturally and socially to symbolise 'not only an aesthetic ideal but also the internal discipline that may be necessary to achieve it' (301). These symbolic associations play out socially in patterns of behaviour and treatment; fatness has been linked to negative treatment in childhood (Cash, 1990) and to experiences of discrimination in relation to housing, education, and employment in adulthood (Latner, 2012; Puhl and Peterson, 2012).

While research has tended to focus more directly on the kinds of negative and harmful experiences that can follow from the stigmatisation of body fat, contemporary research has also examined the forms of privilege associated with thinness in terms of material outcomes. The concept of 'aesthetic capital' seeks to capture forms of advantage that accompany those bodies considered beautiful

(Anderson et al., 2010; Holla & Kuipers, 2016), and Fat Studies scholars have been working to highlight forms of thin privilege for decades (van Amsterdam, 2013; Bacon, O'Reilly and Aphramor, 2016).

Health in conflict: Medical and moral panics about weight, shape and size

In reflecting on what they describe as a Western cultural 'fixation' with body weight, shape and size, Maree Burns and Nicola Gavey (2008) track this fixation through media images and advertising, public health panics surrounding obesity, and features of 'healthy weight' discourse that equate slenderness (achieved by any means) with health. Medicine and medicalised models of body weight and shape in particular occupy a position of moral authority, and claims of benevolent concern are often used to justify aggressive forms of weight and body surveillance, both towards the self and towards others (Saguy and Riley, 2005). These trends regarding weight specifically form a prominent arm of a broader pattern termed 'healthism' by Robert Crawford (1980), referring to the increasing medicalisation of everyday life in the US and Europe in particular. Some of the characteristics of healthism identified by Crawford were an intensified preoccupation with individual health as an indicator of success and well-being, and the consequent framing of illness and poor health as an individualised moral failure.

While Michael Gard pronounced the end of the 'obesity epidemic' as a prominent public discourse in 2010, the ubiquitous association of slenderness with health and fat with sickness has proved to be persistent. Writing in collaboration with Lindo Bacon in 2011, British dietician Lucy Aphramor outlined the UK's prevailing weight paradigm in terms that closely resemble Campos' 2004

description of the obesity myth: in brief, ‘excess’ weight causes illness and premature death, weight loss improves health and extends life, and weight loss represents a practical and beneficial objective for everyone.

These discourses, and the structures of clinical institutional power in which they are grounded, form the broader contextual landscape to this study; discursive associations of weight loss with health circulate extensively in UK mainstream media (Hopkins, 2012; Flint and Snook, 2014). In 2018, a ‘sugar tax’ was introduced on soft drinks in the UK (the Soft Drinks Industry Levy (SDIL)), framed in large part as an effort to ‘tackle childhood obesity’ (HM Treasury, 2018; Colborne, 2016). Weight loss has been positioned as essential to improved health in numerous British public health campaigns, and, at the time of writing, NHS ‘healthy weight’ resources online emphasise weight loss⁵ and bodily surveillance of self and others, including advice for parents to maintain their vigilance and monitor BMI for even ‘healthy weight’ children⁶. Better Health, a Public Health England initiative, signposts those visiting its web page on weight and health to paid weight loss programmes including Slimming World, Weight Watchers, and Noom (NHS, 2020).

The dominance of the weight loss paradigm in the UK and elsewhere is contextualised by Janet Guthman in relation to neoliberal forms of citizenship and

⁵ ‘Weight gain occurs when you regularly eat and drink more calories than you burn through normal bodily functions and physical activity. Read about the hidden causes of weight gain. To lose weight, you should try to cut down on how much you eat and drink and be more active [...] Take action now and start losing weight’ (NHS, 2018b)

⁶ ‘If your child is a healthy weight, there’s lots you can do as a parent to help them stay a healthy size as they grow. Research shows children who stay a healthy weight tend to be fitter, healthier, better able to learn, and more self-confident. They’re also much less likely to have health problems in later life. Children whose parents encourage them to be active and eat well are more likely to stay a healthy weight and grow up healthy. Check their BMI every now and then using our BMI calculator to make sure they stay in the healthy range’ (NHS, 2018a)

subjectivity, whereby the 'good' body and subject is self-disciplined and disciplining, and failure or refusal to be so positions the subject as 'bad' and undeserving on an individual level (Guthman, 2009). A public health emphasis on self-regulation and individualised body management, according to Helen Malson, centres an unspoken equation of 'being healthy' with 'looking healthy', 'a look which is heavily prescribed by the gendered dictates regarding heteronormatively attractive bodies' (Malson, 2008b, p. 28). Malson draws parallels between these cultural processes and mechanisms and the processes that are considered definitive of anorexia itself, diagnostically speaking; individualistic, hyper-disciplined, micro-management (Malson, 2008b). Questions of the bodies toward which mechanisms of control and discipline gravitate takes on a clearer urgency when considered in relation to the healthcare experiences of trans and gender non-conforming people who wish to, are currently, or have medically transitioned.

On the one hand, there have been questions raised in reflective literature about the consequences of diagnosed eating disorders being interpreted as a 'coexisting health condition' whose severity must be 'adequately managed' before gender affirming treatment can be facilitated (Giordano, 2016). On the other, there are the effects of the implementation of BMI restrictions for surgery within NHS pathways to be reckoned with, a theme that arises in a number of the accounts given by participants in this study. Little scholarly attention to date has been paid to the ways in which the cultural 'war on fat' manifests in trans healthcare, and the findings put forth in Chapter Six contribute significantly to accounting for and addressing the intricacies of the kinds of harm that fatphobia and implementation of BMI restrictions entail.

While theorists such as Bordo, Malson, Orbach, and others have theorised embodiment and embodied practices in relation to forms of gendered violence enacted by culture, there are gaps in the existing literature regarding the embodied impact of those forms of what Dean Spade (2009) describes as administrative violence as these relate to relationships with body weight and shape. Contemporary UK-based research with trans and gender non-conforming communities has illuminated strained relationships with medical and legal institutions (McNeil *et al.*, 2012; Ellis, McNeil and Bailey, 2014; Ellis, Bailey and McNeil, 2015), and Ruth Pearce's (2018) work in particular highlights the harmful impact of lengthy waiting lists for GICs, gatekeeping practices, and an inconsistent landscape of trans competent care.

In the findings presented across Chapters Four, Five, Six and Seven, the significance of body weight and shape is explored as a means for imagining, facilitating, and labouring upon embodied possibilities for the self. In centring conditions of possibility, my findings contribute to this literature by illuminating the embodied impact of forms of gendered pressure and constraint, and what can be learned from the ways individuals navigate such possibilities and constraints.

[Gendering fat: The gendered meaning of different embodied states and practices](#)

Critical feminist interventions have highlighted the specific kinds of gendered meanings associated with fatness and thinness, with a particular focus on the discursive constructions and constitution of anorexia in terms of subjectivity and embodied practices (e.g., Bordo, 1993; Malson, 1998, 1999; Probyn, 1987; MacSween, 1993; Orbach, 1986). A key contribution of these interventions, according to Helen Malson, has been the exposure of 'the profoundly regulatory

and gendered operations of discourse upon the body' (Malson, 2008b, p. 27). Bordo approaches disordered eating, for example, as a question of 'social formation rather than personal pathology', a social formation that she argued represented 'a "crystallization" of particular currents, some historical and some contemporary, within Western culture' (Bordo, 1993).

This framing is underpinned by rejection of a foundational Cartesian division between mind and body, whereby the rational thinking mind has historically been associated with masculinity and the irrational animal body associated with the feminine. Reflecting on Bordo's (1993) assertion that anorexia represented a 'crystallization of culture', Malson argues that Bordo extends prior work identifying the *social* nature of disordered eating practices as *responses* to patriarchal gender relations, to situate such practices discursively within the realm of 'normative' weight management behaviours and, furthermore, to understand different practices as forming in relation to specific discursive 'conditions of possibility' (Foucault, 1972).

Bordo relates such associations to long-standing dichotomous traditions of thought inherent to Western ideological developments, arguing that '[the] duality of active spirit/passive body is...gendered, and it has been one of the most historically powerful of the dualities that inform Western ideologies of gender' (Bordo, 1993). Although Bordo traces the roots of mind/body dualism into and through historical philosophical traditions, she is also quick to point out that the implications are far from philosophical and abstract; this is, she contends, a '*practical* metaphysics' that is 'socially embodied in medicine, law, literary and artistic representations, the psychological construction of self, interpersonal

relationships, popular culture, and advertisements' (Bordo, 1993). It is, as she describes it, profoundly and deeply 'culturally sedimented'.

In establishing the theoretical ground for her arguments, Bordo distinguishes between the medical model, in which 'the body of the subject is the passive tablet on which disorder is inscribed', and over which the specialised professional expert holds jurisdiction, and feminist analysis, in which 'the disordered body, like all bodies, is engaged in a process of making meaning, of "labor on the body"' (Bordo, 1993, p.67). From this latter perspective, according to Bordo, engagement in particular behaviours around weight and shape control represent the desire or attempt 'to create a body that will speak for the self in a meaningful and powerful way' (Bordo, 1993, p. 67).

Feminist scholars have analysed the meanings and expectations placed upon, specifically, cisgender women's bodies, examining, for instance, the origin, entrenchment and dissemination of cultural ideals of slenderness (Chernin, 1983; Bordo, 1993), 'fatphobia' and the negative meanings associated culturally with fatness (Orbach, 1978, 1982), and anorexia as an experience and medicalised diagnostic category (Orbach, 1986; MacSween, 1993; Malson, 1998; Warin, 2010). Feminist psychoanalyst Susie Orbach is considered one of the first to have made the argument that discourses and beliefs around body fat and weight are intimately connected to patriarchal power relations (Orbach, 1978). In many instances, feminist scholars have honed in on anorexia 'as a consequence and as an expression of patriarchal gender relations' (Malson, 2008b, p. 30), or as a 'crystallization' (Bordo, 1993) of specific, and gendered, power relations and dynamics. One of the key points to emerge from these analyses was an understanding of practices designated as disordered 'not as (socially caused)

aberrations from...healthy normality but, rather, as integral to those culturally dominant, gendered norms' (Malson, 2008b, p. 30).

Reflecting on discursive shifts regarding 'ideal' weight and shape for women, Malson notes a shift away from thinness in and of itself, and towards an emphasise on 'shapely' and toned slenderness. In response to perspectives that could identify such shifts as a positive relaxing of rigid physical ideals, Malson points out that it is not that self-denial is now understood to be damaging, but '[r]ather, to 'simply starve yourself' is no longer sufficient' (Malson, 2008b, p. 34). In short, the more toned physical ideal 'can be read...not so much as a diminishing of cultural pre-occupations with eliminating body fat but as an intensified emphasis on controlling the body' (Malson, 2008b, p. 34).

This aspect of control, and intensified control, in terms of the loaded meanings of body weight and shape management practices, takes on, I contend in this thesis, a particular intensity for trans and gender non-conforming people when understood in relation to the heteronormative gendered aspects that Malson holds within the frame of her analysis. A crucial aspect of embodied experience that is foregrounded in accounts of embodiment such as those that emerged within the early formation of transgender studies as a field, such as Riki Anne Wilchins', is the ways in which the perceptions of others are managed, fielded and integrated into the very experience of the body itself. This emphasis is theorised in more depth in accounts such as those provided by Zowie Davy and Gayle Salamon, but Wilchins' personal narrative illustrates the point with particular rawness; '[i]t shocks me to this day how quickly I learned to make my body over, to embrace the social truths about it and to see on it what I was told. I know what people were thinking when they looked me up and down, stared at

my body parts, and inspected my face ... [My body] had overnight become an armed camp which I surveyed at my peril. It hurt to be me, and it hurt to see me' (Wilchins, 2006, p. 548).

Malson's point in undermining a more optimistic interpretation of physical ideals is to emphasise that, at root, '[t]he culturally normative ideal for (women's) bodies...remains firmly rooted in a discourse of Cartesian dualism in which mind and body are hierarchically opposed such that the body must...be 'bolted down' by a self-directing mind/self' (Malson, 2008b, pp. 34–35). In Malson's account, the significance of hyper-visual postmodernity in neoliberal Western cultures is also fundamental to an understanding of the body as raw material in this way; '[d]espite its being marketed as 'healthier', it is a healthier *look* rather than organic functioning or sensate experience that is required here' (Malson, 2008b, p. 35).

Again, there is powerful resonance here with Wilchins' personal account, as when she reflects with sadness on her predictions for a transitioning friend, and her fear that '[l]ike me, she may find herself growing further and further from direct sensation, so that in small, gradual steps it becomes successively less important what her body *feels like* than how she *feels about* it [...] This ID that she carries – her body – will be continually subjected to being displayed, stamped, and judged' (Wilchins, 2006, p. 549).

In this postmodern context with its emphasis on visual signs, Malson argues, weight has been elevated 'to the status of a convenient master signifier of health' (Malson, 2008b, p. 35). This master signifier has specifically gendered connotations as Malson points out, and this point is further supported by Burns and Gavey, who analyse discourses around weight loss, obesity and health promotion in terms of 'choices and opportunities that are profoundly gendered in

terms of their meanings and salience', linking these layers or meaning to the ways in which 'existing cultural ideals of femininity and slenderness have produced women as self-surveilling subjects' (Burns and Gavey, 2008, p. 152).

The counterproductive effects of BMI and weight loss-centred medical paradigms are drawn into focus by Maree Burns and Nicola Gavey in their observation that '[b]y emphasizing external, quantifiable indices of health (e.g., BMIs), health promotion inadvertently reinforces gendered images of health and unintentionally endorses practices that might sacrifice 'real' health and well-being' (Burns and Gavey, 2008, p. 146). As I discuss in Chapter Four, the ways in which a number of the participants in my research described the impact of BMI requirements reflect the points made by Burns and Gavey. Quantifiable measures of health were described by some of the participants as 'tick box' and 'numbers' approaches, and were experienced as an impediment to their understandings of what kinds of holistic health were desirable and possible for them. For those who were being denied access to surgery based on BMI at the time of our interview, this model of health was in direct conflict with their sense of gendered embodiment, as I discuss in Chapter Six.

What consideration of these points forces us to contend with is the impact of embodying a position that is made (in highly unequal ways) hyper visible, subject to intense public, medical and interpersonal scrutiny, and judged to specific, intensely cis- and heteronormatively gendered standards. It is my contention in this thesis that reckoning with these factors is crucial to understanding and addressing speculation around heightened prevalence or vulnerability to potentially harmful body management practices within trans and gender non-conforming populations.

As Malson observes, body weight in particular (and, I would argue, shape) is, in a 'contemporary Western/global culture' already powerfully symbolic of 'one's personality, moral character and aesthetic value; one's un/successful embodiment of femininity (or, increasingly, masculinity) and one's ability to properly conduct a self-directed life' (Malson, 2008b, p. 38). The question of successful or failed femininities and masculinities links to emergent analyses of representations of fat men that present fatness as inherently feminising and emasculating, where masculinity is framed implicitly in proximity to physical strength, virility, and hardness, in contrast with feminine softness.

Rosalind Gill's analysis of advertising images emphasise the constructions of masculinity that are drawn upon in representations of fatness that 'derive their force from the powerful symbolic links established between weight or fat, sexual unattractiveness and lack of social power' (Gill, 2007, p. 101). Focusing on constructions of masculinity, Gill observes that men's 'fleshy bodies' are being presented increasingly 'as objects of shame, ridicule or moral failure' (Gill, 2007, p. 101) in ways that are profoundly classed and racialised. Gill's research with men highlighted an emphasis on 'being different and independent, and [a] reluctance to acknowledge any social or cultural influence on their (bodily) decisions' as well as particular 'requirements', namely 'not to be vain, not to be obsessional and not to let oneself go' (Gill, 2007, p. 114).

While many of the arguments presented above emerge from work that is primarily concerned with anorexic mechanisms and processes (and there is a discernible gravitation in feminist scholarship towards anorexic practices), attention has also been paid to practices defined as or in proximity diagnostically to bulimia. Maree Burns and Nicola Gavey, for example, analyse the meanings

that adhere within bulimic practices and behaviours in terms of their 'logic' and the continuity of this logic with 'the contemporary conflation of health with the slender, female body' (Burns and Gavey, 2008, p. 139).

Burns and Gavey reinforce Malson's observations with respect to the relationships between body weight and shape ideals and gender; 'public health strategies for obesity prevention and the wider promotion of healthy weight derived from these assumptions land in a cultural domain that is already highly charged with potent values that cohere around food, consumption and body size...A gendered aesthetic of slimness for women has long been strongly entrenched in the Western cultural requirements of femininity and heterosexual attractiveness (Bartky, 1988; Bordo, 1993)' (Burns and Gavey, 2008, p. 140). In their research interviewing women, the authors highlight the discursive continuities between behaviours that are culturally sanctioned and affirmed, and behaviours that are pathologized.

Quantifying trans and gender non-conforming relationships with body weight and shape

The results of literature searches conducted for this thesis have been divided here along the lines of the research approach applied, in order to evaluate what each broad group of studies contributes to an understanding of the topic at hand. The majority of existing studies are concerned with clinically 'disordered' weight and shape related practices specifically, and take the form of either case reports or quantitative models breaking the experience of participants down into specific features or characteristics as measured by different scales, most commonly different iterations of the Eating Disorder Inventory (Garner, Olmstead and Polivy,

1983; Garner, 1991), the Rosenberg Self-Esteem Scale (Rosenberg, 1965), and the Hamburg Body Drawing Scale (Strauß and Richter-Appelt, 1988). This chapter section focuses upon these studies.

Across these studies – and particularly across case study literature – a strong discursive association is established between trans embodiment and distress; indeed, transness itself as a state of existence features as *the* central source of embodied distress from which other forms (clinically disordered eating in these instances) originate. Writing in 1998, for example, clinical psychologists Lois Surgenor and Jennifer Fear characterise transness in terms of ‘estrangement from the body’, which they interpret as the source of ‘body dissatisfaction and excessive concern with appearance’ (Surgenor and Fear, 1998, p. 451). Writing in 2000, Fernando Fernández-Aranda and colleagues interpret disordered eating as ‘an expression of a gender identity process, or a conflict of acceptance with one’s own sexuality’, and define trans embodiment in terms of ‘an overemphasis on physical attractiveness’ and ‘dissatisfaction with one’s own self-image’ (p. 65).

Relative to existing literature as a whole, both of these examples obviously represent studies published early in the process of more expansive and nuanced models of trans experience beginning to gain momentum in publication and circulation (Stryker and Aizura, 2013; Schilt and Lagos, 2017). However, this association carries into more contemporary studies, including recent clinical and empirical research conducted in the UK (Jones *et al.*, 2016, 2018). The following quotes illustrate this association in more contemporary studies:

'[...] due to the dissonance between the actual anatomical sex and the desired gender, body dissatisfaction can be seen as a fundamental aspect of gender identity conflict' (Ålgars, Santtila and Sandnabba, 2010, p. 123)

'[O]ur findings show that a primary source of suffering of [trans people] is their body' (Bandini *et al.*, 2013, p. 1022)

'Body image concerns appear to be core to the distress that trans individuals experience prior to gender dysphoria treatment' (Jones *et al.*, 2016, p. 90)

Concluding a review of existing studies examining disordered eating and body dissatisfaction among people seeking to access transition-related healthcare via gender identity services in the UK, Bethany Jones *et al.* identify 'body image issues' as fundamental to the kinds of weight and shape-related distress experienced by trans and gender non-conforming people (Jones *et al.*, 2016, p. 90). Another study led by Jones, which was published in 2018, opens with a similar sentiment, noting that 'transgender people are particularly vulnerable to body dissatisfaction due to the distress and incongruence they experience with their gender and body' (Jones *et al.*, 2018, p. 120).

In contrast to this framing, the theoretical approaches informing this research are grounded in sociological models and framings of the body, embodiment, and body image that depart from positivist and 'fixed' notions of body image. Although there are useful insights to be gained from quantitative and

positivist approaches to the topic of body weight and shape for trans and gender non-conforming people, these approaches have tended to subscribe to the conceptualisation of body image as 'a reified, relatively fixed schema, which exerts influence upon people's behaviour' (Gleeson and Frith, 2006, p. 80). In their critique of positivist approaches to body image, Kate Gleeson and Hannah Frith emphasise the consequences of this model in research, in terms of the associated assumptions regarding the connections between embodiment and behaviour.

The notion of 'body image' is attributed by Gleeson and Frith, alongside sociological scholars such as Sarah Grogan, to the work of Paul Schilder (1950), who is also credited by Grogan as being a leading figure in generating sociological interest in and attentiveness to the body, although Schilder's actual background was in psychology and psychoanalysis (Grogan, 2017). Nevertheless, Schilder's definitions of body image as the picture, or pictures, of 'our own body as we perceive it and as we imagine it' (Schilder, 1942, p. 113) provided fruitful ground for the development of sociological theorising over the course of the twentieth century, in part due to the centrality of both disunity and interrelationality in Schilder's early definitions. Body image, in Schilder's terms, was not unified but fragmented and contingent on temporality and spatiality, and profoundly bound up with interactions.

The role of 'healthy control' groups in quantitative studies also benefits from critical attention, in evaluating the kinds of distinctions that are created between trans and gender non-conforming forms of embodiment and 'healthy' cisgender and heterosexual embodiment. 'Healthy controls' feature in multiple quantitative studies addressing the intersection of trans and gender non-

conforming embodiment and body weight and shape (Bozkurt *et al.*, 2006; Khoosal *et al.*, 2009; Vocks *et al.*, 2009; Ålgars, Santtila and Sandnabba, 2010; Bandini *et al.*, 2013; Witcomb *et al.*, 2015; Becker *et al.*, 2016; van de Grift, Kreukels, *et al.*, 2016; Turan *et al.*, 2018).

Methodologically, the prominence of 'healthy' control groups in research design is indicative of what Sylvia K. Blood (2005) identifies as experimental psychology approaches to body image research. Writing in 2005, Blood articulates a comprehensive critique of the underlying principles of experimental psychological approaches to embodiment specifically, arguing that such approaches proceed from (and reproduce) the assumption of an ideal, 'rational' (and in this case, gender normative) subject against which study subjects are measured.

In addition to and emerging in relation to the identification of trans and gender non-conforming embodiment as, by definition, distressed and conflicted, is the excessive framing of engagements with weight and shape in terms of attempts to correct or 'fix' aspects of the embodied self in ways that separate individual body parts, functions, or characteristics from the context of a lived body. Weight-related practices are interpreted as functioning to minimise secondary sex characteristics (Fernandez-Aranda, 2000; Hepp, Milos and Braun-Scharm, 2004; Murray, Boon and Touyz, 2013; Ewan, Middleman and Feldmann, 2014; Turan, Poyraz and Duran, 2015; Beaty, Trees and Mehler, 2017), suppress libido (Hepp and Milos, 2002; Hepp, Milos and Braun-Scharm, 2004), or cause menstruation to stop (Hepp and Milos, 2002; Turan, Poyraz and Duran, 2015). These motivations are important to take account of, but analytical attention has

tended to stop short of examining the need to engage with the body in these ways in relation to contexts that delimit and contain embodied possibility.

Reference in existing literature to forms of idealised hyper-femininity are common; Surgenor and Fear's reference to their report subject's desire for 'an idealized prototypical feminine shape' (1998, p. 451) is paralleled across multiple similar case reports focusing on trans women and trans feminine people. The notion of an 'idealised' physical form (particularly an idealised *feminine* form) is referenced repeatedly in early case studies, often in almost identical terms. In some cases this is a motivation attributed by the researchers (Hepp and Milos, 2002; Hepp, Milos and Braun-Scharm, 2004; Winston *et al.*, 2004), an attribution that merits critical consideration in and of itself in light of the arguments made by Julia Serano (2007) concerning transmisogyny and the expectation of specific forms of femininity from trans women and trans feminine people. In other cases, report subjects connected their practices with desires for the kinds of 'svelte' and supermodel-thin ideals they encountered as culturally validated (Murray, Boon and Touyz, 2013). Writing in 2016, Allegra Gordon and colleagues make the point that trans women and trans feminine people are no less susceptible to internalising cultural messages about feminine body ideals than cis women (Gordon *et al.*, 2016).

The kinds of recommendations to issue from work situated within a medicalising and distress-based framework position such work firmly within what Ruth Pearce describes as the 'repertoire of condition', entailing understandings of trans and gender non-conformity as 'fixed, fixable and/or conditional' (Pearce, 2018, p. 20). The conclusions reached in the studies and approaches I have grouped together analytically in this chapter propose forms of intensified

surveillance and scrutiny in clinical contexts; researchers identify trans and gender non-conforming experience as a lived state as a fundamental form of embodied 'risk' in relation to weight and weight-related practices, centring disordered eating and distressed relationships with weight and shape and attributing increased likelihood of either or both to the fundamental *nature* of transness and embodied gender variance (Surgenor and Fear, 1998; Vocks *et al.*, 2009; Bandini *et al.*, 2013; Witcomb *et al.*, 2015; Jones *et al.*, 2016).

Writing in the early 2000s, Sylvia Blood associated mainstream and traditional body image research methods of the twentieth century with the construction of, specifically, women's bodies and subjectivities as objects of a pathologizing psychological gaze, in ways that both isolated and individualised questions of embodied distress and also emphasised the solution as lying in further clinical surveillance and scrutiny (Blood, 2005). When examined in relation to Blood's incisive work on body image research and Pearce's analysis of trans health discourses, it becomes possible to identify the ways in which the dominance of such 'traditional' body image research methods in studies involving trans and gender non-conforming participants feeds back into and reinforces a 'conditional' model of health and healthcare that positions trans and gender non-conforming lives and bodies as the appropriate object of clinical and psychological 'expertise' (Pearce, 2018). The path to 'health', it is implied, lies ultimately in the refinement of *existing* models and approaches to assessment and treatment, refinement that would enable expert clinicians to more effectively solve the problem of the distressed trans or gender non-conforming body.

The kinds of recommendations made in existing literature represent orientation towards such forms of intensified surveillance in different clinical

contexts; 'issues' of gender identity should be screened for in treatment for disordered eating (Winston *et al.*, 2004; Jones *et al.*, 2016) or, alternatively or in tandem, preventive and therapeutic programmes around body weight and shape should be integrated into existing trans healthcare pathways (Grossman and D'Augelli, 2007; Vocks *et al.*, 2009; Victorina Aguilar Vilas *et al.*, 2014).

A study published in 2018 did emphasise the significance of access to HRT in enabling recovery from disordered eating, and drew attention to the kinds of demands placed upon people seeking to access treatment and to the length of time that many people are required to wait to do so (Jones *et al.*, 2018). However, the questions of how the expectations, pressures, and power dynamics inherent within diagnostic models come to bear upon distressed and painful relationships with weight and shape are absent.

The foregrounding of context and subjective understandings of weight-related practices is uncommon across quantitative and case literature as a whole, although reference is made to weight and shape-related practices as responses to shame (Hepp and Milos, 2002), as expressive of a need for a sense of internal control and clarity (Winston *et al.*, 2004), and as representing a form of escape from emotional pain (Winston *et al.*, 2004). Contemporary case reports tend to incorporate a greater degree of sensitivity to context and to interpret behaviours and practices with more nuance; Turan and colleagues (2015) identify the *social* nature of distress experienced by the subject of their report, although they stop short at examining the taken-for-grantedness of their statement that '[t]he patient's main problem was not the pathological fear of becoming fat. It was not being overweight *per se* but because being overweight resulted in a female-looking body which caused a deeper dissatisfaction' (55).

Contemporary case studies published from 2010 onwards have tended to concern themselves more explicitly with the question of transition and gender affirming treatment in relation to clinically 'disordered' weight-related practices, particularly the ability of report subjects to recover and develop less damaging ways of relating to their bodies. The indications in this respect are not entirely clear; while there are a number of cases in which access to gender affirming care has evidently been crucial to recovery and the facilitation of pleasurable engagement with the body (Ewan, Middleman and Feldmann, 2014; Turan, Poyraz and Duran, 2015; Linsenmeyer and Rahman, 2018), there are also instances in the literature of practices recurring or intensifying in different forms during or following transition (Hepp and Milos, 2002; Beaty, Trees and Mehler, 2017). There are similar inconsistencies in quantitative findings; some indicate significant correlation between weight-related body dissatisfaction or disordered eating and stages of medical transition (Jones *et al.*, 2018), while others do not find such correlation (Khoosal *et al.*, 2009; Vocks *et al.*, 2009).

While the characteristics outlined thus far in this section paint a grim picture, quantitative study design from 2010 onwards has tended to place more emphasis on identifying patterns of behaviour across trans and gender non-conforming communities and populations. Analysis has focused, for example, on disproportionate reporting of specific practices such as purging via diet pills, eating in secret, avoiding exercise, or consuming particular food groups (Smalley, Warren and Barefoot, 2016; Cunningham, Xu and Town, 2018; Bell, Rieger and Hirsch, 2019), or self-reported disordered eating (McNeil *et al.*, 2012; Diemer *et al.*, 2018b; Simone *et al.*, 2020). Multivariate analyses have also highlighted concerning correlations such as higher likelihood of attempted suicide among

trans and gender non-conforming youth who reported lower satisfaction with weight and higher dislike of their bodies (Grossman and D'Augelli, 2007). A survey of 923 trans young people in Canada also identified relationships between disordered eating practices and experiences of harassment, bullying, discrimination, and violence (Watson, Veale and Saewyc, 2017).

These studies are highly valuable in identifying some sense of the 'what' of relationships and engagements with weight and shape for trans and gender non-conforming people, and indicating patterns that merit greater attention. They are distinct from some of the framings and conclusions I have discussed in this section in not seeking to impose definitive interpretations of 'how' or 'why' that are not grounded in participants' own experiences and understandings. The qualitative approaches I discuss in the following section provide initial and partial answers to such questions of 'how' and 'why' as they apply to relationships and engagements with weight and shape for trans and gender non-conforming people. My own work is situated in relation to these studies in seeking, in Chapters Four, Five, Six, and Seven, to identify and develop answers to these questions as they were expressed by participants.

[Weight in motion: Trans and gender non-conforming relationships and engagements with body weight and shape](#)

Literature searches highlight the scarcity of research engaging qualitatively with trans and gender non-conforming people's relationships and engagements with weight and shape. Trans and gender non-conforming experiences are largely absent from frameworks for a gendered analysis of body weight and shape, which continue to have a tendency to lapse into an assumption of cis- and binary

gender. Francis Ray White (White, 2014, 2020a), for instance, identifies and reflects critically upon such patterns within Fat Studies. Disordered eating scholarship has also been critiqued for the assumption and reinforcement of cissexism and heteronormativity (Jones and Malson, 2011; Rinaldi *et al.*, 2016; Rinaldi, LaMarre and Rice, 2016).

Although they it is often buried within clinical interpretive commentary and interpretation, it is possible to extract a (mediated) sense of subjective experience from some of the existing literature. The woman featured in Surgenor and Fear's (1998) case report, for example, appears to have considered disordered eating and trans experience to be closely linked, in that for her the intentional manipulation of her weight and shape were linked to the desire for a more 'feminine shape' overall' (450), although there is no evidence of the authors seeking to explore the substance and meaning of femininity for this woman in particular.

Among the literature identified in searches for this study, eight studies used a qualitative design and approach to the exploration of weight and shape-related aspects of embodied experience for trans and gender non-conforming people. The earliest of these, published in 2005, emphasises the role of different forms of body work among a sample of middle class, white trans women as forms of 'remaking' the body, which included work to reduce muscularity or lose weight, in shaping experiences of authenticity alongside emotional states such as confidence, pride, shame, and fear (Schrock, Reid and Boyd, 2005). In the authors' analysis, practices related to weight and muscularity were contextualised within modes of 'retraining, redecorating, and remaking the body' which were

intimately related to 'habits of cognition, feeling, and practical consciousness' (Schrock, Reid and Boyd, 2005, p. 331).

A further study published in 2012 explored understandings of the underlying causes of disordered eating among a sample of trans men and women, highlighting the effect of medical transition on eating behaviours and cognitions, and the significance of weight and shape in 'suppressing' and 'accentuating' gender-associated physical characteristics (Ålgars *et al.*, 2012). The theme of suppressing gender referred to the minimisation of or compensation for secondary sex characteristics such as bodily curves or height through weight loss, and efforts to 'diet gender away' and 'dispel' gender through weight and shape manipulation. Slenderness was also framed as accentuating femininity for the trans women who took part in the study, due to cultural expectations and requirements regarding slenderness, and as a means of accentuating the participant's waist. Weight loss was also experienced as making it easier for participants to buy clothes that fit correctly, and produced feelings of strength.

Self-control featured significantly across the interviews conducted by Monica Ålgars and her fellow researchers, with weight and shape providing a means with which to control the body, cope with feelings and experiences of marginalisation, and express struggles for autonomy and freedom. Some, though not all, participants (three trans men and one trans woman) reported improvements in their body image and weight-related behaviours that they attributed to having been able to access gender affirming interventions; hormone therapy, for example, alleviated the desire to pursue weight loss in order to control the body for some participants, along with making it more possible to feel comfortable and confident that body fat would not be misread or misinterpreted

by others in gendered ways. Two trans woman described unwanted weight gain resulting from hormone therapy, which they had found difficult to deal with. The themes and aspects centred by the authors emphasise outward appearance – in reflection, the authors highlight the function of weight loss and control to suppress or accentuate gendered physical features in ways that centre aesthetics (Ålgars *et al.*, 2012).

As I illustrate in Chapters Four, Five, Six, and Seven, there are significant resonances between my own findings and some of the key points raised in existing qualitative research. Engagements with the body were intimately related to confidence, shame, and fear (Schrock, Reid and Boyd, 2005), and with the desire and ability to exercise control over the body (Ålgars *et al.*, 2012; Farber, 2017). An aspect of these connections that is illuminated in greater depth in this thesis are sensory elements of states such confidence, shame, or fear as felt at the bodily level, in terms of the links between these states and the felt sense of the body as extending into or shrinking away from space. In relation to control, this thesis expands upon observations of the significance of control over the body to identify contexts in which participants felt that control was lost, withheld, or precarious, and to illuminate experiential characteristics of the loss or regaining of control in the sense of possibility falling apart or falling away, as opposed to the sense of possibilities to move forwards or towards desired futures.

These early qualitative studies applied grounded and thematic analytical methodologies, identifying themes and characteristics that emerged from participants' accounts, while studies published further into the 2010s draw more explicitly on specific theoretical frameworks to analyse trans and gender non-conforming relationships with weight and shape. In 2016, Allegra Gordon and

fellow authors published the results of a study involving an ethnically diverse sample of young, low income trans women in the US. The authors applied ecosocial theory (Krieger, 2012) and the gender affirmation framework (Sevelius, 2013) to explore how young trans women engaged with weight and shape control behaviours, and what contexts influenced and structured these engagements. For the young women who took part, societal and cultural femininity ideals and socialisation factored alongside experiences of stigma and discrimination to contribute to heightened embodied distress and need for gender affirmation which, alongside difficulty in gaining access to gender affirming healthcare, oriented the participants towards high risk weight and shape control behaviours including disordered eating and laxative abuse (Gordon *et al.*, 2016).

The key themes identified in analysis in relation to embodiment pathways were normative feminine ideals, experiences of stigma and discrimination, and access to gender affirmation, covering responses to stress and the use of weight and shape-related practices in order to cope. The authors also emphasise stress, resilience, and the development of positive body image, with participants describing processes of deflecting negative comments and perceptions, employing critical analysis and media literacy to protect themselves from cultural femininity ideals, and drawing on support from partners, friends, and communities.

McGuire *et al.*'s qualitative inquiry into body image for trans young people (2016) also provided insights into relationships with weight and shape, contextualising forms of body 'dis/satisfaction' in relation to cultural and normative body ideals. Social distress was a prominent theme in McGuire *et al.*'s analysis that provided context for expressions of preoccupation with dysphoria-associated

parts of the body, with participants expressing experiences of ‘nagging, draining anxiety’ in response to experiences of being ‘clocked’ or read as trans in public, anticipating the perceptions and responses of others, and interpreting social situations in order to protect their safety. Body satisfaction was associated thematically with connectedness and contentment in the body. Social acceptance facilitated participants’ ability to experience connectedness and contentment, as did the ability to access gender affirming care, and engagement with body modification and adornment such as piercing or tattooing.

Themes of social distress and normative body ideals were prominent across the data I collected in my research, as was a strong association between ‘satisfaction’ or happiness in the body and experiences of acceptance and contentment. What the analysis I present in this thesis contributes to the interpretations put forth by McGuire et al. (2016) and Gordon et al. (2016) is an elaboration on the significance of desire, and exploration in greater depth of some of the mechanisms whereby the factors of access to and experiences of gender affirming care, or of community, came to bear upon relationships with body weight and shape. In other words, where existing qualitative inquiry has begun to identify key factors impacting relationships and engagements with weight and shape, this thesis addresses in greater depth the substance of these kinds of impact at the level of embodied experience.

In a departure from emphases on disordered eating and forms of bodily distress or dissatisfaction, Rebecca Farber’s (2017) research draws on interviews with primarily white trans men to explore fitness as a ‘trans practice’ that represented a means with which to have some control over embodiment, a source of internal and external affirmation, and a means with which to ensure that

the body would not be misinterpreted or misrecognised by others. Farber interpreted fitness in these senses as a form of 'fractured empowerment', in that the kinds of emphasis placed on discipline and monitoring also contributed to neoliberal and racialised bodily hierarchies in which the ability and means to work on and mould the body were associated with value and validity.

In relation to a UK context specifically, Francis Ray White's (White, 2014, 2020a) work provides an entry point into consideration of the ways in which body fat is appraised in gendered ways and functions as a significant visual cue in social processes of gender attribution. Drawing upon autoethnographic observations of their own experiences as a fat trans person, White, whose work specifically addresses intersections of fat and (trans)gender, connects gendered bodily norms with discourses of fatness and transness to argue that fatness, body weight and body shape are central to the ways in which embodiment and the experience of the body relates to the formation of identity and sense of self (White, 2014). White positions this argument as contrary to a tendency in reflection on trans and gender non-conforming embodiment to focus disproportionately upon body parts and organs such as the chest and genitals, contending that 'fat is ascribed meaning in highly (binary) gendered terms', operating 'to reinscribe hierarchies of bodily value both within and between gender categories' (White, 2014, p. 90). In terms of trans masculinities, White argues, a thin, muscular norm functions to negate and obscure fat trans masculinities as *either* trans or masculine, while fat femininities have been constructed as culturally threatening in ways that can interact in dangerous ways with constructions of trans femininities as a threat (Serano, 2007).

The points raised in this 2014 publication are built upon in a chapter of the 2019 book *Thickening Fat* authored by White, which draw on interviews with nine trans people in the UK to explore the ways in which weight was related to gender identity, expression, and transition. Fat was experienced variably by participants as both an obstacle and a resource in relation to ‘successful’ gendered embodiment, along lines that White identifies as implicitly white and middle class, but also as having the potential to become ‘an active producer, enabler, or even destroyer of gender’ (119). The experiences of the participants in White’s study are interpreted by them as demonstrating ‘the gendering (as well as racializing and classing) effects of adding, removing, or repositioning fat in/on the body. In some cases it seems as though fat *is* gender, in that its removal can signify the androgynous or ungendered body’ (119).

White’s arguments concerning the significance of fat in relation to the trans or gender non-conforming body were invaluable in making sense of a range of experiences across the sample of participants interviewed for this thesis. Their identification of the ways in which fat is ascribed meaning was paralleled within the data collected for this study, in participant descriptions of the kinds of value and access to gendered possibility that they associated with thinness and weight loss, and in accounts of fat as producing and enabling gender. The arguments put forth in Chapter Four provide insight into forms of active and intentional engagement with some of the meanings White describes, while Chapter Six examines the specific constraints encountered by fat trans bodies in navigations of healthcare and the ripple effects of these constraints beyond those bodies directly affected.

Conclusions

My conceptualisation of body weight and shape in this research as a whole departs from a policy and public health framing that emphasises and constructs 'healthy' and 'risky' bodies, to proceed instead from an understanding of embodiment not as a question of the transmission of an internal self *through* the material body, but as an agentic aspect of identity (Davy, 2011). Weight and shape, in this understanding, constitutes a great deal more than numbers on scales or tape measures, or the calculation of a person's BMI, features of what Michael Gard and Jan Wright (2005) call the 'body as machine' model in contemporary 'obesity' research.

In this chapter, I have explored conceptualisations of body weight and shape grounded in feminist and gendered analysis, critical weight studies, and Fat Studies. For the participants in my own research, weight and shape represented a medium through which they expressed and actively laboured upon their relationships with their bodies, sought to shape their lived experiences, and secured, negotiated, or rejected various forms of recognition and affirmation from others and from themselves. Drawing on contemporary theorising around trans health and embodiment, I view these endeavours through the lens of 'embodied possibilities', whereby embodied practices emerge in the context of and in relation to a range of (im)possibilities for embodied pleasure and connection. This approach disrupts and intervenes in positivist dichotomies centring either 'satisfaction' or 'dissatisfaction' with the body (Gleeson and Frith, 2006), or relationships with weight and shape defined in terms of either 'disordered' or 'non-disordered' weight-related practices (Bordo, 1993).

As I have highlighted, gaps exist in scholarship regarding the significance of forms of administrative, bureaucratic, and representative violence, intensification of fatphobic health discourses, and the under-resourcing of communities for relationships with body weight and shape. Within these gaps, there has not been to date an in-depth qualitative exploration of the detailed mechanisms by which resilience factors such as community and peer support function. In the following chapter, I explain and detail the methodological approach taken to exploring these points, and the framework used in data analysis.

Chapter Three – Methodology and process

'Transgender studies considers the embodied experience of the speaking subject, who claims constative knowledge of the referent topic, to be a proper – indeed essential – component of the analysis of transgender phenomena; experiential knowledge is as legitimate as other, supposedly more "objective" forms of knowledge, and is in fact necessary for understanding the political dynamics of the situation being analyzed'
(Susan Stryker, 2006: 12)

Epistemological positioning and approach

The studies with which I have sought to align myself in conducting the present research depart in important ways from the dominant framework in existing literature, which endorses positivist notions of the subject and subjective experience. Trans studies, as a field, has generated fruitful avenues of thought and discussion regarding epistemologies that incorporate the constructed nature of social realities and binaries regarding sex and gender on the one hand, and the need to account for material bodies and agency on the other. In the above passage from her introduction to the first *Transgender Studies Reader*, Susan Stryker draws on feminist, queer, and phenomenological traditions of thought in relation to research praxis, and the stress she places on embodied experience as an essential and constative component of knowledge reflects tenets of phenomenological epistemology which this thesis draws upon.

Outlining the principal tenets of phenomenological thought and analysis in 1962, Maurice Merleau-Ponty describes the body as 'a nexus of living meanings' (Merleau-Ponty, 1962, p. 151), meanings that are of value and import for an

understanding of the ways in which bodies are situated, the kinds of communication effected through the body, and what light these elements shine on the structure of the world(s) in which the embodied subject exists. Studies that are phenomenological in nature are concerned with the lived meanings of the body, with the aim of understanding in greater depth the nature and meaning of everyday experiences, and of being able to better describe the meaning structures that come to bear upon those experiences (van Manen, 1990).

According to van Manen, phenomenological research approaches are characterised by mediation between ‘the anatomy of particularity (being interested in concreteness, difference and what is unique) and universality (being interested in the essential, in difference that makes a difference)’ (van Manen, 1990, p. 23). This characteristic tension is arguably one that has made phenomenological approaches so attractive to scholars exploring and seeking to gain better understanding of a range of different forms of gendered embodiment.

In recent decades, the principles identified by Stryker have been expressed by other trans scholars, notably Zowie Davy and Henry Rubin, and phenomenology is described by Gayle Salamon as being receptive to trans experience through an ‘insistence on the importance of embodied experience to understanding the nature of self, others, and the world’ (Salamon, 2014, p. 153). Writing in 1998, Rubin argued against a division of phenomenology from Foucauldian discursive and social construction to propose that ‘[d]iscursive genealogy can historicize phenomenological accounts, while phenomenology can insert an embodied agent-in-progress into genealogical accounts’ (Rubin, 1998, p. 279).

Phenomenology, in Rubin's view, provides valuable tools with which to understand the embodied experiences of physically transitioning people specifically; he makes use of phenomenological concepts such as anosognosia and 'phantom limb' sensations to make sense of trans masculine embodiment and ways of experiencing the body as lived, and applies phenomenological frameworks to situate embodiment and embodied practices in the context of the life world or life project (Rubin, 2003). In Rubin's view, phenomenology provides a dual benefit in research with trans and gender non-conforming people; the emphasis on the lived self provides means with which to theorise interiority, with the further benefit of extending authority and a route away from pathologisation to the trans and gender non-conforming subject, asking, in Rubin's terms, what matters *to* us rather than what is the matter *with* us. I have sought to draw, in the layout of this thesis, on Rubin's melding of the genealogical with the phenomenological, using the strengths of each to counterbalance the limitations.

Following Rubin, I contend that there are crucial insights and knowledge to be gained from the experiences and understandings presented in this thesis, particularly in the context of medicolegal paradigms that continue to yield considerable institutional and structural power over trans and gender non-conforming bodies (Davy, 2015; Davy, Sørliie and Suess Schwend, 2018; Pearce, 2018). I also understand these experiences and understandings to be enmeshed within and constituted through these very power structures in ways that must be accounted for, and as such a phenomenological analysis stripped of context is neither possible nor desirable.

How I apply this epistemological lens is less aligned with Rubin's emphasis on bodily ontologies, and more with queer phenomenological theorising as

articulated by Sara Ahmed (2006) and developed in application by Zowie Davy (2011). In *Queer Phenomenology*, Ahmed draws upon the phenomenological conceptualisation of bodily 'orientations' to theorise the ways in which heteronormativity structures space such that queer(ed) bodies appear are compelled to 'straighten' and take the shape of norms by restricting the capacity of the queer(ed) body to extend towards and into space. Attempts to 'expand' in non-normative directions may be met with resistance and restriction in other areas, in ways that redirect the body back towards and into normative shapes.

In this thesis, I approach relationships with body weight and shape with an attentiveness in analysis to the 'conditions of emergence' for different embodied practices (Ahmed, 2006, p. 38), while endeavouring to stay analytically grounded in the 'sensations of identification and disidentification' (Davy, 2011, p. 170) that Davy identifies as constitutive of experiences of gendered (mis)recognition. I also draw connections in analysis between Ahmed's articulations of the capacity of bodies to expand and extend into space, and Ruth Pearce's (2018) illustrations of trans temporality in navigations of gender affirming healthcare. Hope and the possibility of joy are associated in Pearce's account with the ability to imagine, believe in, and feel movement towards projected and desired futures (pp. 144–147), while suicidality is conceptualised in terms of the collapsing in of possible 'trans futurities' through experience or anticipation of insurmountable barriers and conditions of restricted agency (pp. 151-153).

In keeping with feminist and post-structuralist perspectives on research and knowledge construction, I understand myself to be profoundly implicated in the generation of the data upon which this thesis draws. While I sought to approach the interview and research relationship as one of knowledge co-

construction (Holloway and Jefferson, 2013), it is also true that ultimately the decisions made regarding distinctions between salient and trivial data, themes and findings were conducted through my own 'internal sieve' and as such responsibility for blind spots, gaps, and lines of interpretation is mine (Rubin, 2003, p. 10).

Research objectives and design

This thesis is concerned with how trans and gender non-conforming people engage with the weight and shape of their bodies, and how they make sense of these engagements in relation to trans and gender non-conforming positionality and experience. The initial core driving motivation for the research was to gain further insight into and understanding of the lived significance and meaning of body weight and shape for trans and gender non-conforming people. The objective of exploring how participants made sense of their lived experiences meant that a qualitative approach was essential, and the use of semi-structured interviews accommodated the theoretical underpinnings of the research while also allowing the interview protocol to be responsive to the lived experiences of participants (Galletta, 2013).

The decision was made early on in the process of research design to offer participants the option of engaging in asynchronous interviews online, via email, as well as synchronous and audio-recorded interviews, in recognition of the fact that members of stigmatised or vulnerable populations may find this an easier way to engage (Cook, 2012). While the element of real-time rapport and interaction was lost in email interviews, the decision to include the option of providing written responses has been included in other qualitative studies

involving LGBTQI+ participants (Farmer and Byrd, 2015; McDermott, Roen and Piela, 2015; McDermott and Roen, 2016). Asynchronous online interviews have also been found to generate more frank responses and reflexively rich accounts from participants, particularly where the topic being discussed is potentially sensitive or difficult (Murray, 2004).

The first research question – *How do trans and gender non-conforming people understand and engage with the weight and shape of their bodies?* – was developed in response to the absence in the wider body of existing studies of the subjective interpretations and experiences of trans and gender non-conforming people themselves. More broadly, concern with these perspectives relates to my investment in the importance of forms of knowledge that are marginalised and subjugated in the production and circulation of dominant narratives (Foucault, 1980a). The question of subjugated knowledges has been drawn upon generatively within feminist methodologies, most prominently within standpoint theory (Haraway, 1988; Hill Collins, 1990; Harding, 1992). Across theory and research from multiple marginalised perspectives, the question of oppressed knowledges has been a crucial one; Gayatri Spivak invokes the questions of knowledge and what is knowable in posing the question of whether the colonised subject can speak and, moreover, whether the colonising culture is capable of hearing (1992). The famous disability activist slogan ‘Nothing About Us Without Us’ powerfully evokes the relationships of power, oppression and exclusion inherent within knowledge production and dissemination (Charlton, 1998).

This emphasis carries through trans studies as a scholarly field; Susan Stryker invokes the crucial importance of marginalised knowledge in the title of her introduction to the first *Transgender Studies Reader*. ‘(De)Subjugated

Knowledges' (Stryker, 2006). C. Riley Snorton (2017) has theorised points of absence, silence, or refusal in existing Euro-American historical and medical records of trans and gender non-conforming life in relation to fugitivity, while Julian Gill-Peterson (2018) identifies the erasure of black, brown and indigenous trans and gender diverse lives within the medical archive of transness, and the ways in which this contributes to the rendering of such lives as unintelligible.

Fundamental to standpoint theory, situated knowledges, and other applications of work regarding subjugated knowledges is an emphasis on the heterogeneity and partiality of knowledge. Indeed, in Foucault's (1980) arguments concerning knowledge and power, the notion of heterogeneity and partiality itself poses a threat to overarching and universal(izing) knowledges and narratives, which have functioned historically to buttress and reinforce systems and structures of patriarchal and colonial power. As such, the partial and situated nature of marginalised knowledges represent a crucial part of their very strength and importance, a point emphasised by Sandra Harding in her concept of 'strong objectivity' (1992).

The development of the second research question – *How are these engagements and understandings informed by different trans and gender non-conforming positionalities and experiences?* – was based upon my alignment with theory and practice that emphasises such partiality and heterogeneity of experience. Where many existing studies have tended to flatten and homogenise trans and gender non-conforming experience, as I discuss in Chapter Two, with this research question I sought to centre differences, inconsistencies, and contradictions as well as similarities. The third research question – *How do different situations, environments, and relationships impact upon engagements*

with and feelings about body weight and shape? – is also informed by this theoretical positioning, in the sense that this question seeks to identify the situated nature of participants' accounts in the phenomenological sense of the life world.

The interview guide (Appendix 6) focused on three key areas, between opening and closing sections: Relationships and engagements with weight and shape; Context and environment; and Help-seeking and care practices. In relation to the first of these sections, the decision to focus on 'engagements' with weight and shape was made with a view to capturing a range of embodied practices, behaviours, thoughts, and feelings related to weight and shape in ways that could avoid the reinforcement of distinctions between practices categorised as good/bad, healthy/unhealthy, or disordered/non-disordered.

In this regard, I align my approach with feminist perspectives regarding weight-related practices, which have argued against the sectioning off of 'disordered' behaviours from apparently 'healthy' normative ones. Feminist scholars have contended instead that clinical eating disorders represent a point along a continuum of culturally normalised modes of interacting with the body's weight and shape that represent the most acute risks to physical health and well-being (Chernin, 1983; Bordo, 1993). While understanding and distinguishing between different forms of risk and potential harm are obviously important, critical feminist literature has argued against the reduction of risk and harm to their most acute manifestations.

A central tenet of feminist interventions into discursive constructions of disordered eating has been a rejection of the discrete parsing of pathologized and 'disordered' practices from normalised and 'non-disordered' practices in

ways that naturalise the latter. Instead, 'non-pathological' and normalised practices are situated in relation to forms of gendered disciplinary power in relation to the body (Malson and Swann, 1999). Behaviours and practices identified as 'disordered' may be those in which the harm issuing from these forms of power is most evident, unsettling, or disruptive to the order of things (MacSween, 1993; Malson and Swann, 1999), but this does not by extension mean that normalised practices are not dangerous, limiting or harmful in their effects.

As discussed in Chapter Two, much existing research addressing body weight and shape for trans and gender non-conforming communities and populations focuses exclusively upon experiences and practices centred in distress and emphasises 'disordered' practices. While understanding and exploring painful and distressing experiences is obviously important, Laurel Westbrook notes that '[i]f one of our goals as academics is to improve people's lives and increase livability, we must be mindful of successes of the groups we study, for those accomplishments [...] are the key to continuing to improve lives' (2010, p. 58). Focusing myopically on distress, according to Westbrook, can contribute to the construction of trans subjectivity as a 'universally abject category' (p.57). Given the tendency of existing literature to centre distress in the conceptualisation of transness and gender non-conformity, departure from this model felt methodologically important. Focusing on ways of relating to and engaging with the body, as opposed to 'disordered eating' per se, opened up space within interviews to explore experiences that were joyful, hopeful, or compassionate, as well as and alongside those that were painful, despairing, or harmful.

Emphasising engagements and practices also reflects the theoretical positioning of the thesis in relation to understandings of practices as materially mediated forms of embodied human activity (Schatzki, 2001), which Laura Ellingson (2017) aligns with the concept of 'doing bodies'. Drawing upon Judith Butler's theorising of gendered performativity as a 'continual and incessant *materializing* of possibilities' (Butler, 1997, p. 404), Ellingson identifies the shift connoted by a 'doing bodies' framework away from the idea of 'having' or possessing a body from which a fixed identity issues, and towards a framework of 'practices that constitute selves' (Ellingson, 2017, p. 13).

Interview questions were also included that used ideas of 'health' as an entry point into participant experiences. Helen Malson's (2007) observations of the intensification in the late 20th and early 21st century of the pursuit of slenderness as a *health* imperative, and the resulting forms of regulation entailed by this intensification, have important ramifications for an adequate understanding of the factors impacting upon weight and shape for trans and gender non-conforming people. The ways in which such imperatives play out within transition-related healthcare pathways, for example, place transitioning people in a position of conflict in relation to health and the body, and also impose embodied obligations upon transitioning people in particular (Brownstone *et al.*, 2020).

The decision to include questions related to understandings of 'health' in the interview schedule was made on the basis of these overlapping contexts, and participant definitions and descriptions of 'health' reflected the complexity of this landscape. Indications of how these understandings come to bear upon embodied practices emerged are pertinent to a nuanced understanding of the

accounts of distressed and pleasurable embodiment communicated by participants. I sought in the interview schedule to find out what participants understood to constitute a healthy *relationship* with weight and shape, as opposed to what constituted a 'healthy' weight and shape, although participants often provided elements of both in their descriptions.

The second section, exploring contexts, relationships, and environment, was developed in relation to the third and fourth research questions. Given that I draw in this research upon the understanding of embodiment as intercorporeality articulated by Gail Weiss (1999), the development and inclusion of questions exploring the impact of salient people and places in participants' lives represents a deliberate means with which to access richer and deeper accounts of embodied experience as situated within participants' life-worlds (Todres and Holloway, 2004). The questions included also sought to identify and explore instances of social distress and dysphoria, given the emphasis placed on social distress by McGuire et al. (2016), and the increasing attention being paid to the social and interpersonal nature of bodily dysphoria.

M. Paz Galupo and colleagues (2019), for example, explore aspects of 'social dysphoria' in greater depth, highlighting the visceral nature of experiences such as misgendering as felt in the body and emphasising the internalised processing of such experiences in the form of intrusive thoughts, self-monitoring, and preoccupation with the body's outward appearance (Galupo, Pulice-Farrow and Lindley, 2020). My decisions regarding the use of in-depth interviewing methods, and the design of the interview guide, were made with a view to being able to accommodate for the ways in which dysphoria was significant for a number of participants, without flattening what this meant for each individual

person. A mode of questioning that I drew on often, and which was informed by this understanding, was to place ways of feeling about weight and shape in different contexts based on the participant's description of their life and ask probing questions about whether these contexts felt easier or more difficult, 'better' or 'worse'.

The interview strategies developed to explore context and environment reflect the theoretical alignments and positioning of the thesis; Zowie Davy draws on Weiss' articulations of situatedness and intercorporeality to analyse embodiment as integral to ongoing processes of identity construction in her research with trans adults (Davy, 2011). Gayle Salamon, in her 2010 theoretical work *Assuming a Body*, articulates aspects of dysphoria as an embodied experience in terms of a feedback loop between body image(s) and the hostile gaze of a cisnormative and transphobic culture (Salamon, 2010).

In the third section of the interview guide, in which the questions were focused on access to and experiences of care and support, I sought to gain insight into what these things meant to participants. This focus was informed by the prominence in existing research of social support, experiences of acceptance and validation in relationships, and community-level resilience in relationships and engagements with body weight and shape (Gordon *et al.*, 2016; McGuire *et al.*, 2016; Watson, Veale and Saewyc, 2017). The aim of this section was also to explore the expected and desired *outcome* of care and support for participants by establishing what they understood to feel good and positive, and how interactions with others facilitated these feelings. These lines of questioning also illuminated participants' efforts and labour towards sources of care and ways of relating to their bodies that they understood to be positive.

The use of additional or alternative forms of interviewing was considered in the process of research design; various guidance documents concerning research on embodiment suggest the use of photographs (Ellingson, 2017), and this has been used in the past by researchers exploring aspects of trans and gender non-conforming embodiment (Davy, 2011). Given the nature of the research, while the focus was not exclusively centred around experiences of disordered eating or embodied distress, I anticipated (correctly) that some participants would come to the research with such experiences. Photographs, mirrors, and visual images of the self have been identified as complex in existing studies with and writings by trans and gender non-conforming people (Wilchins, 2006; McGuire *et al.*, 2016), and this complexity was borne out in the interviews.

While I initially opted to avoid visual stimuli due to the unpredictable nature of triggers for disordered eating, the emphasis placed by a number of participants on the necessity of avoiding or disconnecting from their bodies in order to foster and maintain non-harmful relationships with weight and shape emerged as a finding in data analysis that may have been difficult to explore had the research design itself incorporated visual elements by necessity. The emphasis placed on this by some of the participants indicates that it would likely have been a barrier to participation for them. The below excerpt from my interview with the participant Rav exemplifies this:

Rav: [...] my healthy point at the moment- I yeah health, is-is just tryna define the balance really between uh compulsions and-and our needs, which are two different things 'n for me err to balance

my compulsions I probably need to stay away from things like mirrors and magazines, I have to stay away from visual stuff-

Felix: Mm.

R: -that's really unhealthy for me.

'Rehearsed narratives' are not uncommon for trans and gender non-conforming people, given the frequency with which 'easily digestible' explanations of the self are required in different relationships and contexts (Hines, 2007). In order to mediate against this, I sought to navigate and open up space by drawing into focus the specifics of participants' lives in terms of the places they spent time in and the people they came into contact with. Questions were framed in such a way as to seek to elicit accounts of the impacts and influences of people and environments as they were lived through, by emphasising whether different relationship and spatial contexts made participants feel better or worse about their weight and shape, and then asking further exploratory questions aimed at clarifying the meaning of 'better' and 'worse' in relation to the context. In the design of this section, I sought to develop questions that opened up ways into reflection on and communication of participants' experiences of the 'body-for-others' (Rubin, 2003).

[Recruitment, sampling, and selection](#)

Within qualitative methodological literature, there is broad consensus on the fact that the objectives of qualitative research require sampling appropriate to the task of gaining in-depth understanding of a phenomenon, with the logic and efficacy of purposive or judgment sampling being an emphasis on the depth and richness

of individual cases (Hesse-Biber, 2014; Patton, 2015). Beyond this consensus, divergence abounds. Arguments regarding what constitutes an 'adequate' qualitative sample range from 60-150 (Gerson and Horowitz, 2002), 12-60 (Adler and Adler, 2012), and 20-30 (Warren, 2002). While some perspectives, such as that put forth by Gerson and Horowitz, stress the need for a minimum number of participants, generally speaking sample size recommendations are offered with the caveat that what constitutes a good or adequate sample will primarily be informed by the parameters, purpose and resources of the project in question (Patton, 2015; Bryman, 2016).

My own sampling strategy and decision-making for this thesis were informed by the objective of balancing the benefits of variation sampling with the ability to stay close to the data in analysis. According to Patton, a key strength of 'maximum variation' sampling lies in the logic that, in the context of the sample, '[a]ny common patterns that emerge from great variation are of particular interest and value in capturing the core experiences and central, shared dimensions of a setting or phenomenon' (2015, p. 283). My theoretical framework in this research is predicated upon the difficult balance between insistence upon the heterogeneity, specificity, and variety *within* trans and gender-nonconforming experience, *and* the significance of shared positionalities in relation to dominant cis- and heterosexual norms. Proceeding with a variation sampling strategy aligned well with this framing, given the emphasis both on important differences within a sample, and also the value of commonalities that emerge in analysis.

An initial purposive sampling strategy commenced through the circulation of a call for participants (Appendix 1) among personal contacts and networks, trans and gender non-conforming groups, LGBTQ+ groups (with an emphasis on

minoritised and/or marginalised aspects of trans and gender non-conforming experience such as race and disability), and mailing lists. In addition to a digital call for participants, I also distributed printed flyers in person and via post to LGBT organisations and community spaces. Recruitment inclusion criteria required prospective participants to self-identify as trans and/or gender non-conforming, to be living in the UK at the time of the interview, to be at least 18 years old, and to be willing to be interviewed about the intersections of body weight and shape with trans and gender non-conforming experience.

The recruitment of marginalised and stigmatised populations is often experienced by researchers as problematic in generating diverse samples of sufficient size (Vincent, 2018). In response to these difficulties, the recruitment strategy employed for this research was multifaceted, employing online and more traditional forms of community sampling that have been successfully employed by other researchers (Davy, 2011; McDermott, Hughes and Rawlings, 2017b, 2017a). Being trans myself, I am connected to and aware of a number of informal peer networks and also, through various forms of community-based voluntary work and engagement, to different collectives, groups, and organisations. While this presented some immediate pathways for recruitment, I sought not to lean too heavily on those spaces with which I am most familiar. In order to avoid recruitment materials not reaching beyond my immediate circles and networks, I collated contact details for groups, organisations and networks across the UK, region by region, and sent emails introducing myself and the project (Appendix 2), and attaching the project recruitment flyer (Appendix 1).

Following up on the responses, people expressing interest were sent a Participant Information Sheet (PIS) (Appendix 4) and consent form specific to

either a face-to-face or telephone interview or an email interview (Appendix 3) depending on participant preference. An audio recording of the PIS was offered alongside the print copy, and audio recordings were also included on the study website. Interviews were then arranged based on the information provided. Sampling selection was based around efforts to interview as diverse a sample as possible in terms of age, gender, race, disability, and class background. However, the sample was not expected to be representative.

The objective of interviewing a more diverse sample of participants than has tended to be included in research with trans and gender non-conforming people in the UK informed various aspects of the research design and sampling process. In addition to contacting organisations and groups with a trans and gender non-conforming focus, I researched and contacted groups with a broader LGBTQ+ membership alongside an emphasis on other aspects of experience; in particular, I contacted groups and organisations centring queer, trans and intersex Black and people of colour (QTIBPOC), people of faith, and disabled LGBTQ+ people, in recognition of the fact that specifically trans and gender non-conforming spaces are by no means experienced as safer spaces for all who might access them.

The online recruitment efforts used were supplemented by outreach efforts in the form of in-person visits to community events (such as a scheduled workshop at the Trans, Non-binary and Intersex Conference in Brighton) and to local community groups to discuss the research, answer questions, and put a face to the project. While other UK-based studies have recruited through or within gender identity clinics (GICs) (Khoosal *et al.*, 2009; Jones *et al.*, 2018), in recognition of the ongoing difficulties inherent in the relationship between trans

people and doctors, particularly gender identity clinicians (Ellis, Bailey, & McNeil in 2015), I did not recruit from clinics or via doctors. This decision is also supported by contemporary ethical guidance on conducting research involving trans populations; the authors comment, in relation to recruitment via clinical settings, that 'properly informed consent may not be possible if individuals perceive that refusal to participate will jeopardize their access to care' (Adams *et al.*, 2017, p. 170).

In responding to expressions of interest as I progressed with recruitment, I accepted participants with attention paid to those groups that were over- or underrepresented within the sample, in line with the initial maximum variation approach taken. The intended participants were adults (aged 18 or older) who self-identified as being of transgender or gender non-conforming experience or whose gendered experience was marked as 'trans' in terms of dominant understandings of normative sex and gender development; this includes non-binary participants, gender non-conforming participants who associate their experience with transness or who feel 'trans' is related in some way to their experience of being gender non-conforming, and trans people who are not medically transitioning.

This definition of 'trans' is in line with working definitions that have begun to be used more regularly in health research involving trans communities, with researchers using an 'umbrella' or more expansive definition of trans. For example, the authors of the 2012 Trans Mental Health Study define 'trans' as 'an umbrella term for people whose gender identity and/or gender expression diverges in some way from the sex they were assigned at birth, including those

who identify as transsexual people, those who identify as non-binary gender people, and cross-dressing people' (McNeil *et al.*, 2012, p. 93).

Another reason for my efforts towards a maximum variation sampling strategy was the fact that research into the experiences of the transgender community to date has involved samples that have been overwhelmingly white and middle class (McNeil *et al.*, 2012, p. 9; Budge and Pankey, 2016). Research in the specific area of body weight and shape has to date also largely excluded non-binary identified trans people and non-transitioning people. Prior studies in the area of LGBTQ health have made use of incentives to encourage participation among trans people (e.g., McDermott, Hughes, & Rawlings, 2017, 2018) and identified remuneration as an important factor in the decisions of trans and gender non-conforming people to take part in research (Owen-smith *et al.*, 2016). In light of this, I applied for and secured funding to provide reimbursement to participants for their time in the form of a £20 gift voucher of their choice, in order to broaden the reach of recruitment and also as one measure to potentially reduce attrition among those facing multiple barriers to participation (Owen-smith *et al.*, 2016; Griffith *et al.*, 2017).

While payment alone is obviously not a solution to the issue of homogeneous samples, as a material recognition of the time and labour involved in research participation it provided a basis upon which to build further efforts. Studies involving the trans population indicate that trans and gender non-conforming communities and populations continue to experience socio-economic marginalisation and victimization in the areas of employment, access to services, and housing (Stonewall, 2018; Whittle, Turner, & Al-Alami, 2007). This decision was also based on my own experiences of doing voluntary communications work

within trans community settings, which involved frequently responding to emails soliciting access to trans communities for research purposes, with no recognition of the (often unpaid) labour involved.

Provision of a £20 voucher aligned with ESRC ethical guidelines (ESRC, 2015) and guidance produced by the Market Research Society (MRS, 2015), and steps were taken to ensure that the offer of payment did not undermine the principles of freely given and informed consent to participate. It was explained to participants that receiving this voucher would not oblige them to complete the interview or give any particular kinds of answers, that the incentive was a recognition of their time and energy only, and that they may still withdraw at any point within the parameters explained in the participant information sheet without losing the incentive (Head, 2009). The provision of payment in the form of gift vouchers mitigated against the potential for problems to arise from this payment being considered taxable income (as this could cause problems for participants receiving state benefits) (ESRC, 2018). Participants were given a choice of outlets to choose from for their voucher, and this was then given to them in person before beginning an interview or via post or as an e-voucher if the interview was being conducted online. One participant withdrew following payment of the incentive.

While I sought to compensate participants materially, the main benefit of participation was having the opportunity to discuss experiences around weight and shape in ways that participants were not necessarily able to discuss in depth otherwise or in everyday life. Participants' desires to gain further understanding of their own weight and shape-related practices and feelings through discussion and reflection turned out to be a strong motivating factor, reflecting observations

made by other researchers (McDermott, Hughes and Rawlings, 2017b, 2017a). In the closing section of the interviews, a number of participants commented on the therapeutic value of the experience, with some specifically reflecting on aspects of their relationship with weight and shape that had been clarified in the process.

Conducting the research

In my approach to conducting interviews, I sought to prompt recollection and reflection on relationships with weight and shape in interviews in ways that could open up space for 'generative' participant narratives (Galletta, 2013). My standard opening procedure was to ask the participant to describe a 'typical day' or to give me a sense of their life in terms of places they often were, people they saw, or things they tended to do, followed by a question about why they felt drawn to or wanted to take part in the study. The purpose of these questions was twofold; first, to build rapport in conversation about the person's life, and in the opportunity for there to be back-and-forth between us about the study (a number of participants took the opportunity at this point to ask me questions about my own motivations and personal investments in the topic). Second, these questions provided a foundation for more probing questions concerning participants' relationships with weight and shape, and the responses were often a rich source of thematically significant 'markers' to which I could return later in the interview (Weiss, 1994).

Questions exploring how participants understood their embodied practices and relationships with weight and shape were developed through the use of prompts, and care was taken in interviews to allow participants to expand upon

specific narratives and lines of thought. Sharlene Hesse-Biber's (2014) illustration of different kinds of interview probes and how these contribute to in-depth interviewing was particularly helpful in creating space within interviews for participants to expand upon their experiences, thoughts, and feelings. In seeking to centre participant agendas and perspectives on body weight and shape, I drew often upon what Hesse-Biber defines as 'neutral' probes – silent probes, 'echo' probes, and 'uh-huh' probes – to affirm what was being communicated, and to encourage the participant to continue. Since silent and 'uh-huh' probes obviously weren't possible in email interviews given their asynchronous nature, I relied more heavily in these interviews upon echo probes to demonstrate attentiveness to participant narratives and to encourage further exploration of specific points.

In practice, interviews tended to lean more towards an unstructured format in terms of how I approached the progression of discussion, although I referred to and relied upon the guide throughout interviews to ensure that key areas of inquiry were being or had been covered. Often, I made use of probes leading the participant (Hesse-Biber, 2014) to direct the interview towards specific areas covered in the guide, although it was rare for questions on each area to be asked exactly as they had been written originally, or for the key areas to be covered in the same order.

Interviews took place in a range of locations; a number of participants opted to be interviewed at home, while others preferred to be interviewed in a booked space at an LGBT community centre or on their university campus. A number of participants were interviewed by phone and via video call, and a small number of participants preferred to conduct the interview via email. Since I gave participants the option to conduct interviews in their own homes for privacy and

comfort in discussing sensitive topics and experiences, appropriate measures around lone working were taken in line with disciplinary and institutional guidance (SRA, 2001; USHA and UCEA, 2005).

Interviews conducted in person, via video call, or on the phone were recorded as encrypted files on a passcode-protected digital recorder. Once transferred from the recorder, I encrypted each file under password protection for storage on the university server. No files were kept on the recorder itself after transfer, and I didn't store encrypted files on any of my own devices (ESRC, 2015; BSA, 2017). With regards to email interviews, specific guidance was provided to participants engaging in online interviews advising them of my own procedures, which included using a designated email account to conduct interviews (Cook, 2012), explaining access to the account and the university's server security, and emphasizing that in the data generated from the interview, any identifying information would be removed and their name, email address and any IP identifier would not be included (Meho, 2006). Following Cook (2012), new emails with participants were started each time I replied as researcher, rather than using the 'reply' function, so that the whole interview thread would not be visible should a participant leave their email logged in or otherwise accessible to other parties.

Email interviews were concluded with a reminder to ensure that the person has logged out of the account they are emailing me from if they are using a public computer or if they are using a computer that other people have access to. Email interview periods were agreed upon with participants, with some taking place over the course of a single afternoon and others spanning longer time frames of up to a week. These time frames were agreed upon beforehand and revisited throughout the interview process. Upon completion of the interview, all data was

saved in encrypted form under password protection on the university's server, and the original exchange was deleted. Contact details for participants were also kept on the university server under password protection. Once the fieldwork element of the study was complete, this information was deleted.

Participant portraits and description of final sample

Overall, I interviewed 21 people who self-identified as trans and/or gender non-conforming. While the initial aim of the research was to capture the experiences of participants across the UK, expressions of interest were primarily generated from within England; flyers were sent to groups and organisations based in Scotland, Wales, and Northern Ireland, but the sample was ultimately comprised of people living in England. Participants ranged in age from 21 to 63 years old, with the highest number (13) falling in the age bracket between 21 and 30. The majority of participants (14) identified themselves as being White British. Three identified themselves as White and from a different national background, one as Black British (of Caribbean heritage), two as mixed race (White and Black Caribbean), and one identified themselves as being of Pakistani heritage.

In terms of how participants described their identities, seven participants centred womanhood in their response to the question 'How do you describe your gender?', two centred manhood, and the highest number (12) identified themselves as outside of designations centring manhood or womanhood. Among these participants, six described themselves as non-binary, three as genderqueer, and two as gender non-conforming. Ten participants answered 'yes' to the question of whether they considered themselves to be disabled. The

following portraits are provided for the participants as they were at the time of interview.

Sam (they/them) is a 26-year-old White genderqueer trans person. They identify as queer, and experience chronic pain and learning disabilities. They describe their background and upbringing as middle class, although they are now low income.

Jennifer (she/her) is a 44-year-old White woman. At the time of our interview, she doesn't feel connected to any particular sexuality or sexual identity. In reflecting on her upbringing and class background, Jennifer describes this as 'lower middle class'. She is now in a professional occupation and has a degree and professional qualifications.

Jaime (no pronouns⁷) is a 25-year-old White trans feminine person. Jaime lives with depression, anxiety, and OCD, and describes her background as lower middle class.

⁷ In our interview, Jaime was ambivalent about pronoun use. When we discussed it, Jaime expressed discomfort with language associated with manhood and masculinity, but also noted not liking 'they/them'. No request was made or desire expressed for she/her or any other pronouns. While Jaime accepted he/him from other people, and said that I could 'just call me he whatever it's easier', I didn't feel comfortable doing so in writing up, given the strong reactions Jaime described having towards being gendered in this way in our interview. As such, I have taken the decision in writing up to avoid the use of pronouns for Jaime, and wish here to identify this as my own decision. This felt more ethical than the other options open to me, of imposing pronouns upon Jaime that had not been chosen, or using pronouns that Jaime expressed discomfort with but felt were 'easier' for others.

Lyri (they/them) is a 24-year-old non-binary person of mixed Black and White heritage. They identify as pansexual and queer.

Elena (she/her) is a 44-year-old White bisexual woman. She describes herself as coming from an academic background within a traditional and conservative culture.

Ry (she/they) is a 57-year-old White gender non-conforming woman. She identifies as a lesbian and as a Disabled person using the social model of disability. Ry's impairments affect their energy, mobility, and cognition, and they are a wheelchair user. She describes her background as lower middle class and was the first person in her family to go to university.

Callie (she/her) is a 26-year-old White trans woman. She identifies as pansexual, and describes her background as working class, having had a 'relatively old fashioned' upbringing in a small town.

Luca (he/they) is a 24-year-old trans masculine person of mixed Black and White heritage. He is bisexual and has been diagnosed with dyspraxia and dyslexia. They are also awaiting referrals for autism and ADHD. He describes his background as working class, with limited access to resources as a child and young person. They have also had difficulty with stable employment, having faced accessibility barriers related to his physical and mental health.

Brooke (they/them) is a 21-year-old White agender non-binary person. They are demi-grey asexual, and live with myalgic encephelomyalitis and fibromyalgia, both of which significantly impact their life. They describe their upbringing as working class and are living on state benefits due to their disabilities.

Alfie (he/they) is a 23-year-old White non-binary person. He identifies as pansexual, and has diagnoses for autism, ADHD, and hypothyroidism. They were brought up in a middle-class family and had good access to education and financial stability. At the time of our interview, they are unemployed and living on benefits having completed their degree.

Ashley (they/them) is a 26-year-old White non-binary person. They are asexual and queer, and situated themselves as Disabled and autistic.

Daniel (he/him) is a 25-year-old Black trans man. He doesn't currently identify strongly with any particular sexuality or sexual identity, and is exploring this alongside his transition. He describes his background as a combination of working- and middle-class influences.

Kit (they/them) is a 31-year-old White non-binary person. They are queer and characterise their background as (possibly upper) middle class.

Ocean (ey/em) is a 63-year-old White gender refusenik. Ey didn't identify with any particular sexuality label, and defined emself as Disabled in a legal sense as

ey are autistic. However, ey were keen to stress that ey regard autism as a *difference* rather than a disability.

Geillis (she/her) is a 30-year-old White trans woman. She is queer, and her background is working class, which she clarified with reference to growing up in council housing and being the first person in her family to attend university, although she did not complete her degree. Her employment has been precarious since beginning her transition.

Jae (they/he) is a 23-year-old White genderqueer person. They are queer and have Tourette's syndrome and other chronic mental health conditions. They are currently unemployed.

Ruba (she/her) is a 24-year-old gender non-conforming person of Pakistani heritage. She identifies as a lesbian, and doesn't describe herself as Disabled, although she lives with clinical depression. They describe their background as lower middle-class, and were brought up by their mother, who worked full time but was not able to earn high full-time wages due to being a migrant woman whose qualifications and education were not recognised in employment.

Jo (they/them) is a 35-year-old White non-binary person. They are queer, grey-aseexual and panromantic, and live with a number of physical and mental health conditions. They describe their background and upbringing as working class, and were considered a vulnerable child due to parental mental health difficulties. In adulthood, they have been able to access university education, although they

have not been able to access employment and live on long-term disability benefits, which they have struggled to retain under austerity policies.

Rav (they/them) is a 46-year-old White genderqueer person. They didn't identify with any particular sexuality, although they tended to be attracted to men and masculinities. They grew up in 'outsider' cultural contexts, in close proximity to addiction and poor mental health as well as creativity and diversity. In adulthood they have been upwardly mobile and own their own house.

Sarah (she/her) is a 23-year-old White trans woman. She identifies as pansexual, and has ADHD, anxiety, and partial paralysis of her left arm. She characterises her background and upbringing as working class, although she reflects that once she has completed her studies and is able to access a graduate salary, she probably won't describe herself as such. However, she notes a significant difference in the kinds of familial financial support available to her in comparison to other students from more affluent backgrounds.

Arin (no pronouns) is a 48-year-old White gender non-conformist. Arin described a complex background and upbringing, having become estranged from Arin's family of origin as a young person and consequently finding community among outsiders. At the time of our interview Arin had taken time out of a programme of study to focus on transition and was working in customer service.

The kinds of specific behaviours and practices that participants described were diverse, covering food, diet and nutrition; exercise, physical training and other

forms of physical activity; and other means such as the use of prescription and non-prescription drugs, toning belts, and corset training. Feelings about and relationships with food, eating, and diet that centred distress were prominent in many of the interviews conducted for this research, which to a certain extent reflected some of the indications of related literature examining disordered eating specifically (Diemer *et al.*, 2015; Feder *et al.*, 2017; Guss *et al.*, 2017).

Although they were not universal, practices that fall under what may be considered forms of 'disordered eating' were reported by many participants, including restriction, purging behaviours, and bingeing. Restrictive practices such as conscious self-starvation, calorie restriction, and skipping meals, were the most commonly described practice, with twelve of the 21 participants – Sam, Brooke, Kit, Alfie, Sarah, Jo, Rav, Callie, Jae, Ry, Geillis and Jennifer – describing past, present or intermittent restriction. Seven participants referred to past and present bingeing practices, three of whom described purging or trying to purge through self-induced vomiting.

The tendency of participants to frame their experiences explicitly in terms of disordered eating varied; Sam, Jaime, Ocean and Ry characterised their behaviours explicitly in terms of disordered eating, while other participants such as Jennifer, Alfie and Brooke recognised parallels between their own behaviours and the kinds of practices classed as falling under a broad definition of 'disordered eating', but were wary of applying the term 'eating disorder' definitively to their own practices. Sarah reflected on her experiences accessing online eating disorder support and recovery spaces, but did not ever directly identify her own behaviours and practices in this way. Weight loss and the desire for thinness were prominent motivators for many participants, most prominently

for Jennifer, Jaime, Kit and Sarah, and the desire to be able to control the body via weight was also significant, or had at points been significant, for Sam, Sarah, Geillis, and Rav.

Other approaches to diet described were specific goal-oriented diet regimes, which for Elena, Daniel and Arin were closely aligned with specific exercise and training programmes. Ashley and Geillis were on diets in specific pursuit of medically prescribed weight loss goals, which were required in order for these participants to be given access to gender-affirming surgeries. Jo and Alfie had not directly encountered these requirements, but both made reference to their anticipation of and anxieties about them. In addition to practices focused on control and weight loss, another area of prominence was those descriptions and discussions of food and eating that centred ideas of 'health' (the meaning of which varied widely and to which I will return in greater detail in Chapter Four), wellbeing, being nourished, and of 'feeling good' within the body, as distinct from goal-oriented models of health centring body weight.

Exercise and physical activity were discussed in most of the interviews, with the exceptions of Sarah, Jo, Brooke, and Ry. It is notable that Jo, Brooke and Ry all discussed disability in their interviews, and that Jo and Ry both talked about being wheelchair users in relation to the accessibility of different spaces. The comparative absence of discussion of exercise and physical activity in relation to body weight and shape in these interviews likely reflects the barriers to various forms of activity encountered by these participants, which Jo reflected on explicitly, and which has been identified in research as a crucial factor influencing wellbeing and health outcomes for disabled people (Graham, Kremer and Wheeler, 2008; Richardson, Smith and Papathomas, 2017). Ashley, in

discussion of their own physical disabilities, also reflected on access and capacity when talking about exercise and physical activity, as did Alfie.

The contexts in which physical activity arose tended to fall into three key categories: exercise for weight loss; exercise and training to change the shape of the body, by building lean muscle for example, or by exercising to distribute fat on the body in specific ways; and exercise for health and well-being. Exercise specifically aimed at weight loss was discussed in my interviews with Kit, Geillis, Luca, Ocean, Rav, Elena, Sam, and Jennifer. For Jennifer, Ocean and Elena, 'weight loss' was framed in places as being synonymous with 'health', a discursive association that is powerfully present in UK media (Hopkins, 2012; Flint, Hudson and Lavalley, 2016) and public health discourse (Bacon and Aphramor, 2013).

Exercise to change the shape of the body took the form of weights-based training geared towards body building for Daniel and Arin, both of whom discussed these goals in emotive and intensely personal terms. Callie and Elena also described exercising in particular ways to change the shape of their bodies, for example by focusing on lower body exercises and cardio and minimising upper body exercises. Callie also described the practice of weight fluctuation as a means of influencing the redistribution of fat on the body, seeking to work with and maximise the physiological effects of oestrogen. Sam described a similar engagement with exercise when discussing the ways in which they responded to and mediated compulsions to exercise for weight loss, since focusing on building muscle in their arms could be felt as a positive, 'sexy' physical change.

Exercise had a strong association with health across the sample – in 16 out of the 21 interviews, participants discussed the function and purpose of

exercise in relation to health and well-being. As mentioned above, for Elena, Ocean, and Jennifer, this association centred around weight loss and weight control (for which ‘taking care of myself’ was often used as a shorthand), although Jennifer expressed ambivalence about the conflict between ‘health’ as understood in terms of weight loss, and ‘health’ in terms of not developing an eating disorder and ensuring her body was sufficiently nourished.

This tension was also addressed by Alfie, Geillis, Luca, Sam and Rav, all of whom distinguished between forms of exercise in similar ways, emphasising lower impact and more social forms of exercise in their reflections on models of health as aligned more closely with wellbeing, appreciation of the body, and presence within it. The benefits of these forms of activity were distinguished from more intense, goal-oriented, and individuated kinds of physical activity. Lyri outlined the difference between these two objectives the most explicitly, since they were in the process of shifting their own understanding of health when we spoke.

Clothing was also significant in discussion of the ways participants felt about and interacted with the weight and shape of their bodies; for Jennifer, the fit of clothes on her body often emerged as being as much a source of distress as the shape of her body itself, highlighting the connections between clothing and relationships with weight and shape. She also discussed deliberately cinching her belt ‘way too tight’ to accentuate her waist. Sam, Alfie and Jae reflected on the significance of clothing in relation to how they felt about the weight and shape of their bodies, specifically in relation to others’ perceptions of and responses to them. Ruba, Brooke and Geillis all discussed different forms of shaping or toning wear specifically – Ruba recollected experimenting with a girdle, and with toning

stomach patches, while Brooke recalled engaging in corset training when they were younger, a practice that they understood at the time of our interview as being rooted in the desire to 'mask' their non-binary gender by cultivating what they felt to be an outwardly 'ultra woman' presentation. Geillis referred to her use of shape wear as one consequence of interactions with gender identity services that she identified as negative. For Ocean, clothing represented a means with which to make visible parts of emself and eir identity that most often felt 'obscured'.

Alongside diet, exercise and clothing, the use of prescription and non-prescription drugs was discussed by five participants. Prescription medication was discussed by Geillis, who was prescribed weight loss pills that she later refused to take due to their side effects. Sarah discussed researching the drug ephedrine as a means to lose weight, deciding not to take it when she found out that it may interact dangerously with other medication she took. Ruba made reference to a temporary loss of appetite related to a change of anti-depressant medication, which was 'amazing', although their appetite later returned to normal. Rav also used prescription drugs, codeine in their case, as an appetite suppressant, although for Rav this was framed as being more intentional. Jae discussed anti-depressant medication in the context of discussion around weight stigma, reflecting on the difficulty of balancing the health benefits of mental health medications with the stigmatised weight gain that resulted from taking them.

Rav was the only participant to directly discuss the use of smoking and illegal drugs for weight loss and management purposes, specifically identifying speed and other appetite suppressants. Arin also discussed illegal drugs, in the context of experiences with cocaine addiction, characterising such past drug and

alcohol use in terms of self-abuse stemming from self-hatred. Although Arin did not specifically discuss the weight and shape implications of these behaviours, discussion of ongoing changes in their drinking and substance-use behaviours was contextualised in relation to a consciousness of the impact of alcohol intake on Arin's training goals, both in terms of calorie content and also a tendency to eat 'junk food' when hungover.

Data analysis

The process of thematic analysis (TA) undertaken for this research was iterative. Following the phases of analysis outlined by Braun and Clarke (2006), analysis began during the process of data collection and transcription. I transcribed each interview in a pragmatic verbatim format (Evers, 2011), allowing for repeated in-depth engagement with the data. While time consuming as a process, transcription represented an important immersive stage in interpretive analysis (Tilley, 2003; Bird, 2005; Oliver, Serovich and Mason, 2005). Based on field notes made during and after in-person and video call interviews, I sought to integrate gesture and movement into the interview transcripts wherever possible, to identify for example moments at which participants physically shrank or recoiled, or where they appeared to physically relax. Similarly, in transcription of interviews conducted over the phone and without visual cues, I was careful to include pauses, deep breaths, and sighs, in part to indicate moments of thought and reflection but also to explicitly signal the presence of the 'body-self' (Ellingson, 2017) in the labour of communicating lived experience.

My own interview notes contained observations, reflections, and initial impressions which were assembled and collated alongside data from the

interviews themselves, in the form of a series of post-interview reflections, to which I returned periodically to add notes and annotations (Galletta, 2013). These reflections consisted of the format of the interview (in-person, Skype, email, telephone), notes on my impression of the participant (whether they seemed relaxed, anxious, eager, and any thoughts I had on why this was the case), notes on prominent initial impressions from the interview in terms of key points discussed and how these linked to the research questions, and critical reflection upon my own participation in the interview (Phillippi and Lauderdale, 2018).

The coding and organisation of transcribed data was conducted using the software package Atlas.ti, and was structured in line with the iterative and cyclical approach outlined by Galletta (2013) and with Braun and Clarke's reflexive TA phases (Braun and Clarke, 2006, 2019, 2021). While the analysis conducted was phenomenological in nature, in that I placed emphasis on participants' subjective experiences and sense-making, the size and heterogeneity of the sample meant that a more delineated analytic approach such as interpretative phenomenological analysis (IPA) would not be suitable (Larkin and Thompson, 2012; Braun and Clarke, 2021). There are examples of IPA being used alongside TA in qualitative analysis (e.g., Spiers and Riley, 2019), as a means of achieving greater depth, but in these cases IPA analysis has been conducted on a smaller and more homogeneous sample within the larger whole sample, an approach that did not feel usefully transferable for my own research. In addition to the fact that the sample was too large and diverse in relative terms, Braun and Clarke (2021) recommend reflexive TA rather than IPA in cases where analysis is concerned with how personal experience is located within wider socio-cultural contexts, as well as with the substance of those experiences themselves.

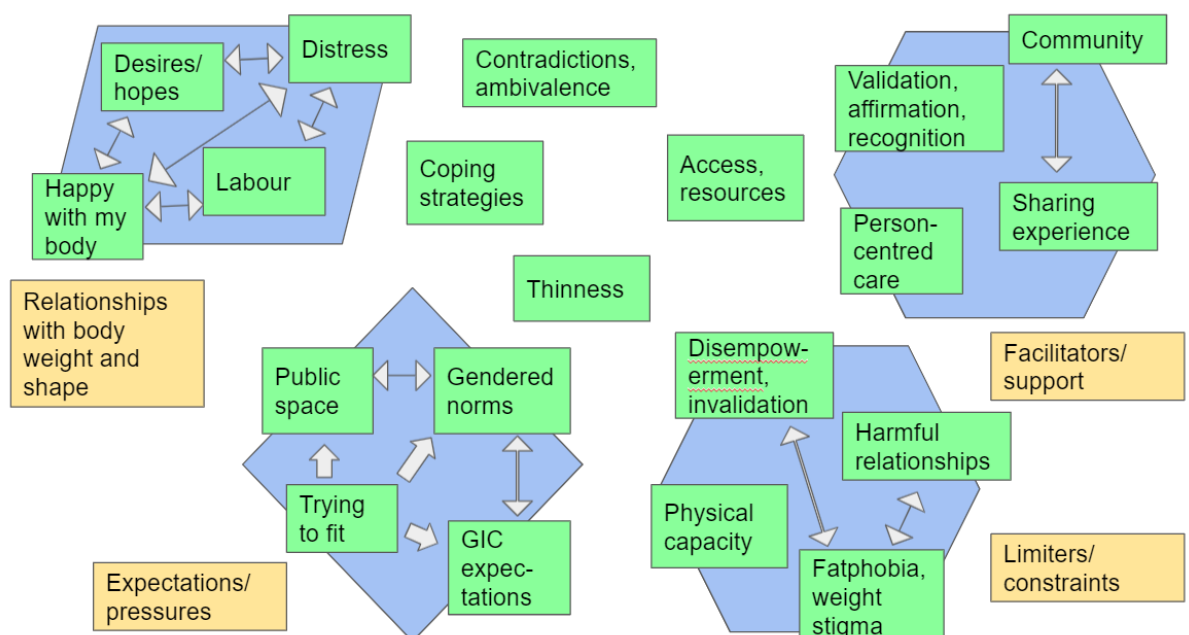
The initial notes I made during transcription and familiarisation with the interview transcripts were focused on what Wiltshire and Ronkainen (2021) call 'experiential themes', or 'attempts to describe participants' subjective viewpoints and experiences, such as their intentions, hopes, concerns, feelings and beliefs, as they are evident in the data' (166). While IPA 'proper' was not the best fit for my data set, my initial annotation and identification of experiential themes and patterns was influenced by an IPA approach to line-by-line annotation of 'experiential claims' and concerns (Larkin, Watts and Clifton, 2006; Larkin and Thompson, 2012).

This method emphasises the maintenance of 'closeness' to the data and contributed to the grounding of analysis and identification of themes in relation to the lived worlds ('lifeworlds' in phenomenological terms) of participants. In the process of annotation, I often revisited the participant's post-interview reflection file for comparison purposes and to integrate notes, and as a way of checking for my own potential biases and assumptions in the closer line-by-line annotation. Braun, Clarke and Rance (2015) advise regular reflection of this kind, given the level of interpretive engagement required for reflexive TA. An excerpt of this early close reading and familiarisation phase can be found in the appendices (Appendix 9).

Movement from familiarisation into the code development phase began with the process of clarification and refinement of meaning that was conducted as part of line-by-line annotation, and I based the structure of this process on that outlined by Galletta (2013). Namely, following line-by-line annotation, clarified codes were collated individually with line numbers for each participant, and were also collated separately across the data set to highlight points of overlap or

strength across the sample. The collation process fed into the initial phase of beginning to generate themes relating to the data. This process involved extensive thematic mapping and the visual organisation of codes (fig. 1). Alongside and through the process of mapping, subcodes were organised into main codes, which in turn corresponded to overarching categories (Appendix 7).

Fig. 1: Visual organisation of codes (modelled after Galletta (2013, p.127))



The generation of themes began with the grouping of developed codes as illustrated in fig.1, examining where and how codes seemed to overlap or relate

to one another and how, and using codes and coded data as the basis for theme development as per a reflexive approach (Braun and Clarke, 2006, 2019). A difficulty I encountered at this stage was the sense that the codes seemed to render static and isolated what in interviews were intertwining landscapes of experience; relationships and points of experiential significance went back and forth across and between the categories outlined above. In examining this difficulty with the stasis I felt was imposed by the categories into which I had grouped codes (even as this categorisation was useful in terms of organising coded data), I began to focus upon the kinds of movement, intentionality, and directionality that characterised differently coded sections of the data.

The initial themes developed at this stage centred around weight and shape as a means of movement and possibility, both *towards* desired embodiments and futures, and *away from* or *out of* undesired or distressing embodied states. In relation to these forms of movement, codes related to the perceptions, (mis)recognitions and interpretations of others in various contexts were linked thematically in terms of the kinds of *pressure* placed upon the trans or gender non-conforming body in different contexts. Some relationships and spaces were associated with relief from pressure, while others were characterised by its intensification.

Returning to the data to review and develop these early themes, I began to organise coded sections of data in relation to one another, checking the relationships I was identifying in relation to the context of the interview as a whole. Within individual interviews, for example, the emphasis placed on thinness or weight loss as a source of possibility was often contextualised by the desires expressed by the participant (to be seen, to accept themselves, to move through

the world free of violence), and the constraints they experienced in being able to realise these desires (the gendered policing of their body, lack of access to gender affirming care, experiences of invalidation).

The refined themes were developed through the process of identifying shared characteristics and commonalities across these individual and contextual 'webs' of embodied experience. In Chapters Four, Five, Six, and Seven, I have organised and presented the following themes:

- Body weight and shape as a site of movement and possibility within (gendered) constraints
- The function of intimate and peripheral interactions, relationships, and encounters to open up or close down possible relationships with body weight and shape
- The significance of gender affirming healthcare and care pathways in opening up or closing down possibilities in relation to body weight and shape
- The significance of access to and experiences of community in opening up or closing down possibilities in relation to body weight and shape

These themes extend and expand upon existing knowledge, in that there are some indications in existing literature of the connections between trans and gender non-conforming positionality and body weight and shape, but there does not yet exist a substantive exploration of *how* these aspects of experience inform and shape one another at an experiential level.

Ethical concerns and considerations

Prior to beginning, the empirical element of this project was reviewed and approved by the FASS and LUMS Research Ethics Committee at Lancaster University (reference number FL17190) (Appendix 8). Submission of the ethics application for the study covered aspects of relevance to legal and regulatory requirements related to conducting research, covering areas such as recruitment and interview protocol, lone research safety, and the provision of an incentive. Working with members of trans and gender non-conforming communities raises some specific ethical considerations, with contemporary research highlighting widespread ongoing stigma and discrimination against people identified as or associated with being 'trans' or gender nonconforming (Whittle et al., 2007; Morton, 2008; TENI, 2014; McNeil et al., 2012). Providing an assurance of confidentiality and anonymity is therefore of particular importance, given that some participants may not be 'out' in terms of their gender history, or may not be currently living openly in their identified gender. In addition, in the context of a relatively small and in some cases highly interconnected demographic, basic information such as gender, race, and home town may be enough to effectively identify a person (Adams *et al.*, 2017, p. 170).

Initially, I intended to draw on an approach to pseudonyms outlined by James Giordano and colleagues (2007); in order to maximize participant autonomy and in recognition of discussion in this area about paternalism on the part of researchers, it would be explained that participants could use their own first names, rather than a pseudonym, if they would prefer, although last names and other identifying information would be removed. However, over the course of this study's duration, the influence of transphobic and hostile narratives,

perspectives, and policy have become increasingly prominent in the public sphere. In 2016, when I began the doctoral project, a consultation on reform of the 2004 Gender Recognition Act was opened by the government. The vitriolic nature of the ensuing public discourse have been documented and reflected upon most recently in a special issue of *The Sociological Review* (Vincent, Erikainen and Pearce, 2020).

The consequences of these public discourses over 2020 and into 2021 have included major changes to policy and practice regarding trans people (and particularly trans women) in prison, the introduction, and subsequent legal efforts to challenge, a blanket ban on access to hormone blockers for trans children and youth (BBC, 2021; Skopateli, 2021), and most recently the quiet opening of a consultation around toilet provision targeting gender neutral toilets (GIREs, 2021; Gov.uk, 2021). In the public realm, and on social media (Twitter, in particular), practices of targeted harassment are not uncommon (Lu, 2020). In response to these real-time changes during the course of the research, I opted to fully anonymise participant data with the use of pseudonyms and amendment of any place names or other potentially identifying details. While some participants had expressed that they didn't mind whether a pseudonym was used for them or not, none expressed a strong desire for their own name to be used.

Also salient to this research was the fact that trans people, particularly those people likely to be visibly 'read' as trans by strangers, often face hostility in public settings (McNeil et al., 2012). Statistics around such experiences informed the decision to offer participants the opportunity to conduct interviews in community organisational settings where possible or in the privacy of their own home for participants who found public space difficult. I also offered participants

the option of engaging in interviews online, via email, in recognition of the fact that members of stigmatised or vulnerable populations may find this an easier way to engage (Cook, 2012).

A further ethical consideration that came up in planning for the interviews was the emotions that would likely be associated with particular weight and shape control behaviours for some participants. I addressed this possibility with participants prior to commencing with interviews and agreed with them on an appropriate signal should they wish to pause. Providing the option of online asynchronous interviews allowed participants the option to take time away to consider their response (Gaiser & Schreiner, 2009, p. 48) as well as allowing for 'breathing space' when the topic under discussion become intense or difficult. In many studies with LGBT populations, participants have described their involvement with research as a positive experience, and so distress is by no means an inevitable outcome of interviews, and this was true for many of the participants in my research (McDermott, Hughes and Rawlings, 2017b, 2017a).

While email and online interviewing had the potential benefit of allowing participants breathing space and control over the pace of communicating experiences that may be difficult or distressing, the inability to read and respond to visual cues of distress meant that there was a danger of my not sensing when a line of questioning should be redirected, or a participant's distress acknowledged. According to Tiidenberg (2020), existing ethics guidance for online research methods focuses disproportionately on the practicalities of informed consent, confidentiality, and anonymity, while questions of ethics of care in online research contexts are less well-developed.

In one interview conducted by email, the participant Jo wrote that 'thinking about it all has made me realise how incredibly unhappy I am with my current weight and body shape'. Naturally, I was concerned that this had been an outcome of the interview experience, and continued to communicate with the participant after the interview had concluded alongside sending them a debriefing sheet containing potential contacts and sources of support. Overall, Jo also reflected on the benefits of exploring and delving into feelings and thoughts about their body that they found difficult, in that it opened up 'oodles of material for talking about my feelings', and they noted that the format and delivery of the interview, which they characterised as warm and caring, had made it easier to talk about. I integrated more thorough check-in strategies into subsequent email interviews, including 'temperature checks' and question styles that opened up space for participants to communicate distress that they may be experiencing in response to certain topics or lines of questioning.

A debriefing sheet was provided to all participants, providing details of potential sources of support. These included a closed online support forum run by Trans Folx Fighting Eating Disorders (T-FFED), UK-specific helplines such as the LGBT Foundation and Mindline Trans+, and signposting to LGBTQ-specific talking therapies and support such as those offered by the LGBT Foundation and CliniQ. In planning, I considered the possibility that, since there is currently very little available in terms of formal support, resources and information around disordered eating and high-risk weight-related practices for trans people, participants may ask for support from me or expect more from me than I would be able to offer. In the end, this didn't happen, but awareness of the potential for dynamics of this kind was something I consistently checked myself on throughout

the project. In revised versions of the interview schedule, I asked participants in closing about the specific ways they comforted or looked after themselves, or how they accessed this from and with others.

The fact that I am a trans person with experience of difficult relationships with food and body weight meant that my relationship with participants sometimes involved a degree of identification and/or recognition; and this was something I maintained an acute awareness of with regards to the potential benefits and drawbacks of self-disclosure. In some cases, shared experiences enabled me to build rapport and enhanced the research relationship by fostering mutual trust, as has been commented upon elsewhere in reflections upon 'insider' research (Ross, 2017).

However, these experiences also meant that it was important for me to be attentive to my own potential capacity to be distressed by interview content, and to take ethical responsibility for myself. Ruth Pearce has written extensively about the traumatic experience of conducting and completing her doctoral thesis, which involved extensive fieldwork engaging with and immersed in discourses around trans health and healthcare (Pearce, 2020). A number of the experiences Pearce outlines are familiar to me, in particular the difficulty of maintaining boundaries between the research literature and data and my own life. In the end, the aspect of the research that was most distressing and around which I needed the most support, was the necessity of extended and in-depth engagement with much of the existing literature, due to the overwhelmingly pathologizing and reductive nature of much of this research, characteristics that I discuss in detail in Chapter Two.

'Cisgenderism', or the routine invalidation of trans lived experience, has been identified by Y. Gavriel Ansara and Peter Hegarty (Ansara and Hegarty, 2012, 2013; Ansara *et al.*, 2014) as a pervasive characteristic of psychological research, and this was true for a great many of the empirical studies identified and read in-depth for the literature review element of this thesis. These framings were often accompanied by dehumanising descriptions and discussions of the people whose lives formed the material of published research, and this literature was psychologically and emotionally challenging to engage with.

Some examples that have stuck with me include a methodological approach that included clinician ratings of the 'congruence' of individuals' appearance with their experienced gender (van de Grift, Cohen-Kettenis, *et al.*, 2016), and the bizarre hypothesis that undergoing genital surgery would result in a 'switch' from Eating Disorder Inventory scores 'typical' of cis men to those 'typical' of cis women (Khoosal *et al.*, 2009). In both cases and many more besides, transmisogynist emphasis is placed on the appearance, femininity, and bodies of trans women and transfeminine people; as such it feels important to note that, while engaging with this material resulted in rage and despair that were difficult to manage, my trans masculine positionality and experience provided a buffer that would not be possible for a trans woman or trans feminine person in my position.

To mitigate the risks to my own mental health and well-being, I proactively engaged with counselling and informal peer support throughout the research process (Dickson-Swift, Virginia, James, Erica Lyn, Liamputtong, 2006). I also intercalated for 6 months at the end of my first year, when the experience of returning repeatedly to literature exploring trans and gender non-conforming

experiences of distress, in combination with other events in my life and pre-existing mental health difficulties, resulted in a severe breakdown. Following Pearce, I acknowledge this break as having been crucial to my ability to continue with the research (Pearce, 2020).

Epistemologically speaking, my ethical concerns and considerations regarding the study extended beyond the practicalities of the research process; given my alignments with feminist and queer principles regarding the nature of knowledge and the production of knowledges, ethical questions of positionality and responsibility are fundamental to the thesis. While the analytical and interpretative approaches and processes drawn upon in this thesis seek to centre lived and embodied experience, access to such experience is necessarily partial and mediated in the research encounter (Smith, 1996). In the following section, I reflect upon my positionality as a researcher and in relation to data collection and analysis.

[Situating myself as researcher](#)

The history of research with trans and gender non-conforming people, and exploring trans and gender non-conforming experiences, is marked by a tendency to impose meanings and interpretations upon those experiences that have been harmful; this includes both explicitly polemic examples (Raymond, 1979) and also those based on purportedly benign intent (Hausman, 1995). Coupled with extensive histories of invasive medical, legal and bureaucratic scrutiny (Spade, 2009; Beauchamp, 2019), and questionable clinical research practices (Pearce and Toze, 2018), there persists a legitimate wariness of cisgender researchers among many trans and gender non-conforming people.

Some participants already knew of me as a trans person prior to interview, while some asked me directly and explicitly during interviews. One participant stated explicitly that this had been pivotal in their taking part, commenting that my being trans myself worked against their feeling like a 'guinea pig'.

This sentiment points to some of the advantages of being a partial 'insider'. A great deal of energy went into navigating transition through the NHS in my late teens and early twenties, at a time when many people I came out to initially assumed I must be a trans woman, and were shocked to find that transition could 'go that way' (meaning trans masculine treatment pathways). I shared and recognised many experiences that participants spoke about, including the extensive education of both loved ones and strangers, the labour of anticipating the perceptions of others and the anxieties involved in moving through public space, and the giving and receiving of care to and from trans friends and peers. There were forms of language and ways of communicating experience that were more readily comprehensible given my familiarity and presence within various forms of trans culture, and my own fragmented ongoing efforts to try to understand and communicate my experiences of embodiment.

The advantages of 'insider status' or shared lived experiences are emphasised by Lori Ross (2017) in relation to research that is positioned within an emancipatory paradigm. According to Shoshana Rosenberg, some of the key benefits of trans-led research in particular include the encouragement of participation, an enhanced ability to develop trust, rapport and accountability between researchers and research communities, the creation of a safer interview environment, and the facilitation of a greater sense of contribution, empowerment, and value for participants (Rosenberg and Tilley, 2020).

Rosenberg and Tilley also reflect on the strategic benefits of marshalling the institutional power of academic research to strengthen the credibility of trans knowledges and narratives inside academic and beyond it, in ways that centre nuanced and complex trans narratives. In contexts of research fatigue, Jourian (2017) found that his being trans was an important factor influencing why participants in his research wanted to take part.

The complexities of navigating an insider/outsider position have been reflected upon by many scholars before me; indeed, the very notion of insider/outsider binaries has been critiqued on the basis that the use of such terms reifies a notion of the self as objectively *either* 'inside' or 'outside' or a community or experience, in ways that are fixed and static across all encounters (Chavez, 2008). In some ways, my awareness of the potential for an over-reliance upon my own trans experience, or over-identification with potential participants, resulted in a degree of 'over correction'; in circulating recruitment information and flyers within networks and communities to which I am connected, I anticipated that there would be a disproportionate amount of interest from people whose background and experiences were similar to mine. In my anxiety to not under-represent trans women and trans feminine people, I have somewhat under-represented trans men specifically.

Following Burns' (2006) reflections on embodied reflexivity in qualitative research, I recognise the positioning of myself as researcher in a bodily as well as in a broader identity and community sense. While 'partial insider' status as a trans person with experience of difficult relationships with food and weight comes to bear upon my perspectives, thinking, and analysis, the facts of my body in research encounters of various kinds are also of crucial importance. In person or

on a video call, it is evident that my body is white, that I am not visibly trans or particularly visually gender non-conforming, that I am masculine of centre (at least in terms of dominant visual codes of sex and gender), that I do not have physical or verbal impairments, that I am not fat, and my accent and patterns of speech are associated with an affluent class background (which, in my case, reflects the reality).

In general, I was acutely aware of the realities of my physical body while conducting this research, both in interviews in terms of the readability or not of different aspects of my experience and history, but also in ongoing reflection alongside engagement with interview data. In one interview, conducted over the phone, a participant focused briefly on my spoken voice, in an exchange I have included below:

Jaime: They are um by the way um I really like your voice I wish I had your voice.

Felix: Oh, thank you [laughter].

J: Ha-hum i-i- yeah I I wish I sounded a bit more like that. I dunno. Don't really know how I sound but I don't imagine it's how I want to.

As comes across in the snippet I have included here, this comment caught me off guard in the moment, and represented a moment of complexity in terms of my identification and familiarity with the sentiment being expressed alongside the unexpected turning of attentive observation onto myself. Jaime also asked me if I was 'male-to-female' or 'female-to-male' in our interview, an exchange which similarly caught me off guard, in part because these are not terms or ways of

understanding my own or other peoples' experiences that I necessarily subscribe to. In this instance I experienced acute awareness of the 'partial and simultaneous commonality and difference' (Song and Parker, 1995, p. 249) between myself and the participant. Within these dynamics, the circumstances and specifics of our lives made our experiences distinct, while aspects of my transness also mitigated against the likelihood of harmful forms of gendered misunderstanding occurring across these differences.

Limitations

The primary limitation of this study is the sample size, although the considerations incorporated into the research design have contributed in this case to a more diverse sample than has characterised much research with trans and gender non-conforming people in the UK to date, something that has been identified repeatedly as a major shortcoming (Whittle, Turner and Al-Alami, 2007; Davy, 2011; McNeil *et al.*, 2012). In particular, the number of participants whose primary income was benefits at the time of interview, reference made by participants to having been the first members of their family to attend university, and reflection on participant experiences of growing up in council housing, indicate a more diverse set of classed positionalities than have characterised past studies.

Participants who identified themselves as being Black or people of colour made up just under a fifth of the sample as a whole; racial and ethnic diversity within the sample was not what I had hoped it would be, but given the extent to which trans people of colour are alienated from academia (Nadal, 2019) and research (Budge and Pankey, 2016) via multiple axes, I am grateful to have been

able to interview those people who felt enough confidence in me to take part and whose insights were invaluable.

That said, there are still demographic limitations within the sample. Most notably, the voices of trans women and trans feminine people who are Black or people of colour are absent in this study. As I have reflected upon in this chapter already, a degree of over correction on my part in seeking to diversify the sample has meant that trans men are under-represented within the study as a whole. Although this was the case, six of the non-binary participants explicitly reflected upon and expressed affinities and alignments with masculinities of various kinds in their interviews and reflected on how these alignments influences their relationships with weight and shape, providing sufficient material for analysis.

Conclusions

One of the central arguments I put forward in this thesis is that relationships with weight and shape for trans and gender non-conforming people cannot be reduced to interpretations that centre normative ideas of gendered embodiment. In challenging this interpretative tendency, I emphasise the contingency, variety, and intersectional specificity of participants' relationships with weight and shape. Such findings are not generalisable, and this is part of the logic of qualitative methods, the strengths of which lie in the goal of addressing processes, meanings, and hidden or subjugated knowledges (Hesse-Biber, 2014).

As I established in Chapter Two, embodiment represents a site of intense gendered pressures, as much incisive feminist work to date has emphasised (Bordo, 1993; Malson, 1998), and these pressures are further intensified for those positioned as trans or gender non-conforming in relation to dominant sex/gender

paradigms (Salamon, 2010; Davy, 2011). A prominent pattern in existing research indicates a greater prevalence of fraught, painful or difficult relationships with weight and shape among trans and gender non-conforming populations (Vocks *et al.*, 2009; Ålgars, Santtila and Sandnabba, 2010; Diemer *et al.*, 2015; Witcomb *et al.*, 2015; Watson, Veale and Saewyc, 2017; Diemer *et al.*, 2018a).

The descriptive and inferential indications of these quantitative approaches provide valuable insights into the prevalence of different weight and shape-related behaviours, and (in better quality studies) provide useful indications of the impact of stigma and protective factors for relationships with body weight and shape (Watson, Veale and Saewyc, 2017; Diemer *et al.*, 2018a). However, the qualitative questions of how and why these patterns should exist have been sparsely developed by comparison. The broader field of trans studies has been based since its inception upon the central belief and principle that trans and gender non-conforming experiences, positionalities, and lives represent sources of invaluable insight and knowledge and, moreover, that these insights and knowledges represent resources for the envisioning of liberatory futures (Feinberg, 1992; Stryker, 2006).

Drawing upon the foundations of queer, trans, and marginalised scholarship, I approached the vast landscape of methodological possibilities for this project with the belief that a greater emphasis on the understandings, perspectives, and experiences of trans and gender non-conforming people themselves is crucial. First of all, as discussed in Chapter Two, I believe that the emphasis placed on 'body dissatisfaction' in most existing studies – and the definitive collapsing together of 'body dissatisfaction' with transness and gender non-conformity as 'conditions' – reduces complex and diverse lived experience

to a set of normative gendered assumptions regarding embodiment. Patton (2015) identifies the value of qualitative inquiry as including the ability to elaborate upon meaning, to examine lived experience in depth; in other words, to cultivate knowledge in the form of 'wisdom'. The selection and refinement of the in-depth interview approach, and the use of phenomenological tools in the TA process, enable a close exploration of the complexities and meanings of body weight and shape as lived by the participants.

Second, the at times myopic focus on clinically defined 'disordered eating' risks engendering an embodied distress imperative as discussed by Vasilovsky and Gurevich (2016). This focus also results too often in speculation about solutions that flatten trans and gender non-conforming embodiment and recommendations that reinforce structures of medical surveillance and scrutiny, such as intensified screening (Jones *et al.*, 2018). Another valuable characteristic of qualitative inquiry identified by Patton (2015) is the potential to illuminate the ways that systems and structures act upon individuals (and vice versa) and, based on these findings, to indicate solutions and ways forward. In order to understand these possible ways forward, it is necessary to look to and take seriously the ways in which trans and gender non-conforming people seek out, co-create, and maintain alternative relationships with weight and shape for themselves, relationships that they understand to be rooted in pleasure, compassion, comfort, care, healing, or liveable compromise.

In the findings chapters that follow, the accounts that participants gave of their experiences in interview are presented as vital sources of knowledge and insight. These accounts shed light on experiences of difficulty, distress, and embodied pain, and on the kinds of creative, imaginative, and hopeful labour

participants engaged in regarding their relationships with weight and shape. Exploring the substance of this labour, and the conditions that enable or undermine such efforts, provides us with a sense of where and how to orient ourselves in thinking about what kinds of embodied futures we hope to see realised.

Chapter Four – Ways out, through, and toward: Engagements and relationships with weight and shape

'[...] the way that I think feel about my gender has like a effect on the way I literally perceive my body, like it changes the way I see my body. Um and I think that the bo- kind of feelings I have towards my body kind of like feed back into the gender dysphoria as well. So like you have- they're so closely related like I it's difficult to kind of like disentangle them really, like I can't it's hard to talk about one without talking about the other' (Alfie)

Introduction

A shared feature of the conversations that emerged from interviews was the difficulty of identifying and communicating aspects of gendered experience as these related to body weight and shape in the context of shifting feelings, which often existed in delicate tension with one another. For all of the participants in this research, weight and shape-related behaviours emerged in relation to complex and multi-layered relationships with weight and shape. What I identified as significant in the process of identifying and refining themes were the ways in which weight and shape featured in participant navigations of their desires for embodiment, the pressures placed upon their bodies, and the kinds of possibilities and constraints they experienced in the contexts of their lives.

In Davy's analysis of embodiment for transitioning people, bodily aesthetics do not issue from internal fixed identities, but rather are active sites of choices and desires 'generated within structural gender and sexual relations' (Davy, 2011, p. 104). Engagements and relationships with the body, in this account, are inseparable from navigations of identity within, through and in response to dominant narratives of trans experience. Given the dynamic and

unfixed nature of the relationships with body weight and shape described by interview participants, I understand the experiences expressed to represent overlapping embodied orientations shaped by context, desire, and the choices available.

Characterising and communicating experience in relation to body image, and how gendered positionality came to bear upon these experiences, was complex and difficult for the people I interviewed. As expressed by Alfie in the quote with which I have opened this chapter, for a number of participants it was difficult to parse relationships with the body and with weight and shape from fluctuations in dysphoria and gendered experience. Descriptions of feeling 'trapped' by specific conditions of embodiment were couched in wariness around the meanings associated with the term and the limited understanding of trans experience that these associations entailed (Engdahl, 2014).

In seeking to extend and apply Davy's conceptualisation of embodied practices and bodily aesthetics to an understanding of weight and shape specifically, I understand weight-related practices to represent forms of engagement with the body that are inextricable from the structural conditions in which such practices make sense and have meaning. This framing also draws on conceptualisations of body weight and shape such as those discussed in Chapter Two, whereby weight and shape become loaded as sites of gendered disciplinary power.

In this way I depart from a splitting and classification of relationships with the body as *either* 'positive' or 'negative', 'healthy' or 'harmful'. The findings presented here also pose a challenge to the notion of body image, and relationships with body weight and shape, as 'a reified, relatively fixed schema'

(Gleeson and Frith, 2006, p. 80). I open this chapter with an exploration of the landscapes of practice, motivation and desire identified in analysis, between body weight, shape and size on the one hand, and trans and gender non-conforming positionalities on the other. In considering the ways in which participants defined and described their relationships with weight and shape and how these relationships contextualised different bodily practices, I identify ways in which framings of being 'happy' or comfortable in the body differed from descriptions of embodied distress.

Experiences of dysphoria featured prominently, with weight and shape emerging as resources for the resolution of embodied crises. In such moments of crisis, weight and shape featured as immediately available sites of control, where participants could effect change for themselves and facilitate movement out of or through states of distress that were experienced as intolerable. Despite wariness around the 'wrong body' meanings associated with terms such as 'trapped', themes of stuckness and immovability were central in discussions of distressed and dysphoric embodiment. Departing from an interpretation in which the word 'trapped' is followed by '...in the/a wrong body', I seek here to develop an interpretation of the meaning of body weight/shape-related behaviours in relation to navigations and negotiations of specific bodily conditions, moments of being 'trapped' or stuck within a state of embodied distress, and the in/ability to seek, foster and maintain relationships with weight and shape grounded in pleasure, connection, happiness, or acceptance.

Alongside these descriptions, and often interwoven with them, were accounts vividly invoking desires for and efforts to move towards experiences defined in terms of euphoria, pleasure, acceptance and connection. These

findings illuminate the ways in which participants defined what a healthy and fulfilling relationship with weight and shape would or could be, and how they sought to move towards or maximise these ways of relating to weight and shape.

Landscapes of engagement: Thoughts, feelings and interpretations around weight, shape and size

For all of the participants in this research, weight and shape related behaviours emerged in relation to complex and multi-layered relationships with weight and shape. A shared feature of the conversations that emerged from interviews was ambivalence and the balancing and navigations of shifting feelings, which often existed in delicate tension with one another. As such, analysis of the intersections between participants' trans and gender non-conforming positionalities and their relationships with weight and shape can most accurately be thought of as seeking to capture specific orientations in particular directions as described and illustrated by the participants themselves.

This interpretation reflects attentiveness in a phenomenological framework to the kinds of body projects towards which individuals are 'continually committed' (Merleau-Ponty, 1962, p. 82). Sara Ahmed illustrates such projects as the ways in which bodies extend (or not) into space, where such space is normatively structured 'in line' with straightness and whiteness such that straight, white bodies are able to extend where other bodies are limited or distorted in the effort to 'line up' (Ahmed, 2006, pp. 66; 127–129).

Gendered positionality alone did not *define* these orientations, but being positioned as trans or gender non-conforming in relation to dominant sexed and gendered bodily norms did yield considerable influence in shaping the kinds of

bodily orientations that were possible and desirable. In Ahmed's account of queer(ed) phenomenology, this shaping is fundamental to the very structuring of bodies into and through 'straight' space (Ahmed, 2006). Participant accounts of distress, comfort, and ambivalence draw into focus the forms of intentionality and situatedness that can be understood to contextualise trans and gender non-conforming embodiment and subjectivity (Rubin, 2003; Davy, 2011).

An orientation which emerged across many of the narratives given by participants, and which reflects the emphasis of much existing research concerning the embodied experiences of trans and gender non-conforming people in relation to body weight and shape, is that of embodied distress or suffering (Diemer *et al.*, 2015; Gordon *et al.*, 2016; McGuire *et al.*, 2016; Feder *et al.*, 2017). In these accounts, engagements with weight and shape were contextualised in relation to different forms of embodied distress, from visceral expressions of disgust, loathing, and self-hatred, to more detached and resigned expressions of unhappiness in relation to the body.

Overwhelmingly, explicit reference to distress, self-hatred, or disgust contextualised restrictive or punishing weight-related practices. In discussion of negative or distressing experiences of their body and of restrictive eating practices, Sam illustrated this in terms of 'self-loathing, or like a really hateful dysfunctional way of relating to myself', experiencing this as a compulsion or urgent desire oriented towards behaviours they understood to be harmful for them. Alfie similarly contextualised their experiences of or compulsions to engage in weight-related practices that they understood to be harmful as emerging from 'very intense feelings of like self-loathing':

Alfie: [...] feeling kind of like disgusted with myself and then like because I feel disgusted with myself I feel like this kind of drive to like try and eat restrictively but also like feeling disgusted with myself so I kind of like overeat, I guess either as a way of coping with that? Or as a way of like affirming that? [...] yeah I guess it's probably mostly like feelings of like disgust and like self-hatred.

And for Callie, '[s]topping eating stemmed from being really depressed and hating my body, it ended up almost being a form of self-harm when it was really bad. When I was younger I didn't see a future for myself and ended up not really caring about what happened to me or what I did to myself'. In these contexts, such weight-related practices constituted a form of *response* or *resolution* to embodied crisis, as the following excerpt from my interview with Sam illustrates:

Sam: [...] making parts of my body look or feel differently, erm, is rooted in like a complete... like discomfort and sense of pressure and suffering that is just so huge in the moment that I feel like, this feels so strong and so limiting and... horrible, I need something to um give me at least like the idea or the illusion that I might be able to change this?

For Sam, physical dysphoria was closely aligned with their experience of these periods of 'huge' and all-encompassing pressure, which they condensed over the course of the interview to the sense of being 'trapped in the moment', as opposed

to being 'trapped in the wrong body'. Disgust and hatred featured, to varying degrees, in 10 of the interviews conducted.

That reference to feelings falling under an umbrella of 'dysphoria' came up with relative frequency in the expression and communication of experiences of embodied distress is perhaps not surprising given the nature of this study and the fact that dysphoria is, at the time of writing, the medical diagnostic definition that transitioning people interact with in the UK, as defined in the DSM 5 (American Psychiatric Association, 2013). Where participants provided personal definitions or descriptions of dysphoria, these varied from person to person to highlight, for example, disconnection, misrecognition, or hatred and loathing. For Sam, dysphoria was experienced as a kind of intense physical pressure, a 'discomfort and sense of pressure and suffering that is just so huge in the moment that I feel like, this feels so strong and so limiting and... horrible'. They captured this experience over the course of the interview with the phrase 'trapped in the moment', which they were anxious to distinguish from the idea of being 'trapped in the wrong body' (Engdahl, 2014). This former phrase would be returned to as a point of reference in the interview, suggesting that, for Sam, it came close to capturing something of what dysphoria as an embodied reality meant for them.

Callie and Ashley defined dysphoria in specific, physiological terms, which centred around what Ashley described as 'obvious gender bits'; Ashley referred to their chest as an illustrative example, while Callie identified the width of her shoulders and ribcage, her height, and her desire for fuller thighs and hips. Daniel described his navigations of dysphoria largely in terms of lack of recognition and seeking to move towards self-recognition; 'I wanted to feel aligned, so I wanted to look in the mirror and think 'there you are' it was that, does that make sense?'

In his reflections on the significance of weight and shape for himself and other trans and gender non-conforming people, Luca emphasises that ‘when you are like trans or non-binary or gender non-conforming um you kind of have a a certain type of relationship with your body, it’s not necessarily negative I wouldn’t say but it’s definitely ah sometimes feels kind of like it doesn’t belong to you?’.

The question of recognition also came up in conversation with Jae, who reflected on their avoidance of mirrors with the explanation that ‘I don’t know I just see it and I’m just like ‘I can’t it’s not me’ I can’t recognise it and what’s going on? And I look different every time’. Jae offered further insights into their understanding and experience of dysphoria later in his interview, placing this within the context of their mental health and wellbeing and the general landscape of internal life for them:

Jae: [...] I think it’s different for different p- sorry I’m going back ‘cause it’s-

Felix: No, it’s fine.

J: -different for different people who have like different m-mental health places that they’re in. So one of mine is intrusive thoughts? So it will be ‘you aren’t this way therefore you’re an awful person’ or they can be quite violent like ‘you need to remove certain parts of your body’ um, i-it’s like kind of an intense, it’s an intense sadness but it’s it doesn’t feel like that you can get out of, like there isn’t an easy fix for it a lot of the time. Um... [laughter] err, oh. Yeah, err, yeah that’s I think that’s what I’ve got to say about that.

The aspects of violence and ‘intense sadness’ in Jae’s words, along with the feeling of being unable to escape or ‘get out’ echo back to the descriptions given by Sam. Sarah defined her own dysphoria firmly in proximity to self-hatred, and this was also true for Arin, for whom dysphoria as a shorthand could not contain the magnitude of the distress it was meant to capture:

Arin: [...] I detested myself so much that I just needed to you know just get out of my head, erm err in order not to be able to think about it because it was just such a big thing, such a massive thing, they talk about dysphoria and all that sort of thing [...] and it just it doesn’t it doesn’t encompass, for me, the hatred that I had for myself.

Although themes of distressed embodiment were prominent across the sample, the ways in which distress was expressed and the specific way it was framed varied substantially. For some participants, the communication of feelings about their bodies was framed in terms of despair or chronicity in ways that indicate an experience of sinking or closing in on themselves rather than feeling urgent compulsions towards specific behaviours. Luca, for example, described a ‘slump’ prior to their chest surgery, entailing the following internal monologue:

Luca: I hate my body, I’m never going to look how I want to look, and if I was supposed to look that way I would be born that way and it’s you know it’s impossible I’m not going to survive to be that. And you know why bother like why bother working out or why bother

buying nice clothes or anything like that because I don't look the way that I want to look.

The description given by Kit implies chronicity, reflecting as they did that 'weight has been something- my weight and my shape has been something that has... obsession is too strong a word but it has often been a [sigh] very consistent niggle in my brain for a very very very long time'.

The immediacy of distress also varied across different participant's accounts; while Jennifer framed unhappiness as a constant state with which she did daily 'battle', many participants characterised embodied pain and distress as episodic and situational, or reflected on periods of intense embodied distress in the past, particularly in youth. Daniel, for example, characterised periods of feeling low and dysphoric in terms of 'falling off' or 'falling out' of his physical training routines which he experienced as cyclical thought patterns regarding self-belief and self-esteem:

Daniel: [...] it suddenly becomes a cycle of like quite a negative cycle in my head about err self-belief and you know will you like ever get to where you want to get to? And that's kind of what fuels the the lack of motivation to then go 'cause it's just like 'oh well you're never gonna get there anyway 'cause you keep falling off you keep doing this' and that's kind of I guess what keeps me out of erm my schedule for longer.

While the excerpts provided so far contextualise weight and shape-related behaviours as solutions to or as means to escaping moments of intense pain, suffering and distress, such distress was not universal, constant, or all-encompassing. The kinds of patterns that emerge in the interviews for this research indicate patterns of overlapping orientation towards embodied states. For those participants who expressed intense feelings of distress in relation to the body, most did not experience this as a singular ongoing state; the feelings described above were characterised for most of the participants as particular points of intensity in a fluctuating landscape of thoughts and feelings about the body, including those that participants positioned as being more positive and beneficial, and less motivated by feelings of disgust, loathing, and hatred.

The concept of 'being happy in my body' covered forms of pleasurable awareness of the body and of embodiment such as enjoying movement within and through the body and getting pleasure from the sight or mental image of the self, but also referred in some cases to simply finding the body unproblematically liveable. Ashley was the most unambiguous in this regard, stating simply 'I've not really got any problems with my weight and I'm quite happy with my weight and shape'. For Ashley, the main problem they were experiencing at the time of our interview was related to their not being *allowed* to feel this way; reflecting on their experience of medically mandated weight loss, they commented that 'it just kind of feels like to me why can't I be happy with my body um why does everyone else seem to think it's an issue when I don't?'

Difficulty with being happy in the body came from *outside* of Ashley, specifically arising from the imposition of weight loss requirements in order to access gender affirming care, the impact of which is discussed in greater depth

in Chapter Six. Geillis described facing similar weight loss requirements in order to access gender affirming surgery and situates the impact of these requirements in similar ways to those expressed by Ashley, in terms of their contrast to a state of happiness with the shape and weight of her body.

Geillis: [...] I'd started taking hormones I was gaining weight in like more feminine whatever quote unquote places [...] so like I probably got to the heaviest I've ever been but also the happiest I've ever been with the sight of myself? [...] I find it difficult because my problem with my weight and shape are not my weight and shape they're other people's problem with my weight and shape.

Francis Ray White has highlighted, in their research, the affirming and liberatory potential of body fat's *presence*, as well as its absence, the latter of which they argue has been more emphasised in existing literature (White, 2020a). For Geillis, the impact of hormone treatment on patterns of weight distribution meant that she experienced body fat as profoundly affirming in its presence. Fat in this case facilitated the ability to feel 'the happiest I've ever been with the sight of myself', and the idea of having to lose weight was anticipated as a painful loss of this happiness. Ocean was another participant for whom body fat in particular areas was experienced as affirming and positive:

'[...] one of the ways I was teased at school was for having boobs. I was in Primark and I was trying on it wasn't this dress it was another one err it's a lot tighter, and it really showed my figure it

showed my stomach which I don't really like but I thought and this is the first time I'm aware of ever thinking about this, 'hey it shows up my boobs, that's rather nice isn't it?'

Themes of being happy, comfortable, or content in the body tended to contextualise practices framed in terms of taking care of or looking after the self – eating 'well' or mindfully, healing from patterns of behaviour understood to be harmful, or connecting with and celebrating the body. Jae, for example, defined periods of recognition and joy in the following way: '[w]hat matters is that like you look in the mirror and you can feel beautiful? Like you can understand that you are you and you are wonderful and that-that's, that's more of a healthy relationship with weight'. Jae associated their own ability to do this with access to particular forms of dress, specifically colours, feathers, and sequins, which they noted were not readily or affordably accessible in large sizes.

The notion of being able to look at the body and experience the feeling of 'you are you' as indicative of happiness and a healthy relationship with weight and shape was paralleled in other interviews across the sample; Callie, for example, defined this as follows:

Callie: Being happy with my body is, for me, the sense of being able to look in a full body mirror and feel confident/proud/content instead of feeling dysphoric/uncomfortable/frustrated. I don't want to look like a supermodel (although I wouldn't say no!), but I want to be able to 'fit in' with people on the streets and just go about my day without feeling self-conscious and anxious about my body.

Luca also discussed ways of orienting themselves towards contentment and satisfaction, which in his case was based around practicing appreciation and gratitude. The ability to have accessed chest surgery featured prominently in these descriptions, with appreciation being fostered in direct relation to the awareness (which Luca expressed explicitly at other points in his interview) that this is a position to which many others do not yet (or do not ever) have access.

Luca: [...] even if I'm not a hundred percent happy with how I am right now or like what I weigh right now like I'm in such a better like mental and physical space than I was before having that surgery so erm when I think about it like that you know I'm blessed to have my body and I think that's really important.

In many descriptions, relating to the body was not simple or straightforward, and often modes of relating to the body coexisted in tension with one another. For some participants, being happy in the body was not so much about an attentive pleasure in the body itself as it was about simply finding the body liveable. This was achieved for some participants through strategies and work to direct their attention away from awareness of their bodies entirely. As a result, a theme to emerge in my analysis of understandings of and feelings towards the body was ambivalence and ambiguity, with some participants explicitly positioning their relationship with body weight and shape in a sphere of active and conscious detachment or compromise. For Jae, for example, detachment and being 'zoned out' provided respite from the urgency of dysphoria and embodied distress:

Jae: I'm definitely doing better than I was just because I'd, I- I just- I so I'm so zoned out all the time and I don't know whether it's because of my medication or I just can't deal with life at the moment. But like so. But kind of like that was my like dysphoria as well? Like I know it used to kind of make me feel just so miserable just seeing myself. Now I just don't look in the mirror so it's fine [laughter].

The nuances of the description of disconnection that Jae gives here are echoed in descriptions they gave of some of the beneficial numbness induced by restrictive food practices that they experienced. Similarly, for Rav, the ongoing work of bodily acceptance involved processes of disconnection and movement away from necessarily being consciously 'present' and aware of their body. This was expressed in the form of a feedback loop, in which deliberately moving away from conscious *awareness* of the body provided a means with which to accept it, which may at first glance appear counter intuitive.

Rav: [...] for me accepting my body, erm is actually about not being conscious of it [...] I don't think I can err accept my body, um but I do accept myself and-and I understand that it kind of works together, so I think my healthy point at the moment is just trying to define the balance really between uh compulsions and our needs, which are two different things and for me to balance my compulsions I probably need to stay away from things like mirrors and magazines, I have to stay away from visual stuff.

As noted earlier in this section, the participant Jennifer characterised her relationship with weight and shape, and with her body more generally, as a 'battle' throughout her interview, positioning it as, for her, one of the greatest challenges she faces. For Jennifer, acceptance and compromise was the closest it was possible for her to get at the time of interview to positive or pleasurable feelings. Importantly, Jennifer described this acceptance as necessary to the management of pain and distress about her body and its weight and shape, not as an end in itself, but as a means with which to aid her progress towards the ultimate goal of weight loss.

Jennifer: [...] that's the biggest challenge is getting to that point where you are comfortable with what you've got [...] there will yes as as I said earlier there will be things I will change in due course, but at this present moment in time I know I can't, therefore I've accepted what it is or what what I've got and just work with it.

As illustrated here, the kinds of orientations that participants differentiated from those they understood to be damaging, painful or harmful centred around a range of emphases. Geillis and Ashley expressed happiness, contentment and comfort in relation to the weight and shape of their bodies, while Jennifer, Lex and Luca emphasised compassion, healing, acceptance and gratitude.

This section has sought to begin to build a picture of the ways in which participants' relationships with weight and shape contextualised and contributed to different embodied practices, analysis of these patterns and the connections

between them rapidly became a question of seeking to understand the dynamic interplay between relationships and practices on one hand, and forms of bodily desire and labour on the other. Already, it should be clear that relationships with weight and shape for the trans and gender non-conforming people interviewed were complex, layered, non-linear, changeable, and profoundly informed by each individual's intentions and desires, and the parameters of their lives. In the two final sections of this chapter, I focus in greater depth on the significance of desire and intentionality in participants' accounts of their relationships with weight and shape, and how this informed the kinds of labour performed by participants in seeking to facilitate movement for themselves in desired directions.

First, however, I will focus in the section that follows on the different and sometimes conflicting and contradictory ways in which participants conceptualised and explained what 'health' meant for them. Discussions of health, well-being, and how participants understood these concepts represented context for their discussions of weight, shape, and different bodily practices and, as such, it is important at this stage to be attentive to the ways in which these concepts were defined and understood by the participants themselves.

[Health in tension: Participant understandings and models of 'health' and wellbeing](#)

What can be understood to constitute 'health' for a trans and/or gender variant body has, as discussed in Chapter One, been a highly contested question since the 19th century (Pearce, 2018). This period of time has also represented the increasing entanglement of questions of weight, shape and size with ideas around 'health', as illustrated most cogently by contemporary scholars working within Fat Studies and critical weight studies. These bodies of work have sought

to elaborate upon the ways in which fat has become synonymous with 'unhealthy', while thinness is conversely associated with health.

Outlining the 'Health At Every Size' (HAES) movement in a chapter of *The Fat Studies Reader*, Deb Burgard identifies health concerns specifically as prominent socially legitimised grounds for stigmatising and oppressing fat bodies (Burgard, 2009). The presence of a prevailing 'weight loss paradigm' (Bacon and Aphramor, 2013) is also reflected in the associations some participants expressed between 'health' and weight loss, and the experiences of others with BMI-related requirements that prohibited them from accessing gender confirming surgery until a specific weight loss goal was achieved. As contemporary critiques of the HAES movement itself have noted, the intensification of weight stigma based on 'health' imperatives is inextricably linked to the intensification more broadly of forms of 'healthism', medical surveillance, and neoliberal bodily discipline (Brady, Gingras and Aphramor, 2013; Gibson, 2021).

I sought in the interview schedule to find out what participants understood to constitute a healthy *relationship* with weight and shape, as opposed to what constituted a 'healthy' weight and shape, although participants often provided elements of both in their responses. Prevailing clinical definitions of healthy weight based on BMI were mentioned frequently across the sample, although perspectives on such definitions varied; while Callie drew on BMI as 'a good barometer to use' in understanding what health looked like for her, Jae rejected BMI outright – 'BMI is such a load of rubbish, like even when I was like thin I was still overweight like like according to BMI, ah- throw it out the window it's rubbish'.

On balance, more participants were critical of clinical and prescriptive models of health across the sample than subscribed to such models, with

criticisms emphasising the unrealistic ‘perfection’ of such models, and the lack of space within them for holistic and person-centred forms of care due to the implementation of a ‘tick box’ approach. Ashley’s descriptions positioned them within the space between these different ways of understanding health; weight loss was prescribed for the purposes of their health, while at the same time they experienced it as damaging ‘because I find it incredibly stressful ‘cause it doesn’t get me anywhere anyway’.

In departure from this model, some of the associations made with health emphasised feeling ‘well’ or ‘better’ in relative terms, where this was qualified in terms of being in a body that could move through and within spaces to the fullest capacity possible, and with as little pain and illness as possible. Exercise and diet came to bear upon these objectives but did not define health in and of themselves. Understandings of exercise and diet in and of themselves were also configured differently in such accounts; participants described physical activity outside of ideas of goal-oriented exertion or strenuous exercise, such as walking and building strength, and discussed mindful and intuitive eating in relation to diet and nutrition. Participants also characterised health as situated and contingent; in my conversations with Ry, Ashley and Brooke, discussion of food was contextualised within a landscape of ableism and limited capacity to access and prepare different foods, in which the difficulties these participants experienced were exacerbated by shrinking and inadequate access to personal care and support.

In relation to ‘healthy’ relationships with weight and shape, Jaime wasn’t sure these existed for anyone, cis or trans, but characterised the idea of such a relationship in terms of ease, comfort and self-acceptance: ‘it would be the the

y'know the the ability to present myself in the open to everybody exactly how I want'. For other participants, such as Callie, Arin and Daniel, health was defined in relation to the ability and desire to envision a future for themselves, particularly one they actively wanted to live. For some participants, a healthy relationship with weight and shape would be one of non-awareness, since positive awareness would to an extent be defined in relation to negative self-awareness; for Geillis, for example, 'a healthy relationship to body weight and shape is not fucking thinking about those things and just living my life, and I've not been allowed to do that'. For her, as for Ashley, the model of health imposed upon her, which was defined in terms of figures and a specific weight loss requirement, ran directly counter to her own understanding of health for herself, and the possibility of realising this.

As for Geillis, participants' definitions of health in terms of happiness and connection often existed in tension with previous notions of health that they had held, or conflicting notions of health that they encountered in other settings. For Lyri, for instance:

Lyri: [...] healthy surely means that the person is has a positive relationship with their shape and their weight and they know that they can take up space, and so that's what I think healthy is is the- [sigh] [long groaning sigh] -because the word 'healthy' makes me think of you know younger me who was like I've gotta you know train, build mass muscle mass you know be an athlete, whereas healthy for me now is someone who like I can move around in my

spaces, um physically w-without any physical pain or you know stress.

This understanding, towards which Lyri was consciously and actively orienting themselves at the time of their interview, was drawn primarily from social media figures and other online platforms that they had actively sought out. In terms of how they translated the messages they interacted with from these sources into their own practices, they described this as engaging with their body compassionately, which they contrasted with 'ripping it down, being horrible to it', and other ways of engaging with their body that were characterised by punishing discipline aimed at 'exert[ing] yourself into like a pit'. Lyri understood this to be closer to what they understood 'healthy' to mean, and also as being difficult, conscious work in that they were relearning fundamental ideas about what 'health' is and can be.

Brooke and Ashley were two other participants who made reference to rejecting and questioning received ideas of health that they associated with 'healthism' (Crawford, 1980) and medicalised fatphobia. For both of them, these experiences intersected with disability and their own alternative understandings of what it meant to be 'healthy'.

Ashley: I do kind of feel that they don't really take that into account sometimes doctors they're like 'oh you have to be a perfect weight' and it's like 'I'm never gunna be a perfect anything why can't I just be happy with what I am?' [Laughter]

Brooke: I definitely don't believe in owing anybody your health kind of thing because especially as a chronically ill person [...] I'm never going to be healthy like if I'm thin, if I'm you know bigger than I am now, I am never going to be healthy and my worth shouldn't equate to how thin I am kind of thing um but I think the level of healthy that we need to pay attention to is are you giving your body energy [...] I think it's just important to kind of encourage feeding yourself and looking after yourself and making sure that you're getting like what you need.

Luca was another participant who questioned what they framed as dominant messages and models of health in relation to weight, shape, and size, critiquing 'traffic light' markings on food packaging and what they experienced as medical surveillance of their weight. For Luca, trans experience represented one of the foundations for this critical engagement, and informed their desire for their body to be 'left alone':

Luca: I don't care like I don't want to be measured I don't want to be prodded and poked and d'you know what I mean I feel like e- especially as a trans person if anything like I've kind of done all of that like uh I've uh I've had a lot of that like don't poke me-

Felix: Yeah.

L: -like please leave my body alone.

Given the framing of weight and shape in much existing research in relation to health outcomes, disparities and inequalities, the inconsistent, shifting, and contingent understandings of 'health' to emerge in the interviews conducted for this research, and the profound investments participants expressed in these understandings, are pertinent to the analyses and discussions that will follow.

In shifting focus now to explore descriptions and discussions of distressing and pleasurable embodiment, gendered positionality, and weight and shape, I wish to hold this unstable set of definitions of 'health' in the frame rather than seeking to collapse it into fixed categories of 'positive' and 'negative', 'disordered' or 'coherent' embodied weight and shape. In doing so, I align my analysis with what Pearce outlines as an understanding of 'trans as movement', rather than 'trans as condition' (2018), in order to emphasise the ways in which participants' relationships with and practices relating to weight and shape represent the ongoing work of engaging with, mediating, and seeking to create space for the embodied possibilities of the self.

[Away, out and through: Weight and shape as resource in navigating distress and dysphoria](#)

As outlined in the first section of this chapter, some of the key characteristics that I identified in my analysis of experiences of embodied distress concerned specific forms of distress such as self-hatred and self-loathing as well as intense sadness and grief, and expressions of a sense of being stuck, trapped, and unable to escape. With this last, the expression of stuckness was most prominently framed, not in terms of being trapped within the body or escaping from it, but being unable to escape or surmount a specific set of conditions for embodiment, and being

trapped within moments of intense distress and pain, with no clear sense of a route out, through, or forward.

A prominent way that body weight and shape featured in these discussions of dysphoric and embodied distress was in the form of an embodied solution to a moment or state of crisis. One of the first indications of this pattern of meaning was the use of imagery and metaphor around experiences of embodied distress that constructed this almost as a space or state that participants sought to *get out of*, or *get rid of*. Commenting on their experience of dysphoria, Jae defined this as ‘an intense sadness but it’s it doesn’t feel like that you can *get out of*’, while Arin explained that ‘I detested myself so much that *I just needed to you know just get out of my head*, erm err in order not to be able to think about it because it was just such a big thing, such a massive thing’. Elena drew on language emphasising ‘getting rid’ of dysphoria as an urgent desire: ‘[...] money-wise, financially-wise it’s not that cheap but it’s when you get the dysphoria it’s something really really you sometimes are like I can pay everything just to *get rid of* this dysphoria’.

In my interview with Sam, I was struck by their descriptions of being ‘trapped’; they described moments of intense embodied suffering as being ‘trapped in the moment’ (a definition they were anxious to distinguish from the still-familiar trope of being ‘trapped in the wrong body’ (Engdahl, 2014)). In Sam’s account of the ways in which they experienced compulsions and impulses around the body, weight and shape functioned to provide a means of escape or (at least temporary) resolution, with the desire to engage in specific restrictive eating practices arising in response to intense episodes of dysphoric suffering.

Descriptions of moments of intense and distressing awareness of dysphoria-associated parts of the body illuminate the immediacy of this sense of

need: 'I wish that I could do something about that, like right now. Because it's right now that I'm struggling with it? And then [...] the desire that I have is I want to stop eating altogether and starve away all of my body fat because then I would be happier'. Sam expands upon this drive further in the following passage:

Sam: [...] I need something to give me at least like the idea or the illusion that I might be able to change this? 'Cause otherwise I'd feel really stuck in... like, I'm not sure I want to live this way? Without it, like without it actively making me feel suicidal, just like this sense of dysphoria sometimes can be so intense and so strong that, you know, it's I think it just like- it's hard to just sit with it and feel something so negatively so intensely, so I think it just comes out in, some kind of urge or desire to do something to make the situation better, and then that, you know, will still feel sometimes like, right, I'm therefore going to work out now or I want to not eat.

In the excerpt quoted above, weight and shape represent a set of resources with which to manage crises of embodiment in contexts where other solutions feel out of reach and where the alternative may be feeling suicidal. In the reference made here to suicide, Sam's descriptions bears striking parallels to Ruth Pearce's framing of hope and joy in terms of perceived possibilities, and suicidal despair in terms of the collapse of possibilities (Pearce, 2018, pp. 151–153). Specifically, the possibilities Pearce describes were those temporally oriented towards potential futures, with the sense of such futures receding or being moved out of reach catalysing suicidal despair.

The kinds of urges and desires Sam describes arise in response to the feeling of being 'stuck' within a disorienting, 'huge' and 'limiting' moment of pressure and suffering. In light of Sam's description of being trapped within a specific moment of overwhelming distress, the kinds of interventions, strategies and desires they described as arising in response to such moments can be understood outside of a framework emphasising escape or flight from the confines of the body. Instead, we can understand the embodied experiences described here by Sam as constituting the struggle to believe that 'I might be able to change this' and with the negotiation of forms of embodied compromise, ways of living within the body that were experienced as manageable. Where other possibilities collapsed in the moment, weight and shape became a site through which the possibility for change could be effected.

A driving motivation expressed here by Sam that I found paralleled in other accounts is the urgency arising from intense feelings of dysphoria and the need for some form of resolution in the immediate moment. Jo's explanations of the intersections between body weight and shape and dysphoria for them also drew on the sense of being stuck or trapped:

Jo: I'm not actually opposed to being fat, it's only because I hate being misgendered. For a while I used to be super skinny. I barely ate anything, I was a size 6. I had no hips and a much flatter chest. Some people said I looked ill but I felt great and was much happier with my body. Being light weight also made my periods much lighter and less painful, which was amazing. I hate my periods, they also make me feel dysphoric. When I'm heavier they are also heavier

and more painful which sometimes makes me hate my body and feel trapped by it.

Jo's use of 'trapped' in this context shares the kinds of nuances discussed in relation to Sam's descriptions of being 'trapped in the moment'; when understood in relation to the other considerations and factors they refer to, the expression of the experience of being 'trapped' draws attention, not necessarily (or not only) to entrapment within a body itself, as in the meaning conventionally associated with the 'wrong body' trope discussed by Ulrica Engdahl (2014), but to a context of limited choice and 'embodied possibilities' (Pearce, 2018), in relation to which both Sam and Jo draw on the language of being trapped.

As is illustrated here, the ability to mediate and manage physical characteristics and physiological functions such as menstruation was a prominent factor in relation to the question of body shape and size for Jo. They also discussed wanting to find out if weight loss 'might alleviate my dysphoria because I know that my cup size reduces when I lose weight. It might be possible that significant weight loss would be enough for me to cope with my chest and avoid the need for surgical interventions'. Jo's reflections on the possibility of avoiding surgical interventions were informed by their awareness of the fact that they would be considered a 'high risk' surgery candidate due to their mobility and other health conditions, in addition to which they anticipated their weight being a prohibitive factor. They also discussed the impact of the lengthy wait to access gender affirming care in their interview, a factor that I discuss in greater depth in Chapter Six.

For Jo, weight and shape represented a pathway of action that was more readily accessible to them than others, where combinations of ableism, gendered bodily norms, and medical fatphobia meant that these others were fraught, limited, and uncertain. In these contexts, the obstruction of possibilities in terms of gender affirming care and recognition from others produced a separation of the body's shape and weight from the self, as a set of embodied resources that it was possible to manipulate or mould in an effort to create or envision desired gendered and bodily possibilities.

Jae's description of dysphoria, as an 'intense sadness' that 'it doesn't feel like you can get out of', contextualised their description of some of the physiological effects of restrictive practices that, for them, were a means with which to escape from or numb the immediate impact of particular kinds of pain and distress that were associated with being present in the body.

Jae: I mean there- there's there's other, there's like you get this feeling of numbness that comes with it where you're like you're so out of the world cause you've not got enough energy to keep your brain going that like nothing really matters as well. And that helps [laughter].

This excerpt reflected other points in conversation where Jae made reference to disconnection as a strategy in being able to continue; they described avoiding mirrors, for example, and coping with dysphoria through dissociation because 'if I'd continued feeling it I wouldn't have been able to cope'. As indicated above, the physical effects of restrictive practices facilitated an ability to feel removed

from the immediacy of these embodied feelings; it 'helped' to experience the numbness resulting from low energy and restriction. I interpret 'helping' in this context as referring to the ways in which the physiological and mental effects of restriction and weight loss represented a means of relief and escape from what was experienced as an intolerable state.

For both Sam and Jae, engagements with weight and shape at times represent the promise of a way out, specifically a way out of moments of intense and intolerable suffering that they characterise as feeling inescapable. Cycles of bingeing, restriction and weight control were also understood as a response to crisis by Sarah. Reflecting on periods of intense binge eating and subsequent restriction and fasting soon after she came out as trans, she commented that:

Sarah: I think it was connected to like self-hatred around kind of my- the dysphoria and my body and like my gender issues 'cause it was all just coming to a head really um and then when erm yeah during the summer I was yeah kinda like rebounded and was restricting was like fasting for multiple days at a time trying to lose as much weight as possible just, I mean I think just to like it made me feel in control and moving my body in the correct direction.

For Sarah, weight and shape represented a means with which to respond to and deal with things 'coming to a head', and also represented a means of facilitating movement – movement *forward* in her case – and change in the 'correct' and desired direction. The possibility of movement in this desired direction is

emphasised in Sarah's description in relation to the possibility of feeling in control of the possible bodily trajectories open to her.

In her interview, Geillis expressed a similar understanding of her past relationship with food and eating, explaining that 'I used to really focus on body weight as one of those things that I had some level of control over, like the trans story of like I can't do the thing I want so I'll do this other thing and like maybe not be very healthy about the way that I relate to food'. In this description, the significance of weight and shape as an accessible means of control and change *in the absence* of other options comes more explicitly into focus.

While the language of being trapped or stuck was literal in Jo and Sam's interviews, there were other examples from across the sample that I interpret here as indicating stasis, stuckness, and the inability to move 'forwards' or in desired embodied directions. What Luca described in their interview as being in a 'slump' entailed a closing in of possibilities to the fullest extent, in that their internal monologue during this period insisted that 'I hate my body, I'm never going to look how I want to look, and if I was supposed to look that way I would be born that way and it's you know it's impossible I'm not going to survive to be that'. As a distressed and dysphoric state, being in a slump led Luca to question 'why bother like why bother working out or why bother buying nice clothes or anything like that'. The experience of sinking into a slump, and the collapse of embodied possibility, expressed itself in withdrawal from motion and action in the feeling of 'why bother'. In Luca's description, desire recedes under the weight of this sense of impossibility.

Luca's description of being in a 'slump' struck me as similar to Daniel's discussion of his cycles of 'falling out' from his weight training routine, cycles that

Daniel described as being intricately, but not causally in any straightforward way, connected to his experiences of dysphoria. Daniel also characterised these cycles in terms of an internal monologue concerned with ‘self-belief and you know will you like ever get to where you want to get to?’ and ‘oh well you’re never gonna get there anyway ‘cause you keep falling off you keep doing this’.

The viability of weight and shape as a means with which to seek escape and get relief from aspects of dysphoria varied across the sample. Callie, for instance, reflected on points in her past when she felt that ‘if I lost lots of weight I could ‘minimise’ my bad features and try to slim down and get smaller’, although elsewhere she commented that ‘[f]or weight I think I can get where I want with some work, but I’ll still have the same body flaws so it sometimes feels like it isn’t worth it’. The value and ‘point’ of engaging in a range of physical interventions, including engagements with weight and shape, are considered in relation to the possibility of surmounting or changing what Callie identified as dysphoria-associated physical ‘flaws’ with the ultimate goal of ‘getting to’ where she wanted to be.

The examples discussed here have emphasised participants’ understandings of their weight and shape-related practices and desires, specifically as these related to distress, pain, and suffering. The emphasis in these accounts has been on the possibility of moving the self away from or out of distress through engagement with the body’s weight and shape. In examining this pattern, the significance of the desire to ‘get there’ or reach a desired embodied state is often powerfully present alongside desires to ‘get out’ or away from distressing embodied states. In the following section, I will be focusing on points in the data where participants expressed relationships to and engagements with

the weight and shape of their body that were centred around their desires and hopes for movement *towards* rather than away from forms of embodiment.

[Towards and into: Labour and desire in relationships with weight and shape](#)

While participant descriptions of the ways they navigated and managed forms of embodied distress and suffering intersected in important ways with gendered positionalities and subjectivity, this was also true for discussions of relationships with weight and shape that centred experiences such as healing, contentment, happiness, and joy in and about the body. In some interviews, exercise was discussed as a tangible means with which to work with and upon the body in order to move towards connection, recognition and self-actualisation. In others, the work of reframing is a prominent theme; many participants described the kind of conscious work involved in refusing or mediating against harmful ideals or interpretations of their bodies, with the aim of forming relationships and ways of viewing the body that were grounded in compassion, care and healing.

Understanding these processes is crucial in forming adequate models of trans and gender non-conforming embodiment and the role of weight and shape, highlighting as it does the potential inherent in the kinds of negotiations and reframings already being engaged in by trans and gender non-conforming people, and by drawing attention to what can be done to create space for and foster these processes. Sam characterised these experiences as ‘gender euphoria’ which for them provided ‘a gateway into actually realising you are trans, that the validation that you can experience about aspects of gender, gender identity, and gender performance, can be much stronger and much more important in your experience and in your journey of realising your own gender’.

The imagery of the 'gateway' is significant here when considered in relation to the themes identified in discussion of distress relating to means of movement, escape and relief, and the desire for and labour towards connection and pleasure. Participant expressions of pleasure, connection, and recognition coalesced around identifications of means and routes *towards* such experiences. The means and routes with which I am concerned here are those related to the weight and shape of the body.

A significant theme to emerge in considering this question was the role of exercise and goal-oriented physical training for some participants in providing a means with which to build what they considered to be, and described as, positive or healthy relationships with weight and shape (the nuanced and varied meanings of which are explored earlier in this Chapter, under 'Health in tension'). Daniel was one participant whose interview centred around the ongoing development of his relationship with his physicality through weights-based training. He described the relationship between engagement with the body and dysphoria in terms of cycles and feedback, although for him this centred around particular forms of physical training and diet as they related to shape and size rather than weight. As I discussed in the preceding section of this chapter, cycles of 'falling out' were reflected on as being intimately (though not causally in any straightforward way) related to periods of dysphoria.

'I've always uh it's always fluctuated in terms of my feelings towards myself, if I stop training and fall out of a sort of routine then that pretty much directly affects my mental health and my dysphoria um definitely brings those up and yeah so if I'm consistent and I'm

enjoying myself and you know doing what I need to do sort of on schedule then it's yeah then things improve rapidly.'

For Daniel, adherence to demanding physical training regimes represented a source of positive self-image and, in his characterisation, self-creation of a kind. One aspect of this that he reflected on was the desire to look 'actually like an adult'. When asked further about this point, he linked it to the feeling of 'making up for lost time' and playing catch up to his contemporaries who he sometimes felt were 'ahead' of him in terms of physiological development. Physical training, in this regard, contributed for Daniel to the closing of what he experienced as a temporal 'gap' of sorts between him and cisgender men.

Training and working out were framed as therapeutic by Daniel and Arin; both participants emphasised the significance of physical exercise – specifically in the form of rigorous weights-based training – in terms of the intertwining of the physical, the mental, and the emotional. For Arin, while the aesthetic aspects and objectives of training were prominent, these were frequently described in terms of the desire to inscribe aspects of the self, that were experienced as *internal*, onto the body's *exterior*, in ways that were informed by Arin's desire for distance from the designation of 'freak', but were also deeply connected with the struggle for, and the ability to tangibly recognise, a sense of love, respect and connectedness with the body. In this sense Arin walked a delicate tightrope in relation to embodiment; the kinds of movement away and escape from designations of freakishness that weight and shape facilitated were tempered by an awareness that *too much* movement in this direction before Arin accessed

gender affirming surgery may *reinforce* rather than dispel the kinds of interpretations that Arin's body may be subject to.

Arin: [...] the goal is to be bigger, stronger, erm not freak. Erm but so I want the my- the insides, my- you know, me- [...] I want me to be big, inside, I want my personality, I want my relationship with me, to be big [...] and I want my body to match it, whereas before, my body's always been big, but my personality is just uh you know, wallflower [...] and then my inside, my relationship with myself is is negli- is negligible, it doesn't exist, it's just it's just hatred. Um but I want to I want to love me, I want to learn to love me, um and I want that th- loving of myself as evidence 'cause I'm loving my body uh you know, externally too.

For Arin, the process of moulding the body constituted physical proof of the process of building a relationship and connection with the self. For both Daniel and Arin, engagement with specific forms of weight and shape-focused training facilitated *forward motion*, and movement towards a desired goal, image, and embodied future. The layers of this for Daniel centred movement towards a sense of adult life for himself, and the ability to recognise and see himself, while for Arin the drive *towards* was motivated by the desire to externalise inner felt traits, strength in particular, and represented a means with which to tangibly exercise love, care and attention upon the body. For Arin, these engagements also facilitated escape from a form of othering 'freakishness' over which Arin did not have a sense of control.

At other points in Arin's interview, modes of dress and comportment appeared to hold different kinds of potential in shaping the presentation of the body and how the body would or could be received by others, as in the excerpt below in which Arin refers to tapping into a 'fuck you and fuck off' attitude.

Arin: I wore this massive long sort of pirate's coat and my leather cowboy hat and my huge boo- black boots- ... and I walked through [UK city] with absolute confidence, you know. Um and I loved that, it was the first time I've actually felt that-

Felix: Mm.

A: -like I was, I was presenting myself the way I wanted to be be seen-

F: Yeah.

A: -erm and that w- that was quite empowering. Umm yeah so-

F: What was it about that you know those those items that kind of way of being of being put together and then you know walking through uh spaces, was it about like wearing particular things that make you feel-

A: I think um it just it it gave me the fuck you and fuck off attitude, basically.

For Elena, diet and exercise regimes were also of great personal importance in relation to discussion of body weight and shape; in discussion of her specific food and exercise practices, Elena reflected on the significance of coming out and

beginning transition in terms of having motivation and purpose to 'look after herself':

'let's say because I didn't came out so I wasn't really happy with my body? [...] I hated my body so I didn't treat it treat my body well [...] but when I start love myself, be unselfish about myself, I came out, that's totally changed, I'm more connected to my body and I want to take care of my body'

There was an evident investment in Elena's recollections in a specific kind of 'healthy' body, and an alignment of fatness with unhappiness and self-neglect that reflects some of the cultural associations with fat identified in feminist and critical weight studies (MacInnis, 1993; Lupton, 2018). Of interest in accounts such as Elena's is the way in which the experience of gaining access to means of connecting with, inhabiting, and loving the physical self was intimately intertwined with her establishment and maintenance of specific bodily regimes. Of all of the food practices discussed across the sample, Elena's were the most uniform; she described a meal plan that was adhered to every day, which was designed to align with her gym routine, and which she had decided upon specifically based on the reliable weight loss it resulted in for her.

Elena: I keep eating the same thing every day for two years now-

Felix: Mm.

E: -okay, every day the same portion, no change, not in time, not in amount, not in qu-quali- quantity or quality.

For Callie, coming out and transitioning specifically enabled her to ‘aim for a positive future’, and she identified maintaining a healthy weight, as opposed to her past experience of restrictive eating as a form of self-harm, as an important part of this. She contrasted this with being younger, when ‘I didn’t see a future for myself and ended up not really caring about what happened to me or what I did to myself’. The ability to imagine this future changed Callie’s feelings towards her body in ways that made ‘a healthy weight’, rather than thinness, feel like more of a priority, and she connected this to her moving away from restrictive eating practices. Although this was the case, Callie still described a specific ideal weight that she was aiming to get to, which she thought may be possible ‘with some work’.

The bodily labour that issued from different desires comprised, in some cases, forms of goal-oriented body work – training regimes, for example, or tailored diets. For others, desire was not fixed on a particular image, but rather was associated with the ability to experience contentment, acceptance, or healing, and pertinent forms of labour in these cases related to participants’ internal processes, in terms of the strategies and tactics they discussed using to shift, redirect or reframe their self-perception in order to find ways of existing within their bodies and cultivating what they understood to be healthy relationships with weight and shape. In discussion of the fact that they couldn’t imagine finding a therapist or counsellor who would be able to support them in exploring the intersection of their transness *and* their disordered eating, Sam described these processes as ‘inventing the wheel’.

Lyri's description of this active work is communicated in very literal terms, with their relationship with their body characterised as a 'work in progress [...] and I mean that in the sense that I've worked to accept the body that I have, um I had to break down a lot of um... not issues but I had to break down a lot of hang ups that I had about my own body'. Lyri discussed the active and conscious work of refocusing their attention away from the thought processes they associated with their younger self of 'I've gotta you know train, build mass muscle mass you know be an athlete' to a relationship with their body that centred around the ability to move around without pain or stress, seeking to foster a less punishing relationship with their body by 'just walking, thinking, and engaging with myself in that way'. Lyri's descriptions of this work were interwoven with their discussion of the work that had gone into and continued to go into recognising and being able to enjoy their body as a valid non-binary body in a way that didn't depend on its being a specific shape, weight or size:

Lyri: [...] I felt that my body was like against who I was, for a very long time and it's taken a lot of like [sigh] I think I suppose educating myself and unlearning that negative behaviour of having expectations that you don't have to reach-

Felix: Mm.

L: -um because my body is still a valid non-binary body? I think that's that's what I've had to learn myself.

The work of actively and consciously reframing the relationship with the body took various forms. The strategies discussed by Jennifer for moving away from a

relationship with her body's weight, shape and size that was characterised by unhappiness were marked throughout her interview with language of fighting and battles, a process of 'fighting the corners and getting there slowly'. Self-acceptance was emphasised by Jennifer, but was also fraught; there was 'no real sort of space or situation where I feel good about myself', the closest thing that she expressed was that 'I'm happy with how I am and that's as close as I can get to anything at the moment [...] how I am in my head and how I look are for the time being anyway as close as they're gunna get and therefore, yeah I'm happy internally'.

Reaching this point, for Jennifer, was achieved through the cultivation of a focus on her own perception, identifying and appreciating 'what you've got' in terms of specific physical features, and ignoring the perceptions of others as far as possible by building a 'high wall' around herself in order to 'be happy internally with who I am and don't care about everyone else as much as possible'. Acceptance of a kind was also achieved through the integration of remoteness and distance into the kinds of futures and trajectories Jennifer imagined for herself:

Jennifer: [...] having now taken the steps I've done generally I feel good about myself because I'm becoming who I'm now I- well I'm not becoming Jennifer I am Jennifer in in all shapes and form obviously it's slow progress but I've accepted internally that it will take years and i- nothing's gunna happen quickly and as long as I'm doing everything I can do mentally and physically to keep going and transitioning then there's nothing else I can do so generally I

would like to think I am always in that space or situation, because that's that's the biggest challenge is getting to that point where you are comfortable with what you've got [...] body size and weight and image it's just sort of fighting everything else internally and yeah, it's [deep breath in] it's it's hard and basically you have to be quite strong-willed to sort of keep going and carry on and ignore it to a- well not ignore it but keep in the back of your head it will get better.

For Sam, being able to make connections between dysphoria and urgent desires to change their body via diet or exercise provided a crucial means with which to understand and 'speak back' to impulses they understood to be potentially harmful to them. One important aspect of this was the fact that they were able to reframe such desires and compulsions in terms of the desire to move *towards* something, rather than in terms of 'wanting to reduce myself to being less.' Instead, they were able to understand and respond to compulsions around specific practices and behaviours in terms of the desire to 'do something to make the situation better'.

Sam: [...] the desire that is still there that I feel sometimes actually feels like a positive one because it is an impulse of wanting to do something about the dysphoria that feels so bad.

Felix: Mm.

S: And then, I can use my adult rational mind of saying... that's a, it's a it's a desire and impulse of wanting to do something positive,

wanting to do something that is going to, like, improve and change the negativity that I feel right now in like this trapped dysphoria.

Reframing the motivating factors in this way opened up corresponding possibilities in terms of actions, practices and behaviours; 'so rather than thinking I want to eat nothing and like do four hours of cardio so that like my chest hopefully melts away, erm, I will turn that into I want to gain strength and have like more muscular arms 'cause I think that would be really sexy or might even help me pass and it's like positive thing and I want to eat something really healthy so that erm I can feel good in my body'.

For Alfie and Lyri, processes of reframing also centred around the cultivation of alternative ways of conceptualising and engaging with the weight and shape of their bodies. For Alfie these shifts were catalysed by a medical diagnosis, one of the outcomes of which was their having to change the way they interacted with their body, and with their body weight specifically. In light of this diagnosis, Alfie worked to redirect their attention away from weight loss and towards doing 'what I can to kind of like take care of myself so I'm kind of exercising more just to feel better? And to um be a bit stronger? Because again with the [health condition], I was getting weak to the point where I was struggling to make it up the hill to the house I was living in, um a few months ago, and so I wanna be able to like go to places and do things, and I wanna yeah feel better and I want to feel less pain in my body'. For Alfie, weight loss represented a form of anticipated 'instant gratification', in the sense of providing an immediate sense of relief from embodied distress. Seeking out more effective relief was harder work, but directed them away from the kinds of restrictive eating and exercising

practices and behaviours that they associated with this form of gratification and relief.

Efforts to reframe and work with relationships around weight and shape emphasised pleasure, hope and joy in some descriptions; for Ruba, for example, this was literal – ‘I manage my negative relationship with my body by reminding myself that there is nothing I want to do to change my body shape/weight. For example, I could eat healthier and exercise more but eating crappy food and not exercising brings me more joy than doing the former’ – while other accounts were more centred around compromise and liveability. For Geillis, strategies of reframing were described alongside those of compartmentalisation, disconnection and ‘saving things up for later’. She mentioned spending time reflecting on and understanding the impact of her prescribed weight loss, which was not an unequivocal success, although it did help her to feel less hopeless and able to move herself away from a position of ‘you have to lose this weight and that’s gunna be really difficult, and you’re not gunna get anything nice until that’s happened’ and towards ‘being okay right now and making nice things happen in my life’.

Geillis’ strategies represent the temporal significance of relationships with weight and shape across the sample with particular clarity; the imposition of a weight loss requirement in order to move forward with a specific aspect of gender affirmation catalysed the closing down of other possibilities in her life more generally – this was experienced as the closure of avenues to ‘anything nice’, and the embodied impact of this indefinite deferral existed in tension with the need to be ‘okay right now’. For Geillis, conflict between a deferred future and a

necessary present impacted her ability to imagine and access pleasure in the latter.

As illustrated by the findings presented here, efforts and desires to move *towards* embodied states were defined in different ways across the sample. Some forms of labour were directed towards the opening up of space and possibilities for pleasure and joy in the body, while others were oriented more towards harm reduction and the ability to reach liveable compromise with the body and its weight and shape.

Conclusions

The purpose of this chapter has been to introduce and deepen a sense of the ways in which weight and shape featured in participants' experiences and descriptions of embodiment and how gendered positionalities came to bear upon these experiences. In the first two sections of this chapter, I sought to delineate the ways in which different embodied states and understandings of health contextualised bodily practices. The second two sections of this chapter have centred on my illustration of the significance of movement and stasis in participant discussions of their relationships with weight, shape and size. Behaviours and practices related to weight, shape and size arise in participant accounts in ways that draw attention to experiences of becoming 'stuck' in distress and seeking movement out of or within that distress, as well as to experiences of movement or labour *towards* pleasurable forms of embodiment, and strategies of compromise concerning movement towards and away.

These forms of movement coalesce broadly around mechanisms of escape, flight and relief; in response to crises of embodiment experienced as

intense and inescapable dysphoria, pain or distress, weight and shape represented a means with which to escape such 'trapped' moments or embodied states. Such moments of crisis are intimately linked with the realm of the social, and with the ways in which cisgenderism and the sexed and gendered interpretations that come to bear upon the body's weight and shape are encountered and interacted with. Understanding emotions, behaviours and practices around weight and shape as being connected to the possibility of manoeuvring the self opens up new ways of conceptualising the relationship between such experiences and gendered positionalities.

Here, I have endeavoured to illustrate some of the ways in which weight and shape acquired specific significance and meaning in my interviews with participants, in relation to experiences of trapped- or stuck-ness and the capacity to 'move' or change the body in desired and needed directions. Such analyses help us to make scholarly sense of navigations of dysphoria and distress, and of the meaning and substance of concerted labour towards desired embodiments, futures, and relationships with the body's weight and shape.

In such a framework, weight and shape related behaviours gain sense and meaning as embodied resources drawn upon by participants in order to shape and influence their experiences, and to shape the kinds of recognition available to them, and gain meaning as a comparatively accessible embodied site of autonomy and control, which acquire specific significance in the context of participant navigations of various areas of their lives – healthcare, the perceptions of others, transphobia – in which their sense of autonomy and control is limited or unstable.

These processes were often intertwined with descriptions that foregrounded the significance of *social* forms of dysphoria. These discussions highlighted the kinds of pressures relating to body weight and shape that participants identified as arising from interactions of various kinds, and the limits, pressures, and openings arising from different interactions in terms of the embodied possibilities available. It is towards these aspects of embodiment in relation to weight and shape, contextualised explicitly in relation to social spheres and the perceptions of others, that I now turn, in order to examine them in more depth.

Chapter Five – Opening up/closing down: Expectations, pressures, and possibilities

[...] agency and desire are imaginatively adapted through intersubjective validation by others and the social contexts in which people find themselves. There is a relationship between the body that is objectified and the gaze of significant others' (Davy, 2011, p. 170)

Introduction

In Chapter Four, the significance of motion and stasis were identified as prominent in participants' descriptions of their relationships with the weight and shape of their bodies, and the kinds of behaviours and practices that emerged within the context of these relationships. In tracing the kinds of weight and shape-related behaviours and practices that participants described, some of the functions and meanings of different engagements with the body began to emerge. Weight loss and the desire for thinness feature prominently in the data, alongside specific goal-oriented physical regimes, medically mandated weight loss, and the pursuit of bodily 'health' (with multiple and in many cases conflicting understandings of what this constituted). Behaviours and practices motivated by the desire to punish, discipline, control or escape the body emerged alongside actions and processes motivated by desires for compassion, kindness, care and connection.

As well as representing a means with which to exercise control over the self and to forge new possibilities in terms of participants' individual relationships with their bodies, weight and shape also represented a means with which to exercise control over the lived conditions of the self. The key features explored in

this chapter are those that arose in connection to participants' experiences of moving through the world in a body designated and, for many participants, (re)claimed as trans. In relation to the perceptions and interpretations of others, weight and shape represented means with which to shape and influence the experienced and anticipated (mis)recognitions of others. These navigations were situated precariously in the positions that participants identified for themselves 'between', outside of, or in conflict with highly gendered 'ideal' bodies and body types.

In these navigations, thinness carried a specific kind of promise for a number of participants; this promise consisted of the ability to seek and gain proximity to the kinds of value associated with thin bodies, sometimes in ways that participants explicitly understood as functioning to balance out the devaluing of trans and gender non-conforming bodies. For some this took the form of bringing them closer to being cisgender-appearing to others or provided a means with which to achieve the coherence or 'put-together-ness' of cisgender people, while for others thinness represented protection from forms of ridicule and, specifically, transmisogyny that were associated with being visibly trans or gender non-conforming, or provided access (or the anticipation of access) to validation and affirmation from others that participants could then internalise.

The kinds of interactions and perceptions that participants made reference to covered a broad range of differing spheres of life, from intimate relationships with partners and friends, to the workplace, to movement through various kinds of public space. In many interviews, the beneficial impact of interactions in one sphere functioned as a kind of protective foil against the harmful impact of experiences (and/or anticipated experiences) in others, with both of these

informing the possibilities available in terms of ways of thinking about and experiencing the weight and shape of their bodies. The unknown perceptions of strangers and people encountered in movement through public space loomed especially large in relation to the significance of weight and shape for many participants, acutely aware as many were of the kinds of immediate meanings read into their bodies in passing interactions.

I seek in this chapter to explain and propose means of understanding the interactions between the kinds of embodied movement that participants anticipated, experienced or desired in relation to their trans and/or gender non-conforming experience and positionality, the kinds of obstructions or facilitators of embodied movement that participants experienced in their interactions with the worlds around them, and the significance of weight and shape in the management of these spheres.

[In/visible positions: Social dysphoria and gendered physical ideals](#)

As is indicated in Chapter Four, analysis of the intersections between participants' gendered positionalities and experiences, and their relationships with the weight and shape of their bodies, highlighted the complex interplay between perceptions of the self and the way the self is perceived by others. In the 2010 book *Assuming A Body*, Gayle Salamon characterises this interplay as a feedback loop within which an internal, felt sense of dysphoria 'becomes amplified as it circuits from [the] body to the gaze of an external world that is brutally hostile to gender ambiguity to become internalized and incorporated as a part of [the] gendered self' (Salamon, 2010, p. 117). In Salamon's circuitry, the hostility of the external world places boundaries and constraints on the possibility of pleasurable embodiment

and (re)produces forms of distress in relation to the body. In this theoretical framework, this circuit forms a crucial aspect of what can be thought of as trans or gender non-conforming positionality; the act of seeking to escape or break circuits of these kinds can be seen reflected in participants' reflections on the difficulties of managing the way the perceptions of others informed their own relationship with their body and its weight and shape.

Brooke and Jo both reflected on the difficulty of managing the gap between an intellectual understanding of the validity of different kinds of bodies, and the emotional and psychological realities of living day-to-day in worlds that did not reflect this. In Brooke's discussions of dysphoria, their expression of the impossibility of identifying clearly what feelings resulted from dysphoria and which from fatphobia meant that discussion of either one drew on or referenced the other, and their discussions of both were firmly aligned throughout the interview with the social sphere.

'[...] a big part of it for me is about kind of you know reading as a lot more of a non-binary person to other people um and unfortunately I think that's the case for a lot of trans people is as much as we kind of can understand that anybody can look however which way and can you know identify whichever which way and we can you know um respect that and you know c- you know work with that kind of thing, unfortunately a lot of dysphoria is caused by social dysphoria'

For Jo, fatphobia intersected with their experiences of being misgendered in ways that made the two difficult to separate:

'As a fat person I am curvy I have wider hips and a G cup chest. I feel like people see that and automatically think I'm a woman because I fit the shape that they expect of a woman [...] Maybe if we lived in a world where people's gender wasn't assumed based on how you look then I wouldn't spend all this time hating my body and wishing I could change it. I'm not actually opposed to being fat, it's only because I hate being misgendered.'

The interpretations of others impacted powerfully upon the ways in which Jo was able to see themselves and, more specifically, the possibilities they understood as existing in terms of their feelings about the weight and shape of their body. These interpretations are based in both experience and anticipation; Jo's view of their body's weight and shape was shaped as much by what they thought and felt other people saw, as in what they knew definitively through experience, and they situate this explicitly in terms of worlds of possibility – in another world, Jo speculates, it might be possible not to 'spend all this time hating my body and wishing I could change it'. In *this* current and present world, by implication, these things are experienced as an impossibility.

Brooke made connections between fatphobia and misgendering that paralleled some of Jo's, echoing their frustration with the sense that 'no matter how like masculine I dressed or anything like that people're just gonna read me a particular way, in society um because of the way I sound and because of the way like the weight sits in my body kind of thing'. Participant reflections on the question of being seen and understood overlapped in many cases with

navigations of sex and gender norms in relation to the body, specifically as these applied to weight and shape. For Brooke, who discussed the intersections of fatphobia and dysphoria at length, this was an intersection that they linked to such norms.

‘[...] people will see like a certain body type and go ‘that’s a woman’, see another body type and go ‘that’s a man’ and I think that needs to also be broken down before we’d be able to be kind of whatever size an’ not have to worry about you know the dysphoria, the that kind of like you know body fat can cause kind of thing’

Alfie described these connections with the analogy of a dog at the end of a lead: ‘if I see someone in the park and they’re, they’re holding a lead, I’m probably going to expect that whatever’s on the end of that lead is going to be a dog, right? [...] And I think that there’s kind of like a similar thing with bodies in that my brain kind of like expects if I look in the mirror that I’m gunna see erm I don’t know a certain kind of body’. In addition to the kinds of pressures and expectations generated in interactions with other people, Alfie attributed these expectations to the internalisation of sets of overlapping ‘references’ that concentrated around specific ideals and images, which he described trans bodies as being caught between:

Alfie: [...] so like maybe you can’t fit yourself into like your ideal kinda male reference um because you got this going on [gestures to chest] um so you try and fit yourself into this [larger male

reference], and if you do that it might make you and you know if you've got negative associations with being a large size, um which again like a lot of people do I think, erm then you know it might- you might start feeling like you're in *this* set of references when you might actually physically be closer to this set and you're kinda like torn.

The tensions arising from being caught between powerful body and physical ideals were also identified by Jennifer, who commented that 'if you're overweight then you get uh no matter if you're male or female people comment on you, and it's even it's even worse for- well even my limited experience of it so far, it seems to be far worse for us transitioning because we don't quite fit male body shape but uh we then we then don't fit a female body shape either'. Here, Jennifer identifies more explicitly the ways in which being positioned as a trans woman intensified the kinds of negative evaluation directed at her body. For Jennifer, the visibility of her body and its transness, and her awareness of the appraisal of others, were very present throughout her interview, and she drew on the language of 'passing' in places to articulate the kinds of reaction she sought to mediate:

'[...] my weight's sort of my image – obviously 'cause I'm trying to sorta pass as a woman – erm is even more so 'cause at the moment I'm not remotely feminine and yeah, it's constantly on my mind of what do p- even though I shouldn't care what people think and what

people say, I do and yeah it's it's a constant battle of trying to not be completely upset and distracted by what what I look like.'

Jennifer's concerns were related to looking like 'a prick or an idiot,' embarrassing herself, or standing out like 'too big a sore thumb,' concerns that were linked both to her own self-esteem and wellbeing, and also to her sense of the implications of visible transness for her loved ones, particularly her children:

Jennifer: I'm always aware of how I how I come across, and how it affects other people and like I said before, even when I go to sort of [inaudible] or town or wherever with my my children, I still sort of in the back of my head think 'are they gon- are they okay? Are they- is something gunna happen to them because somebody's gunna say something to me or do something?' and so far, in the last four months I've only had one actual attack erm of by being who I am [...] I knew something would happen at some point, erm 'cause I'm not naïve enough to know that somebody wouldn't say something at some point, so erm but I do constantly think how I'm affecting my children when I'm out.

Reflecting on the attack she makes reference to in the quotation above, the reference made to there having been 'only one actual' attack in the space of four months is striking, indicating as it does the level of abuse that Jennifer clearly anticipated in public. In reflection upon this incident, she expressed gratitude that it was 'nothing more' than teenagers calling her names and throwing plastic

bottles at her; in the context of the estate she lived on, she had imagined and anticipated more serious harassment and violence. Jennifer experienced public space as a fraught arena in which ‘unless you are blessed with a female body shape to start with and a a female face and a female voice, you will stand out no matter what because you don’t sound right, you don’t look right.’

Jennifer’s fears are supported by her own experiences, and also by research such as that conducted by Kristin Broussard and Ruth Warner (2019), which highlights the hostility and violence that is directed towards visibly trans and gender non-conforming people due to the perceived threat such bodies pose to essentialist sex and gender norms. Her concerns are also paralleled in the 2017 Trans Report produced by Stonewall (Bachmann and Gooch, 2018); discrimination and harassment were reported in spaces such as cafes, bars and restaurants (34%) and when accessing housing (25%) or social services (29%), while 48% reported fears around using public toilets, 44% reported avoiding specific streets due to safety fears, and 40% of surveyed trans people adjusted their dress and appearance based on fears of discrimination and harassment.

Callie described an uncomfortable self-awareness in public or unfamiliar spaces that paralleled Jennifer’s in some respects; in spaces where physical appearance was immaterial, such as at home in her own space or with friends, she described feeling comfortable and less self-conscious in relation to her body. By contrast, ‘if I’m in an unfamiliar environment or one where there are lots of people that I don’t know I become extremely self-conscious and nervous about how I appear.’ For Callie, managing the perceptions and interpretations of others involved the conscious management, positioning, and orientation of her body within spaces:

'I try to avoid attracting attention and often stick to the sides/corners of rooms to avoid being in the middle of lots of people's gazes and hiding the features that make me dysphoric through things like make up, dresses that flare out from the waist down and trying to keep my shoulders back to make them appear a little smaller, fringe swept forwards and using more feminine mannerisms. I guess this is because I have no idea what attitudes that strangers have towards trans people so I often feel unsafe in public when I'm alone.'

Callie's descriptions here of her strategies for managing visibility emphasise spatiality; to be in the *middle* is to be caught within many gazes. Edges and corners of a space represent greater safety; these are positions where she can avoid unwanted attention. Being and appearing smaller also made her feel safer.

Jaime also discussed the kinds of options that were perceived as being available through the lens of the social and of public space, commenting that 'I just think from a sort of public perception um I'm happy to give myself a relatively [SIGH] easy time of it even if that does mean that I potentially sort of suppress a few things?' Jaime's perception of the relative safety of an 'easy time' was contrasted with the imagined experience of moving through the world in the ways Jaime would ideally like to: 'if I went down the street looking like that f-firstly I don't have anywhere near the confidence to do something like that and and secondly I'm sure I'd get beaten the shit out of me on a daily basis so.'

For some participants, access to queer and trans spaces and communities provided relief and possibility. This was certainly not universal, however, and participants commented upon the kinds of ideals and pressures they experienced from *within* queer and trans communities as well as from outside of them, which I will discuss in greater depth in Chapter Seven. In the following section, I address the meaning and promise of thinness and weight loss for those participants who expressed a desire for or investment in it as a bodily state.

Value and validity: The frustrated promise of thinness and weight loss

As indicated in Chapter Four and the present chapter thus far, for many of the participants, body weight, shape and size represented convenient and immediately available means with which to manoeuvre the self. With some notable exceptions – Geillis, for instance, for whom weight loss was a requirement in order to access gender affirming surgery, described thinness as ‘cis nonsense’ – thinness, the desire to be thin, and the association of positive self-esteem and feedback with weight loss represented a strong subtheme across the sample as a whole. The kinds of investments expressed in relation to thinness varied, from an equation of thinness with ‘health’, to thinness as a means with which to gain access to forms of bodily affirmation and value (where these were perceived as being scarce in relation to trans and gender non-conforming experience and embodiment), to thinness as a protection against specific forms of gendered and transphobic ridicule.

If we return to Salamon’s analogy of circuitry in reflecting on the descriptions of social dysphoria and embodied distress discussed here, the kinds of circuits within which trans and gender non-conforming people are positioned

begin to proliferate, and thinness presented itself as a powerful option for some participants in terms of their ability to control the dynamics of value, affirmation and safety inherent in social interactions and encounters, and their internalised impact. The ways in which desires for thinness intersected with gender and embodiment were diverse and were often accompanied by participant descriptions of the desire to be considered attractive. This desire was framed as providing a form of psychological defence against poor self-esteem and self-hatred, as a response to social pressures around attractiveness, and as a legitimisation of the self.

Thinness, in many of the interviews, figured or was perceived by participants (even where they identified and commented upon the contradictions of this perception) as a prominent factor providing access to the experience of being socially and culturally valued on the basis of desirability. Jaime was one of the participants who identified past experiences in terms of an eating disorder and, although the times in Jaime's life when Jaime was thinnest were characterised as being the result of being unwell, these periods were also characterised in terms of confidence. In Jaime's interview, a period of rapid weight loss due to illness was reflected upon as an early catalyst for restrictive and purging eating practices:

Jaime: I sort of saw that as an option to be thin to present myself in a way that I was more comfortable with to have a body that I was more comfortable with um and from that I did then develop an eating disorder because I was obviously sort of fixated on my appearance [...] I still sort of did have a little bit of a sort of like a curve down to

sort of my hips I still I still liked that um I dunno I guess it's just the natural shape of my body um [sigh] err it allowed me to dress not feminine but more I dunno camp maybe I suppose would be a sort of better way to- I did have more body confidence.

For Jaime, a particular kind of thinness opened up possibilities that otherwise felt closed; in Jaime's interview the questions of choice and having options were prominent, and confidence and the feeling of being at ease within the body was framed most often in relation to the feeling of being allowed to or deserving to dress as Jaime would ideally prefer to, and also in terms of feeling able to move through and within spaces in particular ways. Jaime expresses this in the terms of thinness as an embodied state that was associated with being *allowed* to do and to be gender in desired ways, and the options that thinness opened up. This comes through in the following excerpt as well as the quote above. In the following excerpt, Jaime's ambivalence around disordered eating and the difficulty of expressing this are particularly evident.

Jaime: [...] when I did have buli- when I did have an eating disorder um I find it interesting that I was actually more body confident in you know at least presenting, I mean obviously I wasn't terribly body confident or else I wouldn't have been probably wouldn't've had an eating disorder um [laughter] [...] but er you know at least in the way that I felt comfortable sort of behaving dressing um happier with the way that my body looked sometimes um it's funny that that was how that was when I was did have an issue with my body.

The question of choice and possibility in relation to thinness also arose in other interviews; Brooke, for instance, described their tendency to ‘do this very bad thing of looking back at old photos a lot of the time, and it’s like I just kinda like look for myself and I go ‘I wish I looked like that, oh my god I wish I looked like that’ I would like would be wearing so much more of like a neutral kind of gender’. Brooke associated their younger and thinner self with gendered aesthetic options that they saw as being closed to them at a larger size, associations that they linked directly with the ways that their body fat was gendered by others.

The associations of non-binary identity and representation with specific forms of thin, white androgyny were particularly prominent across the sample – Sarah commented on ‘the entire thin equals androgyny thing’, while Alfie reflected on an ‘image of androgyny people have as well, which tends to be like a very kinda like slim white person for the most part’. In discussion of the ideals, expectations, and the references available to draw upon in forming their self-image, many participants spontaneously introduced the question of the way in which such ideals were racialised, especially in reflection upon the kinds of images of trans and non-binary people that they came into contact with most frequently. Brooke, for instance, commented that ‘within the queer community, still, we have this kind of one particular vision of what non-binary should be and it’s like a kind of androgynous, vaguely masculine, tall thin white person’.

Similarly, Jo reflected that ‘[i]f you’re [assigned female at birth] you’re almost expected to physically appear non-binary by being waif like and wearing clothes that are traditionally more masculine such as suits etc. It’s rarely that I see a variation in that [...] the idea that I should look a certain way comes from

the media representation of people who are non-binary. I'm mostly seeing young, skinny, flat-chested white people in magazines, newspaper articles and on social media'.

These issues were also raised by participants who were trans and non-binary people of colour, in terms of the ways that these patterns impacted them. Luca reflected on the 'recurring theme' that he encountered 'through different social medias, social events, films like every single time that person was a slim to athletically built, very androgynous um white character and I think perhaps as a person of colour like that was something that I did really struggle with and I didn't really see'.

In Lyri's interview, they spoke at length about the dynamics in a past workplace, where two other non-binary people were hired after them:

'[...] that was an incredibly negative feeling because the person or two individuals who had come into the business far later than me um were both very uh both incredibly thin um and can toy with levels of andro- these levels of androgyny that I've mentioned earlier [...] and so from the get go they were like they them, but for me it was more of a it's still like a confusing situation and the only thing, and people've said to me that it's because you know of your chest or this that or the other'.

In the interactions around them, Lyri observed choices and options around presentation and expression, and how these would be interpreted, that were open to their thin, white colleagues and closed to them on the basis of their figure,

which they described as fuller and more curvaceous. The shape of their body was something they had had to work consciously on feeling comfortable with, and this work was explicitly related to their sense that their shape detracted from the validity of their non-binary identity – a sense that was reflected in the behaviour of others towards them. This difference was explicitly explained to them in some cases as being based on their physicality: ‘people’d make comments on my weight all the time because it meant that I’d have like che- um a chest or a big bum so they couldn’t understand why I would be deemed um or why I identify- why I am non-binary’.

A number of participants emphasised weight loss and thinness not only as being less subject to gatekeeping but also actively valued and encouraged socially, culturally, and medically. Sarah summed this up perfunctorily by characterising the benefits of weight loss and the kind of specifically androgynous thinness she desired in terms of ‘killing two birds with one stone’, since ‘you know you can be viewed by others as attractive and desirable, and you also lose quite a few of the gendering aspects of your body, that’s how I see it’. As indicated in this excerpt from Sarah’s interview, discussions of thinness often led into or intersected with mention of the desire or pressure to be considered attractive and desirable. Ruba also expressed this sentiment: ‘[m]y shape bothers me because I’ve been raised, by culture, society and family, that being thin or having no visible fat on your body is attractive. And of course, I want to be attractive. I want to be attractive to myself, to my partner and to other people’. In Callie’s interview, she also reflected on ‘the peer pressure to try and be at least somewhat attractive to other people.’

In this sense, thinness or the *idea* of thinness represented the opportunity and possibility of accessing forms of attractiveness and desirability. For Jennifer, the comments she received about her weight loss were the only kinds of positive feedback she mentioned in relation to her body:

‘[...] people have now sort of given me a sort of ‘well done, you look you’re looking better’ so the fact of now actually starting to lose weight, people’ve noticed, which sort of gives me that extra sort of motivation that I’m doing something right [...] I do look better than I did before I I- I have thankfully I have had some compliments of ‘oh you’ve lost a lot of weight, you look a lot better’ so in that respect yes I do I know I do’.

Here, visible weight loss represented a crucial aspect of physicality over which Jennifer had control and which provided access to bodily affirmation and validation from others. For Jennifer, as for other participants in this research, access to the gender affirming interventions she sought was framed in terms of extreme remoteness; what Ruth Pearce describes as the state of anticipation that characterises what she defines as ‘trans temporality’ (Pearce, 2018). The impact of remoteness and anticipation, and other aspects of participants’ navigations of gender affirming healthcare pathways, are discussed further in Chapter Six. Here, the salient point concerns the promise and function of thinness and weight loss as a means of accessing forms of affirmation for Jennifer where other avenues of affirmation were withheld, obstructed, or remote.

For Jae, the social benefits of thinness were equated more fundamentally with 'working as a human':

Jae: I go through episodes of like either very much reduced eating... or bingeing and purging. Umm sometimes it's do with my medication sometimes it's because I'll be in a really down place and the only thing that will make me happy is feeling like I can pass as like a cis guy, 'cause then I am fitting in and then I work as a human, 'cause right now like I don't, and so I'll just like 'ah I gotta lose weight, gotta stop, gotta gotta get thin' and there's this weird correlation that I get when I do do things like that like a month later when I'm still doing that I'll- I get gendered correctly by people on the street and I'm like 'this works! I wanna do it I wanna keep doing it'.

In Jae's description, weight loss figures as a means with which to be able to pass as a cisgender man, which in turn enables them to feel able to fit in and to 'work'. In its function to make this possible, thinness and weight loss 'works' for Jae, by effectively performing a function whose logic centres around gendered navigations of the world around him. This world requires sexed and gendered coherence as one facet of legitimate and recognisable humanity (Butler, 1993), and weight manipulation offers an accessible (in relative terms) means with which to access this for Jae, in explicit and direct terms.

Sarah's descriptions of her image of thinness reflected some of the emphases that Jae placed on the association of thinness with coherence, in the

form of being and looking 'put together'. The following excerpt from Sarah's interview contributes to an understanding of her reflections on weight and shape and the ability to move in 'the correct direction', which I explored in Chapter Four as representing the desire for movement and desired change. Thinness is associated intimately in her reflections with the kinds of coherence and togetherness in body and self that she desires to move herself towards, forms of coherence that she perceives as being closed to or distant from her as a trans woman.

Sarah: [I] guess it's like control, a lot of it's just kind of like control in that respect like you know I don't- and it's like especially when you see like kind of very put together images of like cis women, you know really like skinny very put together in terms of like physical appearance and presentation, and it's like these people look like the epitome of control as well and it's like therefore you know by doing this, you know I can look like that, you know? Like very put together like that eventually.

The connections made by Sarah in relation to the desire to look and feel 'put together' bore striking parallels to comments made by Brooke in relation to their sense of the kinds of fatphobia they encountered within queer communities, and the pressures they experienced and perceived in others around them to look 'polished': 'we feel like we have to be like perfect to make up for the fact that we are queer because in society a lot of the time it's seen as wrong or bad or you know, we're broken in some kinda way so I think a lot of us try to make up for that

fact by trying to have like the perfect body and eat in the way that society wants us to eat, look the way society wants us to look and 'cause as well with that if we look this kind of polished way, nobody's gunna really say anything about us kinda thing'.

The investments in thinness that were expressed by participants were often accompanied by an explicit awareness of the fact that thinness did not carry value objectively, in and of itself. In many cases participants were reflective and critical of their own investments in thinness, and their desire to be thin. Kit reflected on this at length in their interview:

Kit: I know that tighter fitting or more feminine read clothing isn't often comfortable to me and that is tied up spectacularly with body weight and fat and size, and it's problematic because I don't feel I can really express this very much because of the politics around body acceptance, which I know and which I understand and which I agree with – fat shaming is a terrible thing, I don't think it's okay – but then I ask myself why then do I wanna be thin so much?

Although discussions of thinness and weight loss, and the kinds of possibility associated with both, often acknowledged and explicitly drew on critique and included an awareness of the precarity of the kinds of possibility promised by thinness, this did not negate the power of these associations as they were felt, any more than it negated the very real material benefits that participants experienced as resulting from weight loss and/or thinness. These material benefits have been documented elsewhere, in research examining what has

been termed 'pretty privilege' by commentators such as Janet Mock (2017) and 'aesthetic capital' by scholars such as Tammy Anderson (Anderson *et al.*, 2010; Holla and Kuipers, 2016), the affirmation of thinness on the basis of health and attendant freedom from medical fatphobia (Malson, 2008b; Bacon and Aphramor, 2013; Fahs, 2019), and the physical safety afforded by cisgender-adjacent appearance (achieved, in these cases, via thinness) in different contexts (Levitt and Ippolito, 2014; Anderson *et al.*, 2020).

When considered in relation to the expansive fields of inquiry that exist pertaining to the material impact of attractiveness, desirability, and thinness in the 21st century, the investment in thinness expressed by many participants is unsurprising and it is also not unfounded. Where participants associated thinness with affirmation, safety (both physical and psychological), and cultural value, they were not incorrect. That many participants were also troubled by these associations indicates their awareness of the fact that such benefits were unstable, contingent, subject to withdrawal or loss, and based upon problematic foundations concerning race, class, and bodily capacity. The following section is concerned with the ways in which participants sought out and cultivated sources of affirmation, self-protection and value that did not centre thinness, but were grounded instead in the experience of being 'seen' in particular ways by others that opened up new, unanticipated, and liberatory embodied possibilities regarding participants' relationships with the weight and shape of their bodies, even if these possibilities were circumscribed.

'Sort of like how I see me, but better': Interaction, validation, and affirmation

In their discussion of gender euphoria, Sam stated that 'I would have never like arrived at the conclusion that I'm trans if I didn't have the like gender euphoria experiences of being read in a different err way of being read as male or just being read as not female basically'. The role that ways of being seen and understood by others played in the kinds of relationships with weight and shape that were available to the participants was significant, as Sam would later expand upon: 'when I need comfort to do with like my body and my gender then I need that I need people for that I think because so much of the discomfort that I experience around that is also induced by people?' As is indicated here by Sam, interactions and encounters with other people, and moving through and within certain spaces, impacted profoundly upon participants' engagements with weight and shape. The kinds of strategies that participants discussed for navigating these influences centred around, first of all, ways of minimising or rejecting perceptions and messages about their body's weight, shape and size that were experienced as harmful, and second, ways of moving towards, seeking and maximising those perceptions and messages that were experienced as being helpful, positive and healing. In many cases these strategies were expressed in terms that involved the hiding and revealing of the self, drawing on both avoidance and engagement.

Jae emphasised the work they put into reaching out to friends 'when things start to be an issue that I try and bring them up and talk about it openly? Rather than hiding it, stuffing it in a corner like 'noo I'm fine I'm doing fine I'm doing fine'. Erm 'cause that's when it builds up and builds up and builds up until I get into doing really seriously bad things'. This work of reaching out was accompanied by

efforts to shield themselves from harm in other areas of their life; they reflected on avoiding other people as much as possible 'just to feel safe', and shielding themselves from their mother's input as much as possible given that they perceived her as someone they weren't able to avoid: '[s]he will like to comment on my weight and how she thinks that it's unhealthy and that'll j- it doesn't help but at the same time she refuses to use my name and pronouns so I'm like... if I spend too long with her I'll usually come out of that in a very bad state'.

Although they described avoiding people and public spaces (with reference to instances of harassment and violence), Jae also described playing with clothing and aesthetics in order to access the kinds of responses from others that they found affirming:

Jae: [...] just dressing up and putting on a load of make-up and just wandering around the house feeling really pretty, and like sometimes maybe going outside and then get the odd compliment from a stranger and I'm like 'yes, I am amazing thank you' I just needed that affirmation, but that's tha-that kind of thing that used to really help

[...] Make up as well, like wearing like green lipstick and like people being like 'ahh [gasp], I've never seen green lipstick before' or like 'I mean I see it so-so rarely, it looks amazing on you' I'm like 'I know, thank you' [laughter]. And like yeah, the things that kind of like amaze people but at the same time / know they're not gendered so they're not saying 'oh you look feminine' they're saying 'you just look good, you look happy' and then I feel happy.

For Alfie, the input of others was most valuable in helping them to adjust their idea and image of health for himself, and was also described as most useful in directing his attention away from physicality entirely:

Alfie: [...] sometimes I get affirmation from people who say like I don't know 'you look great, you look handsome' or whatever, and that can kind of like help in an immediate moment, sort of like gives me like a feeling of kinda like instant gratification of other people being- like finding me attractive or aesthetically pleasing or whatever. But I think like the things that help the most are kind of like affirmations that refocus like away from my body onto other things.

For Ruba, the redirection of their attention away from their physicality was also helpful; of being with their girlfriend, they commented that 'it feels like she isn't looking at my body as who I am; she sees me sort of like how I see me, but better. That's what makes me feel better about myself with her'.

For Jo, the interpretations of others most often limited the ways they were able to relate to the weight and shape of their body by tethering it so powerfully to gendered physical norms and assumptions, although the influence of others also had the potential to open up new possibilities. This is evident in their quoted description of dancing in a queer and trans space, which they associated with feelings of freedom and rebellion and where they were able to experience pleasure in having their 'belly rolls' visible and 'not giving a fuck'. Like Ruba, Jo

also emphasised the impact of romantic relationships: 'When I've dated people who accepted and actually acknowledged my gender feelings I've been on a complete high, euphoric. Like when they used the words I preferred for parts of my body or when they touched me in ways that matched up with my gender feelings. I think being in romantic relationships with people who are like that has given me some of the best ever feelings about my body and gender, I've actually felt like there's nothing wrong with my body or my weight at those times'.

This experience was reflected in Sam's interview, where they commented at length about the importance of sexual and romantic encounters in enabling them to access particular forms of self-worth: 'when those kind of you know intimate encounters of whatever nature go well that's really really validating because again it's helping me to see myself in a way that I feel like couldn't come from within it's just beyond like the stretch of my imagination'.

Daniel identified friendships as being of particular importance, reflecting on his concerted effort to move away from friendships that felt belittling and limiting, and towards those characterised by growth. His discussion of friendship was connected to his experience of queer and trans community and relationships, particularly within LGBTQ+ spaces that centred the experiences of people of colour.

Where participant discussions included reference to seeking and accessing support and input from counsellors, therapists or doctors, these efforts were usually framed as having mixed outcomes. Sam described accessing therapy as a younger person, which had been very valuable in helping them to understand and manage their disordered eating, and to unpick some of the factors that contributed to it. When it came to the aspects of these practices that

intersected with dysphoria and their non-binary experiences, however, Sam said that 'I'm confident I would be able to identify what the reason is for me um struggling with, kind of food, if I did. Emm and then I'm not particularly yeah I'm not sure that I would necessarily know where to go'. Jennifer's reflections on the possibility of reaching outward for support also anticipated its absence 'because from what I can gather from a professional point of view, not every doctor's understands or accepts it, and not even every system or department accepts it'.

For Jae, reaching out for therapeutic support in one area involved retreating and shielding in another: 'there's this other guy who I've been seeing recently who's been really good for like mental health things, but I don't think he's read the part on my notes which says 'is trans'. And so I just, I he- I hear my name and I'm like ahhhh [shuddering], I hear my pronouns and I'm like urrrr [shuddering] [...] and it's just like ee [high-pitched, physically recoiling] disconnect'. The lack of capacity and competence within formal services and sources of support to address the intersections of weight and shape with gendered positionality meant that friendships, particularly with other trans and gender non-conforming people, emerged as prominent sources of the kinds of expanded imagined possibilities and affirmation that participants sought out as sources of joy, pleasure, and resilience. The implications of this for communities will be explored in greater detail in Chapter Seven.

Conclusions

In this chapter I have sought to draw into focus the different ways in which discussion with the people interviewed emphasised the function of weight and shape as embodied means in the context of interactions and movement through

and within different spaces and relationships. The anticipation and experience of misinterpretation, misrecognition and denigration, and resulting internalisations such as those identified and elaborated upon by Salamon (2010) and Galupo and colleagues (2020), are all factors contributing to the kinds of possibility and promise associated with the idea of thinness expressed by many participants. This possibility and promise was not fictional or imagined, as accounts such as Jae's, Jennifer's and Jo's illustrate; thinness was accompanied by real changes in the way these participants were able to move within and through the world, and the kinds of validation and affirmation to which they had access.

Within these landscapes, an examination and understanding of the ways participants experienced, sought for, and created relationships with their body weight and shape that emphasised pleasure, connection and happiness are crucial. Equally important is an understanding of what made relationships of this kind difficult and unachievable for some participants, for whom the prospect of feeling happiness and pleasure of this kind was, at the time of interview, not even imaginable. Chapters Six and Seven will examine in greater depth two spheres of participants' lives that came to bear upon the kinds of possibilities they perceived as being open to them in the ways that could relate to and feel about their own bodies: interactions with and navigations of gender affirming healthcare, and experiences of queer and trans communities and spaces.

Chapter Six – Gateways and gatekeepers: The impact of gender affirming interventions and care pathways

Introduction

The significance of access to and experiences of gender affirming care has inevitably loomed large in contemporary accounts and explorations of trans and gender non-conforming experience in the UK, given the legacies of 20th century psychiatry and representation. The findings presented in Chapters Four and Five have centred the relationships with weight and shape described by participants, and have sought to explore in greater depth the ways in which these relationships intersected with and were shaped by participant positionings as trans and/or gender non-conforming.

As discussed in Chapter One, I do not wish in this thesis to reduce trans and gender non-conforming experience to transition. Not all trans or gender non-conforming people experience bodily dysphoria, nor do any two people experience dysphoria in the same ways (Byne *et al.*, 2018; Ashley, 2019; Pulice-Farrow, Cusacks and Galupo, 2019). By extension, a great many people either do not desire medical transition, or decide, based on their own sense of what they can and cannot live with/out, not to pursue it. Still more people are unable to do so, whether for reasons related to health, financial means, or safety.

While recognising these realities, I do wish to account for and do justice to the powerful impact of prevailing medicolegal framings of embodiment that featured in many participant interviews, and which continue to exert significant power over gendered and embodied possibilities for a great many trans and gender non-conforming people, *including* those who can't or don't wish to

transition (Davy, 2011; Pearce, 2018). This impact was significant in relation to the ways that many participants sought movement away from or within distress around the weight and shape of their bodies, and towards forms of pleasurable embodiment that incorporated weight and shape. I begin this chapter with an exploration of the ways participants discussed medical gender affirming interventions and possibilities and how they connected these possibilities to their relationships with embodiment, and with weight and shape specifically. From here, I go on to distinguish the ways participants described specific interventions and hypothetical possibilities from their experiences of navigating the pathways of care required in order to access such interventions. The interconnections between structures of gender affirming care and relationships with weight and shape have not been explored to any significant degree in existing research, and such explorations form the primary focus of this chapter.

Following an overview of participant discussions of specific interventions, I examine the ways in which the power dynamics inherent in navigations of care featured in the interviews conducted for this research. Some participants reflected on their sense of the kinds of unspoken expectations present in interactions with GICs, while others highlighted the power held by others to withhold or withdraw care in ways that were experienced as profound in terms of gendered possibility and embodiment. As I discuss in this chapter, accounts centring disempowerment tended to overlap with narratives emphasising the remoteness, distance, and indefinite deferral of access to care. Towards the end of the chapter, I focus specifically upon participant accounts and experiences of the implementation of BMI thresholds within gender affirming care pathways regarding surgical interventions specifically. While for some participants the

impact of such thresholds was direct, for a number of others the *awareness* of such thresholds had a significant impact, both for themselves and in their relationships with others.

This change in my body that I needed to happen: Transition and gender affirming care

Questions of control, choice, im/possibility, movement and stasis emerged in Chapters Four and Five as prominent in participant discussions of body weight, shape and size, centring around relationships with the self as these were informed by and intersected with relationships with others. These questions acquired significance in different ways for each of the participants, with key areas of overlap emerging in analysis. One crucial such area to emerge within and between interviews concerned participant experiences of accessing gender affirming forms of healthcare specifically, descriptions of which emphasised remoteness and distance, battle, being 'stuck', 'trapped' or otherwise impeded and constricted, and the (deferred) anticipation of specific forms of embodied relief.

The urgency or centrality of discussions around gender affirming healthcare and transition-related interventions varied: some participants were not seeking to transition medically and did not experience questions around it as very pressing, although an awareness of and engagement with understandings, representations and expectations around physical and medical transition were still present and participants' emotions about the possibilities that gender affirming interventions represented were complex. Rav and Ocean, for example, reflected at points on their understandings of the kinds of options open to them

at the particular life stage they felt themselves to be living within. A high number of participants were actively navigating healthcare pathways and options at the time of their interview, and these navigations featured prominently in discussions of relationships with weight and shape. For Ocean, the oldest participant, transition was not something ey sought or planned to seek, but this was not without feelings of sadness and resentment related to eir awareness of the kinds of possibilities ey saw as existing for people younger than em, as ey reflected on when talking about having asked eir mother if boys ever became girls when ey were a child.

Ocean: I think it's highly likely that if I'd said that to a parent in today's culture not my actual mum but y'know today's culture with today's attitudes in schools that probably I would've gone to back to school as a girl and I would've now been identifying myself as a woman [...] I've still no intention of doing a transition or anything like that-

Felix: Mm.

O: -erm and what's interesting there is that my daughter is going through transition at the moment an' if I was her age, she's in her thirties, I'm 50/50 whether I would've done if I'd had the chance, as a teenager or pre-puberty I-I almost certainly think I would've done but I'm like I'm here now.

Rav was towards the older end of the sample in their mid-forties, and although they were much younger than Ocean they expressed similar sentiments in

reflection on their own understanding of different choices, and the possibilities these choices would have represented at different points in their life.

Rav: [...] to erm be a trans male that was not on my radar and if it had of been, I have a feeling that that's probably a choice I might have made, the degree to which I would have made it I don't know, but I think ermm I think if I was g- if I was myself but now-

Felix: Mm.

R: -that is I think very much would've been a healthier choice for me, would have prevented a lot of problems uh but now [in the mid forties], umm uh k- you're really busy, you've managed to fill your life with all kinds of crap, and it's almost like the first thing I should do instead of any of that kind of stuff is to like declutter my house and s- d'you know what I mean?

For those participants who were waiting for, were in the process of accessing, or reflecting on their experiences of accessing gender affirming interventions, discussion tended to focus on specific interventions themselves or the navigation of healthcare pathways that accessing those interventions entailed.

In terms of the former, the impact of gender affirming interventions in and of themselves, especially access to hormone replacement therapies (HRT) and blockers, has been more extensively researched in existing literature focusing specifically on relationships and engagements with body weight and shape. Existing case study literature concerning experiences of disordered eating among trans-identified people, for instance, has emphasised the impact of access to

HRT in making it possible for recovery from disordered eating to progress (Ewan, Middleman and Feldmann, 2014; Strandjord, Ng and Rome, 2015; Ristori *et al.*, 2019).

While this importance has been emphasised, the literature also indicates that access to HRT and other forms of gender affirming care should not be thought of as a 'cure-all'. In case studies by Fernando Fernández-Aranda and colleagues (Fernandez-Aranda, 2000), Urs Hepp and Gabriella Milos (Hepp and Milos, 2002) and Sarah Strandjord and colleagues (Strandjord, Ng and Rome, 2015), for example, the authors reflect on periods of 'relapse' and continued 'disordered' practices following initial periods of improvement in response to gender affirming healthcare, while Alessandra Fisher and colleagues note both positive and negative effects of HRT for relationships with body weight and shape in their sample of 125 Italian trans adults (Fisher *et al.*, 2014).

For many participants, specific interventions opened up ways of relating to and inhabiting their bodies that alleviated feelings about or experiences of the body's weight and shape that were distressing; Elena, Arin, Daniel, Geillis, Callie and Luca discussed the ways in which transition-related interventions had been important in enabling them to begin to form relationships with their body and their weight and shape that were experienced as more pleasurable, healthy, present, and fulfilling. For Arin, the process of applying testosterone in gel form represented a profound means of connecting with the embodied self through literal physical touch. Arin described this as a form of 'salvation' in terms of facilitating the building of connection with the body.

Arin: [...] the interesting thing is how it's like and it's a medical process, HRT, erm and I ac- I'm actually doing it to myself-

Felix: Mhm.

A: -which is it's almost like a salvation, so I'm applying my own HRT to myself on a daily basis, so I've got now to the point where I am starting to notice some changes, I'm starting to notice some things and then so, now I want to really embrace and make the body look the way it should do in my mind.

For Daniel, physical transition brought specific possibilities 'within reach':

Daniel: [...] now having transitioned it's it does it like it obviously feels a lot more kind of within reach umm and that is yeah it's just it's just sort of it's bigger it's not obviously huge it's not you know body builder style but it's just you know comfortable with myself and uh so in my head looking I guess actually like an adult which is strange because you know m- it's it's this is what I mean about the psychology behind it I don't really understand why I feel that me being bigger then means that okay perfect now you've hit where you you know where you want to be, where you're supposed to be.

Geillis described transition as 'this change has happened to my body that I needed to happen, and I needed to happen for a long time before it actually happened'. The weight redistributing effects of hormone treatment meant that fat

became an affirming and enhancing resource, a characteristic highlighted by White (2020b):

Geillis: I probably gained weight after I started to socially transition and started takin' hormones, erm an' obviously because I'd started taking hormones I was gaining weight in like more feminine whatever quote unquote places like erm realistically a lot of my boobs are fat, erm and errr so like I probably got to the heaviest I've ever been but also the happiest I've ever been with the sight of myself?

As I touched upon in Chapter Four, Callie associated her ability to move away from food and eating behaviours motivated by weight loss with transition. The physiological aspects of physical transition enabled her to imagine a future for herself that she wanted.

Callie: When I was younger I didn't see a future for myself and ended up not really caring about what happened to me or what I did to myself. But now that I'm a bit older and have decided to try my best to aim for a positive future by transitioning I think that staying at a healthy weight is important.

Elena discussed both her transition and her body weight and shape in project management terms throughout her interview, literally in some places – 'I was a project manager, so this is was my project or still my project?' – and was the only

participant to describe transition as an investment. In part, this reflected Elena's financial security and ability to fund a great deal of her transition privately. The ability to pay was linked in Elena's interview with the ability to 'get rid' of or escape dysphoria, as illustrated in the excerpt below.

Elena: [...] you sometimes are like I can pay everything just to get rid of this dysphoria, so that's what I've done, I'm working, I have good income so that wasn't an issue, so when I started it wasn't really an issue, so I'm happier person now, so the money's really worth- the change is really worth it.

The ability to access and have a positive experience of gender affirming care in the UK and in many other countries is profoundly shaped by class and resources (Barcelos, 2020; Faye, 2021). Being able to access private healthcare is an especially stark form of this class stratification, particularly in enabling an individual to avoid the extremely long waiting times associated with NHS services (Harrison, Jacobs and Parke, 2020).

Sanctioned trajectories and deferred bodies: Embodied navigations of care and clinical power

As discussed in Chapter Two, structural aspects of gender affirming healthcare are much less well-covered in existing literature addressing body weight and shape, which is perhaps unsurprising given that a great deal of this literature is produced from *within* clinical settings in general, and by gender identity clinicians in particular (UK-specific examples include Jones et al., 2016, 2018; Khoosal et

al., 2009). In contrast to participants' accounts of their experiences of specific interventions, discussion of the processes involved in accessing them focused overwhelmingly on the difficulties this created in forming relationships with the body, including with the body's weight and shape, that centred pleasure and connection.

In a number of cases, interactions and encounters within these healthcare pathways were identified as the specific source of embodied distress related to weight, shape and size. Expanding in her interview upon the negative impact of navigating GIC care pathways, Geillis associated transition with the opening up of possibilities regarding her mental health and wellbeing, her ability to relate to food and exercise in ways that felt positive, and the possibility to move away from feelings of disgust towards her body. By contrast, interactions with 'the GIC' as an institution, in particular the imposition of weight loss requirements for gender affirming surgery, were marked as the point from which things had changed to become 'progressively worse':

Geillis: [...] it's really fucked, like erm my mental health really improved because of transition which like is a fuckin' standard thing but like erm my relationship to food got better, erm-

Felix: So was that from when you were younger?

G: Yeah like it was really bad when I was younger and then like it didn't really improve very much until I came out and started transitioning um and like I you know I mean I went through phases of like eating really well and phases of re- eating really poorly, like a-a normal person I guess like cycles of behaviour-

F: Mhm.

G: -but like um yeah like I just started to get like feel really positive about eating like you know I did some exercise but I wasn't so like disgusted with myself any more and like things were looking good erm and then I went to the GIC and like honestly it's like progressively gotten worse from there.

Early in their interview, Alfie reflected on his perception of the kinds of unspoken expectations and pressures that they felt were present in interactions with GIC clinicians:

Alfie: I think that they do kind of like umm expect you to progress down a certain path [...] I think it's what it is is the doctors in that setting are expecting you to try to conform to like one of two kinda like ideals which are very much like the kinda like two cis male [or] female kinda bodies that I was talking about earlier, and they can't deal with you not at least wanting to try and conform to this. I had a really awkward moment at the GIC in my first appointment where the doctor asked me if I was going down 'the trans or non-binary route' and I was really confused by the question and slightly alarmed so I said 'trans' without asking for any further clarification, just on the off chance that if I said non-binary he might not like give me hormone replacement therapy.

Alfie's sense of unspoken expectations was echoed in Callie's comments on her interactions with gender affirming healthcare pathways, in which 'I think that there is a social peer pressure to present in a certain way e.g., going for traditionally feminine clothing such as dresses instead of jeans and aiming for a feminine body shape when meeting anyone, including doctors and healthcare staff'. Callie qualified these thoughts by highlighting that doctors were 'just normal people', who carried the kinds of expectations she mentions into their practice from a wider context in which these expectations are normal. She also reflected that with the GIC, 'it really depends on the specific doctor that you see'. Clinician expectations regarding embodiment were also anticipated by Sam, who commented that 'I don't want to have to describe and classify my body as wrong and as having to have like extreme gender dysphoria to get access to the treatment that I should have access to as a transgender person'.

Brooke was another participant who described integrating uncertainties about clinician understanding of non-binary experience into their navigations of gender affirming care. At the time of our interview, Brooke was looking forward to beginning testosterone to start 'actually heading towards the direction I wanna be going in', although they were planning to try to access 'top' surgery privately because of their perception that the NHS 'struggle enough with binary trans people let alone non-binary trans people so I'm just not even gunna try'. They also associated access to chest surgery through the NHS with limited choice in terms of surgical technique and approach.

Brooke: I'd rather just try and save up myself and at some point get it done hopefully next year but it's ex- at least six thousand pounds

and I do not have that kind of money [laughter] um but that's the great thing where like kind of crowdfunding comes in, erm which on one hand is really great and positive because it's like there is a place to go but at the same time it's kind of a bit depressing because usually the only people that really kind of donate to those kind of funds are also impoverished trans people.

The extracts included above from my interviews with Brooke and Alfie indicate their management of a landscape of uncertain expectations and anticipated pressures regarding gendered identification and desires for embodiment. In my interview with Sarah, interactions experienced directly with a GIC clinician were reflected upon at length as a prominent source of some of the pressures she felt around specific kinds of femininity and embodiment, and the distress that resulted from the imposition of 'wrongness' onto her physicality, specifically her voice.

Sarah: [...] the first um first appointment I went to with- his name was [GIC clinician] or something, erm like he- ... -he said verbatim like 'your voice is awful' literally said this to me [...] he said something like 'is voice something you need you need to like you know y- I'm going to like er put down a referral for this person' and it's like I was I was at the point where I was like I really don't like my voice I'm aware that I don't like my voice but I'm like I don't have the self-discipline or the time t-to practice every day to like change it, I don't particularly want voice surgery so I'm just gunna try and

learn to live with it, and it's like you get so far in like you know kinda self-acceptance-

Felix: Mm.

S: -and a comment like especially from a medical professional can set you back so much, and it really did [...] I was like blindsided ha and it's actually after after that appointment I mean it was bad for a a number of other reasons but they were more like kind of like surrounding the actual aspects of of like the healthcare, erm like I just didn't went and like basically binge ate myself into a hole.

An aspect of the impact Sarah describes that is worth paying specific attention to is what Ruth Pearce identifies as one aspect of the power dynamics inherent in the encounters that trans and gender non-conforming people have with the clinicians in a position to grant or withhold access to care. This aspect concerns the power of the clinician to interpret or assign 'rightness' and 'wrongness' with diagnostic and medical authority, in a context where the ability of the person receiving care to challenge such judgments is significantly impeded and, further, in which a person may experience compliance with such interpretations and judgments as a *requirement* (Pearce, 2018).

For Sarah, binge eating represented a means with which to manage the imposition of value judgments concerning 'rightness', 'wrongness' – specifically, aspects of her embodied self that were 'awful' – upon her body in a context and setting she had very limited control over or power within. To understand these experiences requires analysis that goes beyond the questions of the individualised impacts of separate interventions (as impactful as these certainly

are) for relationships with weight and shape, to capture more broadly a landscape of possibilities for and in relation to the body.

An aspect of gender affirming care which often overlapped with and was related to the significance of power dynamics within care pathways and contexts was the framing of care as remote and uncertain. Jennifer's discussions of transition highlighted this sense of remoteness and distance, in the context of which weight loss and the ability to be able to change her body gained specific importance for her. Against this backdrop, in which 'things take forever to happen', Jennifer characterised the work she described doing upon her body's weight in terms of 'just doing it on my own [...] I'll be waiting 'till next year to see anyone, so but hopefully by that point my body will have started to change anyway from hormones and just continued weight loss'. Jennifer also managed the remoteness of gender affirming treatment through active mental work reframing her circumstances, in which she was influenced by a trans friend.

Jennifer: [...] yeah having to wait quite so long was a shock but I was told when I spoke to um [friend's name] who has just had the surgery, erm 'don't expect anything quickly' and basically you're in this for the long haul and just take each step at each step, each sorry each day as i-it comes and be grateful for what you've got, it's what I've been doing for the last four weeks pretty much.

As illustrated, in my interviews with participants who were transitioning or planning to transition, negative experiences of seeking and accessing gender affirming care (and the anticipation of such experiences) 'marred' the positive

impacts of treatment itself, reflecting Harrison, Jacobs, and Parke's (2020, p. 50) findings in their analysis of interviews discussing experiences of transition. When considered in relation to the findings presented and discussed in Chapter Four, the prominence of themes of deferred embodiment and navigations of gendered and bodily expectations in interactions with GICs should be a major cause for concern.

That deferred care and normative expectations are harmful to those accessing or seeking to access gender affirming care is a well-argued point (Ellis, Bailey and McNeil, 2015; Pearce, 2018; Harrison, Jacobs and Parke, 2020). My contention, in this thesis, is that this harm extends to aspects of embodiment such as relationships with the body's weight and shape. As discussed in Chapters Four and Five, discussion of weight loss and thinness was contextualised in a number of interviews in relation to the absence or remoteness of other 'options', and in some cases this remoteness was related specifically to the possibility of accessing gender affirming treatment. In the following section, I turn to the ways in which the direct or anticipated withholding of such care, on the basis of weight-based requirements, impacted participants in the study, often alongside or in the context of lengthy waits and already deferred embodiment.

[Too fat for healthcare: BMI cut-offs and gender affirming surgery](#)

As discussed in Chapter Two, Helen Malson's observations of the intensification in the late 20th and early 21st century of the pursuit of slenderness as a *health* imperative, and the resulting forms of regulation entailed by this intensification, have important ramifications for an adequate understanding of the factors impacting upon weight and shape for trans and gender non-conforming people.

The ways in which such imperatives play out within transition-related healthcare pathways, for example, place transitioning people in a position of conflict in relation to health and the body, and impose embodied obligations upon transitioning people in particular.

For Geillis and Ashley, who were both required to lose weight in order to access gender affirming interventions and were in the process of doing so at the time of their interviews, discussion of experiences of accessing gender affirming healthcare were fraught, centring experiences of invalidation and disempowerment. These were participants for whom the questions of expectations and requirements, specifically around body weight and size, had a direct and literal impact in terms of their experiences of accessing and navigating gender affirming healthcare. Both experienced this as an obtuse directive whose justification was never made entirely clear to them.

Ashley: it just doesn't seem particularly person-centred really, 'cause for example if I – not that I'm a body builder but if I was I could be really overweight on my BMI but I wouldn't be you know I wouldn't I wouldn't be overweight in terms of body fat.

Felix: Mm. So what would that... or what could that look like do you think? If it was approached in a more kind of person-centred way?

A: Err I mean I guess I'd they'd probably still need a way to measure it but like measure things and make sure everything was still safe and everything but [sigh] I dunno, I guess maybe body shape measurements like how much weight you've got on your stomach [...] Lose a little bit, just and this is the amount I need to lose, and

it's more like this is what you need to lose or put on or whatever depending on your- or stay the same on each part of your body to stay healthy rather than oh you just need to be this exact weight and it's like well that's not realistic and it's not really putting power into people's hands, it's just kind of telling them you have to do this because the doctor says so.

Ashley also experienced the limitations on their embodiment as an invalidation when discussing their father, commenting that 'well they're not pumping him full of oestrogen because he's fat, why don't I get that?' Comparison with a cisgender counterpart highlighted for Ashley what they felt to be the arbitrary and unjust withholding of possibilities for their gendered embodiment on the basis of weight, a demand with which they were seeking to comply for practical reasons, but which they could not on a fundamental level make sense of.

Geillis was in a similar position, and also expressed frustrations with what she experienced as the application of a rule whose justification was never made clear:

Geillis: I've essentially been told 'lose the weight and then come back' which is shite [...] I've not been presented with a logical argument that says why I need to lose weight, and other people don't. Erm other than DVT⁸ being a symptom of a side effect of oestrogen treatment, but like it's an uncommon side effect and you come off oestrogen for weeks before surgery anyway, so like they

⁸ DVT: Deep Vein Thrombosis

talk about these compounded risks but the compounded risks aren't fucking there because I'm not on I'm not gonna be on hormones erm and like if I was a f- a fat person with a sort of need for surgery that they f- *they* feel is important erm and a risk to my health like a tumour or something, I would just get it regardless of where it was in my body. Erm and it's that thing again of like our healthcare being undermined like it's not important, erm which is fucking enraging.

The stress placed here by Geillis on what 'they' – referring, in this case, to the GIC clinicians responsible for her care – deem important indicates a desire to stress the disempowerment she associated with her navigation of gender affirming healthcare pathways throughout her interview. This was expressed elsewhere in literal terms as a loss of ownership over her embodied self: Geillis: 'this change has happened to my body that I needed to happen, and I needed to happen for a long time before it actually happened, and now that's being taken away from me'.

In Geillis' interview, the ability to feel good about and within her body and its weight and shape was experienced as being in direct conflict with the expectations and requirements of GIC clinicians; she connected the imposition of rigid requirements around body weight and BMI with food shame and erratic eating, excessive calorie counting and exercise, and accompanying periods of binge eating: 'they like trigger each other like the guilt and erm grossness of having binged out or whatever triggers the other and then eventually after like the fe- starting to feel like weakened by not eating enough calories, like that triggers like the stupid eating'. The ability to maintain positive feelings about her body was

'independent of the healthcare thing like I just in general am doing better and have managed to make my relationship to food better in the last month with like fuck all help from the GIC or any of their people'.

In their interview, Jo commented directly on one of the links between access to transition-related healthcare and particular eating behaviours, commenting that 'sometimes the waiting itself makes you want to eat more. I mean the long wait times to even be seen by a GIC'. Jo also described their relationship with distress, dysphoria and sadness in terms of cyclical feedback, whereby weight gain contributed to their dysphoria, and '[i]t's feeling impossible to change it because I'm not mobile enough to exercise. Feeling helpless about it is contributing to my eating more snack foods so it's a vicious cycle'.

Jo's discussions of transition reflected their awareness of the kinds of physical requirements that Geillis and Ashley encountered, and the fact that they may need to meet these weight and BMI requirements in order to access surgery. Jo's perceptions of interventions to ease specific aspects of physical dysphoria positioned such interventions as especially remote due to their being classed as a higher risk surgery candidate due to their disabilities. Reflection on these factors preceded their speculation on the potential for weight loss to provide a potential 'route' out of or away from the most intense aspects of their dysphoria that would avoid the necessity of navigating these complex aspects of trying to access transition-related healthcare:

Jo: I'm already considered to be in a higher risk group for surgeries because of my lack of mobility. I use a wheelchair full time. There is apparently more risk of complications from going under

anaesthetic if you have low mobility. All of this mentioned above made me feel that I needed to lose weight. I also really want to see if weight loss itself might alleviate my dysphoria because I know that my cup size reduces when I lose weight. It might be possible that significant weight loss would be enough for me to cope with my chest and avoid the need for surgical interventions.

Alfie, like Geillis, identified their experience of gender affirming healthcare pathways as a source of distress and a catalyst of behaviours they identified as harmful. In his interview, Alfie gave the following description of an episode of restrictive eating that was brought on by their finding out (although it later turned out to be based on an incorrect calculation) that their BMI may be over the threshold set by their surgeon for treatment:

Alfie: [...] all these kinda like feelings of like feeling disgust and also feeling like really anxious and like feeling the body dysphoria and really worried that it might end up being a really long time before I end up getting top surgery and getting relief from that dysphoria and it's just like this whole tangled mess of feelings that I have, that eventually just kind of gave me the so initially motivated me to start kinda like falling back into more sort of restrictive eating and exercising but then after a while I kind of just like came to terms with it better and calmed it down a bit.

Alfie's description of this experience invokes a sense of gender affirming care as remote and precarious; the fear and disgust they describe here arise in response to the temporal collapsing of embodied possibilities. In this moment, the possibility of surgery recedes into the distance, a 'really long time' away, and with it the possibility of relief. There are echoes here of Sam's descriptions, discussed in Chapter Four, of a 'discomfort and sense of pressure and suffering that is just so huge in the moment that I feel like, this feels so strong and so limiting and... horrible, I need something to um give me at least like the idea or the illusion that I might be able to change this?'

Luca, although he had not experienced such obstacles himself, was eager to highlight it as an issue faced by people he knew. Reflecting on stories they had heard from friends and others in his wider communities about treatment being withheld or delayed on the basis of weight, Luca reflected that 'I don't think I've read anything in the media of someone like being refused to have their arm fixed because they're overweight or erm you know a doctor turned round and say 'well you need to lose eight stone before I'm gunna fix your arm' erm whereas I feel like with the trans and non-binary community it's something unfortunately you hear way too often'.

Although there is not a great deal of evidence existing in relation to the rationale for implementing BMI cut offs for those seeking to access gender affirming surgery, there are a small number of studies that affirm the sense expressed by participants that such BMI cut offs were arbitrary and unjustified. The authors of a multi-centre chart review study in the US (Ives *et al.*, 2019) conclude that BMI should *not* be an exclusionary factor for those seeking to access vaginoplasty. Reviewing patient charts for a range of minor and major

complications, the authors found that BMI was not a significant variable in the likelihood of such complications occurring. These findings are supported by a number of other single-centre studies in the US (Buncamper *et al.*, 2016; Gaither *et al.*, 2017). In relation to chest surgery, the authors of a 2020 comparison of outcomes and complications for 145 trans men who had accessed chest surgery concluded that delaying surgery was likely not necessary for patients with a BMI of 40 or under, describing the cut-off point of 30 or higher as ‘a central dogma’ (Pittelkow *et al.*, 2020).

Based on the findings discussed in this section, I argue that cut-off points for gender-affirming care are not only arbitrary, but harmful. This harm impacts those directly affected most intensely but was not limited within the sample to those who were trying to meet prescribed weight loss targets at the time of their interviews. *Anticipation* of the withholding of care based on weight was a powerful source of distress in my interviews with Alfie and Jo, and for Luca, proximity to these impacts in the experiences of their friends was profound.

Conclusions

Much has been written in recent decades about the politics of diagnosis and pathologisation (Lev, 2006; Drescher, 2010; Lane, 2012; Davy, 2015), the forms of gender policing that underpin the foundations of gender affirming care as a psychiatric specialism (Stone, 1992; Pearce, 2018), and the power dynamics inherent in the clinical encounter (Lane, 2012; Pearce, 2018). Ruth Pearce’s work is of particular value in interpreting the examples from the data drawn upon here, focusing as she does upon the question of ‘embodied possibilities’ in her analysis

of the discourses of trans health that shape the material conditions and structures of gender affirming healthcare in the UK and elsewhere (Pearce, 2018).

Viewing the specific examples highlighted here through the lens of embodied possibility directs our attention in particular ways. Gender affirming care and interventions themselves often featured in interviews in ways that overwhelmingly indicated their role in facilitating and expanding the kinds of embodied possibilities and liveable embodiment participants could imagine and envision for themselves. Interventions signified the possibility of movement away or escape from dysphoric pain, the possibility of relief and alleviation of pressure, and the ability to see, recognise, and connect with the body in a myriad of ways. By contrast, accounts of experiences and navigations of transition-related healthcare pathways were often fraught. In the interview excerpts discussed, the possibilities opened up by transition were tempered by participants' disempowerment in accessing treatment. Elena was a notable exception here, and it is significant that she was a participant who referred explicitly to her ability to fund transition privately.

For Geillis and Ashley, different embodied possibilities were positioned in direct opposition to one another by the inflexible enforcement of weight-based requirements in access to treatment. Knowledge and anticipation of this informed relationships with weight and shape for both Alfie and Jo, in terms of their awareness of the fact that weight and shape could represent an obstacle for them in accessing gender affirming surgical interventions. In such contexts, weight and shape also represent a site of accessible embodied possibility where other avenues are closed, remote, or uncertain; for Jo, the additional uncertainties they were confronted with regarding the impact of their disabilities in terms of fitness

for surgery contributed to the significance placed upon weight as a means of embodied change. The experience of existing in the temporal shadow cast by the waiting list to access care contributed to ways of eating and engaging with food that they understood as representing a coping mechanism.

In a context of obstructed and dysfunctional gender affirming care services and pathways, the importance of communities as sources of care, mutual aid, and information is increased (Hines, 2007; Pearce, 2018). As I argue in Chapter Seven, access to and experiences of community were significant in participant interviews as potential spaces ‘in which queers find support for their actions, including our own bodies, and the bodies of other queers’ (Ahmed, 2006, p. 170). In complex and often profoundly imperfect and inconsistent ways, experiences of community represented spaces within which participants accessed new and different ways of imagining and connecting with their embodied selves, and with weight and shape.

Chapter Seven – ‘Fitting yourself into something’: Queer and trans communities and spaces

Introduction

As discussed in Chapter One, the emergence of increasingly visible networked trans and gender non-conforming communities in the UK since the 1990s has had wide-ranging and profound implications for individuals and society more broadly. In his article ‘The Trans Cyberian Mail Way’, Stephen Whittle examines the rapid expansion of community forums and platforms, and the profound implications of these developments for the ability of trans and gender non-conforming people to share experiences and form community in novel ways. According to Whittle, the shifts catalysed by the advent of the Internet and digital communication technology are intrinsic to the development of languages and models with which to understand and communicate experiential selves outside of conventional sex and gender dichotomies (Whittle, 1998).

Access to and experiences of community were prominent in my discussions with participants in complex ways that were related intimately to each participant’s specific positionality, intersections, and experiences. 16 of the 21 participants discussed aspects of queer and trans communities and spaces in their interviews, with experiences covering physical spaces such as dance nights, cabaret, performance and other events, residencies, support and social groups, and conferences, as well as online spaces such as forums, chatrooms, and social media networks and groups. The significance of friendships and community with other trans and gender non-conforming people has been emphasised in existing literature, particularly Sally Hines’ (2007) research into trans practices of intimacy

and care practices. Hines emphasises the importance of community and peer support in terms of access to shared experience, access to spaces of openness and honesty, and the cultivation of trust. Community space functioned as a source of information and advice, a means with which to 'give back', and as a resource to fill care gaps in existing public services.

The connections between access to and experiences of community on the one hand and relationships with weight and shape on the other has not been qualitatively explored in depth to date. Experiences of community and community spaces provided some participants with access to different ways of imagining and relating to their body's weight and shape. As I will be discussing in this chapter, some participants experienced community spaces as sites of profound possibility, which facilitated and supported movement towards relationships with weight and shape that they found less harmful. Physical and in-person spaces enabled participants to encounter other trans bodies as lived, facilitated relief from the sense of the body being appraised and scrutinised through a cis-normative lens, and made it possible to engage with parts of the body on different terms through humour, care, or self-affirmation.

Alongside these beneficial aspects, experiences of community were also complex. Research into friendships between trans and gender non-conforming conducted by Galupo et al. (2014) highlighted a complex landscape of commonalities and tensions that both brought together and divided individuals. While benefits included the ability to feel comfortable 'being myself' and access to material and emotional support, drawbacks included the difficulty of having shared experiences of trauma and discrimination, and the possibility for feelings

of jealousy and resentment to arise in response to profoundly unequal access to care, validation, and forms of 'passing' privilege.

In my research, participant experiences of community were associated in some cases with the reinforcement of gendered physical ideals that were felt to be harmful. Such ideals were described by participants as being linked with cis-normative pressures to present in specific ways, and with a tendency to 'piece up' and fragment others' bodies and experiences. Participant reflections on community were also associated in some cases with experiences of exclusion and marginalisation on the basis of race, disability, or forms of transnormativity (Vipond, 2015).

In the final section of this chapter, I explore participants' expressions of guilt and of bodily responsibilities to community in terms of how these expressions linked to relationships with weight and shape. This chapter contributes to and deepens existing knowledge about the connection between access to and experience of community and the kinds of relationships with weight and shape that are possible for trans and gender non-conforming people.

['Freedom and rebellion': Access to positive experiences of weight and shape through community](#)

In terms of mental health more broadly, numerous studies have indicated the significance of access to and involvement in trans and queer communities as a factor facilitating improved mental health outcomes (Bockting *et al.*, 2013; Bradford *et al.*, 2013; Budge, Adelson and Howard, 2013; Testa, Jimenez and Rankin, 2014; Bariola *et al.*, 2015). In considering the question of *how* community involvement may benefit mental health outcomes for trans and gender non-

conforming people, Johnson and Rogers (2020) identify the capacity of a trans community space to provide a sense of hope, normalcy (in the sense of relief from experiences of the self as 'different' in some fundamental way), and belonging. While there is very little literature exploring the significance of experiences of community for relationships with weight and shape for trans and gender non-conforming people, Gordon et al. (2016) identify the importance for many of the women they interviewed of community-level forms of resilience. Encouragement, affirmation, and information sharing featured as sources of strength in these relationships.

Reflecting Gordon et al.'s findings, affirmation was a recurring theme for those participants who reflected on the positive impact of community and was connected in a number of accounts with a broadening of imagined possibilities for the body. Sam identified a trans masculine space as providing access to a form of 'recharging' affirmation, within which they could feel confident about being looked at and seen as they would like to be: 'I could even you know be running around naked or like not trying to pass at all and still feel like they're seeing me for how I feel I really am? And that's like that's extremely comforting and like recharging of my batteries that enable me to deal with I don't know, going into Tesco's and being called Ma'am and whatever'.

These experiences are a source of both relief and resilience; here, Sam characterises the value of feeling seen and recognised in particular ways as a relief from the kinds of effort and anticipation involved in other interactions, as well as providing a source of strength to draw on for future interactions. Jae expressed similar sentiments in their interview; when asked further about the statement that they spent their time almost exclusively in the company of trans

and queer people, they explained that 'everyone just sees you as you? So there isn't this- I'm not this enough in the right way 'cause there isn't any form of social pressure or there isn't any form of wrongness'. The emphasis placed on being seen 'as you' reflects the many, complex variables involved in the experience of being 'seen' in other contexts. Anxieties around being perceived in 'wrong' ways were felt more deeply at a bodily level as wrongness for Jae; spaces of community and shared experience provided respite from ways of being looked at that fostered a sense of wrongness which was then 'internalized and incorporated as a part of [the] gendered self' (Salamon, 2010, p. 117).

Jo's descriptions of dancing in a local queer and trans space echo some of the relief and joyful abandon expressed by Sam:

Jo: I feel less alone and it's great to be able to dress how you like and feel accepted. I've gone there before in a crop top with non-binary written on it and danced all night with my belly rolls out and not given a fuck. I wouldn't feel that body confident in other spaces, it was special because you feel no-one is judging you [...] I had a few moments of thinking I'm too fat for these clothes, but I looked around at everyone dancing and being so carefree and I thought what if nobody cares what I'm wearing or that I look fat. I was so happy feeling the music go through me and dancing, it was amazing. I was in front of a absolutely giant fan and it felt so nice blowing on my face and my belly, I was so happy that I'd worn those clothes, it made me smile. Yeah it was an exhilarating feeling of

freedom and rebellion from all the feelings of shame you get as a fat person who is expected to cover up.

This description of dancing was striking and deeply moving in the context of Jo's interview, in the depth of pleasure in and through the body that they evoked. Feeling music going through their body, they felt the cool air from a nearby fan on their face and on their belly, and it felt exhilarating, freeing, and rebellious. This space, for Jo, represented a temporary space of relief from the kinds of judgement they experienced as a fat person, and the bodily shame that this judgement engendered. In this context, different ways of feeling and enjoying their body's movements and sensations, in ways that were inclusive of shape and size, became possible.

Rav also experienced community as a source of new and different ways of interacting with and understanding their body. Reflecting on their experience of attending an event centring non-binary people, they recalled feeling 'safe, err a lot more relaxed and like ah at home with myself':

Rav: [...] it was really nice err exc- a sense of excitement there was a sense of excitement and it ermm and fun and what happens when you keep all this stuff to yourself is there's no fun in it and you can't laugh about it [...] that was really positive because afterwards I was just like talking to friends and I was just able to have a bit more sense of humour about it, and through humour be able to talk about it which before I wasn't really talking about anything so that was

ermm extremely healthy you know that's a thing actually yeah,
laughing-

Felix: Yeah.

R: -about it, like your acceptance is like- because that's a-a funny
kind of taking pleasure-

F: Mm.

R: -you can take pleasure in things you couldn't take pleasure in if
you can laugh about them-

F: Yeah.

R: -yeah it's a pleasure source [...] yeah, fat sacs being able to
laugh about it instead of being like brutalised by it [laughter].

For Rav, coming into contact with a performer who used the term 'fat sacs' to describe their chest opened up possibilities to find levity and pleasure in their body. Reflecting on their experience of this performance, which centred non-binary performers, Rav highlighted the transformative experience of seeing another person engage with their body on these terms. The contrasting term 'brutalised' captures something in this context of the different kinds of possibilities that they associated with ways of relating to the body. Seeing and being able to draw upon humour and playfulness provided ways for Rav to share and talk about their experiences in other contexts, an impact that they identified as being very healthy for them.

A characteristic of Rav's descriptions that was shared in common with Sam's, Jo's and Alfie's was the importance of having been within physical spaces shared with others. For Alfie, it was important to be able to look around and see

literal possibilities in the diversity of bodies around him when in trans spaces. The ability to do this created space within and outside of the nexus of gendered physical expectations and body ideals that Alfie described navigating earlier on in their interview.

Alfie: [...] if you go and meet a lot of trans people in person you get a very different and you get a much more realistic idea of what people look like. And it really helps if you go a place like that and see other people who kinda look like you, umm and have the same or similar kinda gender identity to you, and who have a whole kinda like set of body types erm just because I guess it gives you a poi- like a new set of references that you didn't have before, umm to kind of as a- just a way of kinda like fitting yourself into something and making sense of it [...] I think it's- y-you get a much err more kind of grounded, realistic idea of a body when you realise that it's primarily like something that people have to live in rather than something that people look at.

This was important for Jae also, in terms of being able to see representations of the diversity of transness and different forms of transition around them 'all of these people have different gender identities it's like I don't have to fit in a box and it's kind of really comforting to know it doesn't matter what I like go and try and get help with, they- the people around me are still gonna love and care about me just because I'm me'. A feature of both Jae and Alfie's descriptions is their striking counterpoint to some of the efforts and pain involved in 'trying to fit'

discussed in Chapter Four. For Alfie, community provided a way to fit themselves into something in a way that made sense, while Jae experienced community as a release from the pressure of needing to fit at all.

For Geillis, a shared understanding around specific aspects of embodiment and distress was possible with trans people that she did not experience as being possible in the same ways with cis people. In explaining this, she made reference to a tendency of cis people to use physical compliments as a form of validation or affirmation in a way that she struggled to find genuine, and the labour of interacting with people who 'don't get' the importance of gender affirming care. An interesting point to consider in relation to Geillis' reflection on the tendency of cis people to comment on her appearance (calling her 'beautiful', for example, or commenting on how long her hair was), is Julia Serano's (2007) work on transmisogyny. In her analysis of the frequency with which media depict trans women in the act of applying make-up or dressing themselves, Serano argues that such representations establish trans feminine identities as 'artificial and imitative', reducing transition to 'the mere pursuit of feminine finery' (42).

That this framing is possible, according to Serano, is due to its invocation of misogynist constructions of femininity itself as contrived, frivolous, and manipulative. We may speculate that some of Geillis' discomfort with what she considered forms of 'lazy allyship' such as this may in part arise in response to the implication that 'beauty' was or is the primary aim of transition for her. As Serano so cogently argues, this notion links into pervasive and harmful constructions of trans femininity and womanhood.

In response to the (experienced and anticipated) difficulties and labour involved in forming connections with cis people, Geillis endeavoured through

conscious effort to 'build my life around transness. Erm which includes work and future housing and erm as much as possible, everything.' Later in her interview, Geillis connected this to the capacity of other trans people to understand the profound importance of embodiment in relation to identity, without such importance being reduced to 'shallowness': 'I feel like trying to have a conversation with a cis person in which I explain that losing three stone in total is gunna reduce my breast size, that seems like a ridiculous, shallow, nonsense statement to make but like trans people understand'.

In addition to in-person spaces and communities, the Internet and online spaces were also prominent across the sample, reflecting some of the arguments made by Stephen Whittle (1998) and Susan Stryker (2008) in relation to the centrality of the Internet in the rapid expansion of trans, non-binary and gender non-conforming community formation that occurred in the industrialised and English-speaking West from the 1990s onwards. The value of online communities was reflected in participant discussions; Brooke, Jo, Callie, Daniel, Luca and Rav all mentioned the kinds of supportive friendship networks and communities they had been able to access through social media. Brooke and Lyri also discussed curating their social media feeds to follow queer and trans people talking critically about weight and health discourses, some of whom were fat activists. Accessing and sharing information was also a theme; Luca and Sarah cited the Internet as their first go-to sources of information on trans experiences, while Brooke emphasised the importance of the Internet as a source of information for young people on the kinds of possibilities open to them.

For some participants the ability to access online trans communities alleviated complex feelings and dynamics that could arise from being around a

group of trans people in person. For Brooke, online spaces felt more accessible on the social level; 'it definitely feels a lot less intimidating because I am an introvert and even though I'm fairly social umm like i- the idea of like a just a whole group of people to kinda like bring yourself to an' kind of like try to talk to is a very kind of intimidating thing'. Online communities and support networks were also important to Jo, as a form of community that was much more easily accessible than the in-person experiences they described:

I'm chronically ill so it's not always possible to go to events. I'm stuck in the house in bed most of the time. That's one of the reason why I'm glad I have added other lovely supportive non-binary, trans friends and feminist friends on Facebook. That's a good support network for me. Even though I don't chat with many people because of low energy and shyness I follow other people's lives and post stuff sometimes about my trans experiences, I always get support from these friends.

In-person spaces were also characterised by some participants as being difficult due to an intensified bodily awareness; Arin, for example, described an experience of a trans masculine group in which Arin felt aware of 'people eying each other's up, you know bodies up'. For Alfie, the fact that people were unable to edit the appearance of the body as a unified whole in in-person spaces was a crucial aspect of their importance, while for Callie this made them more difficult to navigate: 'I prefer trans communities online over support groups/meetups, it's a bit easier to hide behind a screen since appearance doesn't matter if you're

communicating over text'. Callie had also attended in-person support groups, and for her the anonymity and relative distance of online spaces made sharing experiences feel less fraught. In her experience of in-person spaces, 'specific topics around body image didn't really come up - probably because everyone there was cautious of triggering dysphoria and wanted to avoid sensitive topics that may cause people to get upset'.

For Luca, the ability to access and create his own QTIBPOC spaces online provided a way to counter the negative impact of the whiteness of some of the trans communities and spaces that he interacted with; reflecting on his memories of searching for 'UK trans' on the Internet, he recalled 'scrolling and scrolling and scrolling up to so many different pages and erm basically all of the people that I could find even when I looked like not just in the UK? Erm were primarily like quite slim to athletic, erm white, trans guys [...] the feeling of 'oh wow like it's not just me that feels this way like there's other people an' I'm not alone' was like so quickly replaced that by like 'but I don't look like that and I'm not gunna look like that' d'you what I mean'.

Luca noted that this was something they had seen change in the years since, and he reflected positively on the effort made in some trans spaces to centre the experiences of trans and gender non-conforming people of colour, although 'even now like a lot of the time that I'm in these spaces um I still kind of feel like a minority.' Contemporary research supports Luca's sense of the persistent whiteness of online spaces; Laura Horak's work on trans representation on YouTube notes that, while much generative use is made of the platform, search results for racially unmarked terms such as 'transgender' predominantly consist of content created by white people (Horak, 2014).

Lyri's experiences of accessing QTIBPOC communities also represented a contrast to the uncomfortable awareness of their own body that they experienced in some of the white queer and trans spaces they accessed:

Lyri: [...] being around everybody in [QTIBPOC peer support group] – this is gonna sound probably incredibly cliché or I dunno fanciful but it was almost like I didn't actually have to think about anything to do with myself [...] I never once thought about my weight or like even my body [...] it's not that I didn't feel visible [...] I just didn't feel uncomfortable with it? Um you know people would in- I existed in that space and it w-it was just a it was just being comfortable, I didn't worry if people like called out my name or came over to me or you know if they wanted to take a picture with me or like just being friends being friends, whereas in the [non-binary peer support group] I just wanted to be invisible, I think.

In other parts of their interview, Lyri emphasised the impact of specific online communities and influences too; for them, curating their social media feeds to highlight fat, genderfluid and trans activists was crucial in their ongoing processes of unlearning and reconfiguring how they understood 'health' for themselves and their body, in ways that they found liberating and empowering. The QTIBPOC group that Luca discussed having set up was also online and was set up in response to the problems that he felt were present in existing online community spaces. For Luca, the Internet provided a means with which to connect with other trans people of colour, and was also a source of difficulty in forming a strong

sense of himself and his physicality due to the recreation of specific kinds of white, slim, athletic physical ideals.

For Daniel, experiencing community with other trans men of colour provided a form of acceptance and a possibility for growth that he did not experience to the same extent 'outside': 'we've all come from the same place in various different ways but essentially from the same place it's y'know there's no kind of yeah it's not it's not a case of 'you have to be this certain way' because we have that from everybody else y'know outside'. While experiences of community were complex and at times difficult, as I will go on to discuss in the following two sections of this chapter, the accounts given by participants of positive experiences of community were powerful and often moving. At their best, communities and community spaces provided relief from the normative and gendered pressures upon embodiment that participants experienced 'outside', and opened up new and different embodied possibilities.

[Under pressure: Intracommunity ideals and exclusions](#)

Although prominent, positive experiences of community were certainly not universal, and the complexity of community is referenced by White (2020a) and Gordon et al. (2016). White identifies the erasure of fat trans bodies in community and activist spaces, as well as online and in social media forums, as a contributing factor to what they identified in their interview data as the understanding that 'Trans=Thin, Fat=Cis' (p. 111). According to Gordon et al., while community was a source of resilience and strength, it could also be a site of stress, judgement, and policing from other trans and gender non-conforming

people, in ways that often focused forensically and cruelly on particular physical characteristics (p. 147).

Alongside their accounts of relief, pleasure and possibility, many participants commented upon the kinds of ideals, pressures and exclusions they experienced from within queer and trans communities; Ocean, for instance, highlighted some of the damaging impacts that being in trans spaces had had on em, and the kinds of ideas that were ‘rammed’ into em by trans people ey came into contact with earlier in eir life:

‘when I was thinking about all of this that trans means you are one of the two traditional genders and you’re either the one you were assigned at birth in which case you’re cis or you’re the other one in which case you’re trans [...] I’m totally aware that in the last fifteen, twenty years that that view has shifted an’ I think that shift’s a good thing, but um the complete rejection I had from people who were noisy about their trans status at the time was as hurtful as the rejection I got from the radical feminists at the time’.

For Arin, past experience of a trans support group was grounded in the understanding that ‘every aspect of trans life is inequality’, by which Arin meant the lack of equitable access to transition, health, and safety. For Arin, a difficulty of being in trans spaces was the fact that ‘they were nev-never safe spaces, people eying each other’s up, you know bodies up, just look at them and just [...] you know feeling uncomfortable and which makes you feel uncomfortable and y-you know. It’s difficult to find somewhere where you do feel comfortable, to be

frank'. Arin's observations of this particular space reflect findings in Galupo et al.'s (2014) study of friendship experiences across a sample of 536 trans and gender variant people. The authors found that jealousy, resentment, and feelings of competition were a form of discomfort specific to friendships with other trans or gender variant individuals. These forms of discomfort stemmed from seeing others transition 'ahead' or more quickly, from the class and financial differences that made this possible for some over others, and perceived ability to navigate mainstream society more 'successfully', along lines usually informed by privilege.

Alfie's descriptions of in-person trans spaces, which are quoted earlier in this section, were compared in their interview with their experience of online spaces, which he also associated with more homogenised representation: 'I'm in a lot of trans groups on Facebook and other places online, and people only really show parts of their bodies that they're comfortable with, erm and so you get a, a set of people who start looking kind of homogeneous, umm because they- their bodies are kinda like closer to a, a certain set of ideals, because people whose bodies don't look like that, they don't generally seem as comfortable showing them on the Internet'.

This ambivalence was reflected in Sarah's interview too; while the Internet was instrumental in her realising her transness – 'I figured out I was trans by going on Reddit' – she also reflected on the presence in many of the trans spaces she had accessed of 'a shared experience of desperation that's just very contagious'. This was not due to the nature of online spaces per se, but was a characteristic that Sarah associated with online spaces in particular throughout her interview. Sarah connected the 'contagious' sense of desperation she described with the prominence of particular narratives of dysphoric distress and

the desire for 'this particular body type', especially among trans women, 'just by virtue of the fact everyone is really sad about the situation'. In a one-on-one interaction with another trans woman, she was struck by the difference in 'how positive and just how like curious and explorative it like kind of the way she was going about things was, rather than desperate, sad'.

In terms of embodiment, Luca reflected on pressures to perform particular kinds of work upon the body, which he associated with pressures within trans communities to 'look a certain way and you have to like just because you transition like you need to be in the gym and like [...] you need to get that six-pack'. Luca associated this pressure throughout his interview with a 'dudebro' mentality: 'you have to look cis you have to have like the um the triangle shape? Like [...] the shoulders and the point to the belly button and you have to go to the gym every day'. Luca associated these practices with a mentality 'that kind of pieces up other people's experiences and other people's bodies and you know it makes people really self-conscious'.

Both Luca and Lyri discussed feeling minoritised as 'the only POC in the room' in spaces centring trans and gender non-conforming experience. In relation to in-person spaces, Lyri reflected on their experiences of non-binary social groups where 'I've quickly found myself to be the only person of colour [...] and the only person with my body and shape, so I well like the only person of colour, the only person who like kinda looked like me, um and well it was yeah it was just me, so I then found myself reflecting more and more on what... or like how much space I was taking up an' I kept on refer- like thinking about my body?'

As I touched upon in the previous section, questions of access to different forms of community came up prominently in my interviews with disabled

participants. For Jo, although they shared their recollection of attending a queer and trans dance night which they found a freeing and joyful experience, the venue where the night was held was not wheelchair accessible. They had found ways of navigating this in the past, but due to pain and the fear of falling, they weren't sure they could physically do it anymore.

Ry also discussed disability and access at length in her interview, identifying in specific terms the ways in which a lack of access negated the potential health benefits of queer and trans spaces: 'I personally feel that being excluded in a sort of in that physical presence is more damaging for my physical and mental health than anything else. You know it's not that I've given up it's just that I find those things are just so damaging'. This was an issue that Ry perceived as having worsened over time:

Ry: I think any time you've got to argue for your right to be there, it's not a healthy place to be I mean I don't mind doing it on behalf of other people but I've given up, you know there's no pleasure out of trying to you know if yo- all you're doing is having a war an' then you're othered when you get in there there's there's just no point [...] we've fought a kind of losing war over the last fifteen years to have any kind of visibility at pride [...] Whereas we used to when it was genuinely run by the community, the safe space with all the visible disabled people was right at the front of the march behind the rainbow flag, you know the community was proud to acknowledge us.

Ry reflected throughout their interview on instances of half-hearted accessibility efforts and hostile responses to complaints about poor access; in one case an event organiser cut off communication with disabled LGBTQ+ people after they identified accessibility issues at an event. Ry interpreted this response as resulting from the fact that the disabled people in question did not perform appreciation or gratitude in the ways they were expected to. These experiences contextualised the fact that, for Ry, community work was a significant form of self-care.

'Do as I say, not as I do': Expressions of guilt and responsibility

An aspect of gendered positionings in relation to weight and shape that emerged, and which does not feature in any of the literature reviewed for this study, was the sense of responsibility and in some cases guilt that participants expressed when discussing feelings about their bodies. These discussions were important in terms of what they illuminate about the pressures that the trans and gender non-conforming people interviewed for this study felt regarding both their embodiment, and the feelings about that embodiment that they expressed to others.

For Kit, the expression of aspects of their feelings about weight and shape was difficult 'because of the implication that one's feelings could be taken to have for one's politics'. This difficulty related to the ways in which the things they said could be misinterpreted by strangers and other unknown parties, but discussion of body image in closer relationships was by no means straightforward: 'it's not the most straightforward thing to be like 'hey, I wanna like dump a bunch of angst about like body issues on ya, hope you don't mind if I just do that, cheers'

[laughter] it's not an easy thing to bring up'. The general impression Kit gave was of managing their thoughts and feelings in private, preferring this to the complexity of the responsibility and potential guilt involved in communicating them.

Geillis' perspective and corresponding strategy shared some of these characteristics:

Geillis: I feel like once it's out there that I'm on a diet like I want people to know that I've been forced to do it but like that then puts me in the position of being like 'the GIC's being really mean to me' and it's like they're being mean to all of us, I don't really want to be bitching about it to other other people who're alre- also havin' a hard time [...]

Felix: I guess I'm curious about whether there are any friends that you're able to talk about it in a more one-to-one like to vent about it or have those kind of chats with.

G: [sigh] Honestly my um approach is to not do that, as much as possible, um and then occasionally an overflow will happen and whoever's there will get it, and I'll try and limit that as much as possible [...] I don't want to talk to cis people who won't understand what's happening and then like I might as well just talk to myself, erm and I don't necessarily want to get into it with like well I can't even envisage myself getting into it with a counsellor, much less a fuckin' friend who you know has their own shit.

Geillis found being on a diet embarrassing politically and socially, and her anticipation of lacking understanding among cisgender friends and counsellors only compounded her reluctance to express frustration and distress related to dieting in trans spaces, since she felt that trans people tended to take on an excessive responsibility of care for one another anyway, to which she didn't want to add.

For Ashley, discussion of weight with their trans friends and networks tended to revolve around sharing experiences and venting about treatment and pressures from the GIC regarding weight loss. Part of this was about information sharing in order to support others to navigate trans healthcare pathways: 'I think [my friend]'s probably gonna come across some issues with the BMI kind of crap with them so I spoke to him a bit about it but he hasn't had the issue with them yet but I was just kinda like I'll speak to him about it before they dump it on him and are like 'lol you need to lose nine thousand pounds of weight' or something [laughter]'.

Brooke felt a similar sense of responsibility and reflected on their engagement with online queer and trans spaces and networks in a 'queer parent' or 'old queer' role, despite being the youngest person in the sample at 21 years old. Their reflection on not wanting to raise their own struggles or issues, 'because I don't want all of you to be brought down or feel upset or kind of you know that kind of thing', reflected a commitment to acceptance and encouragement of others that they experienced as being at odds with their own difficult relationship with their body:

Brooke: I'm very much the kind of 'do as I say, not as I do' because I very much kind of push that body positivity going 'no you y- no matter what you look like kinda thing, what you identify as is is you' kinda thing, but then like obviously at home I'm very much kinda like 'ahh let's try and see how long I can go without eating until I pass out' kinda thing, um but I think it's kind of a good basis to start with because I think as long as I'm using that headspace, or something positive for other people, hopefully given enough time it'll actually like start working on me too [laughter] so yeah I guess that's kind of like where I'm at with that kind of thing.

The quote above highlights the difficulty and also the benefit for Brooke of acting in the role of 'protector' to their friends.

Another aspect of the excerpts above is the guilt that Kit, Geillis and Brooke anticipated, should they seek to express aspects of their experience to others, specifically trans and gender non-conforming people. Luca also expressed guilt with a different source and focus, in that guilt and feelings of 'selfishness' centred around his having been able to access chest surgery, and his awareness that many others were not able to do so.

Luca: I think like with the guilt aspect of it like I'd love to sit here and say that it isn't something that I no longer feel? But that isn't the case like I do still quite often feel guilty for erm I guess just like being where I am in my transition in comparison to like some of my friends umm that you know are like still struggling with like some of the

earlier stages and kind of being able to relate to that and know how hard it is?

These feelings of guilt arose out of Luca's acute awareness of the struggle involved in accessing gender affirming care, and the prevailing inequalities informing who was and was not able to access such care because 'so many people that're umm like not be able to afford or it won't be accessible or umm their family wouldn't accept it'.

Conclusions

'It is important that we do not idealize queer worlds or simply locate them in an alternative space. After all, if the spaces we occupy are fleeting, if they follow us when we come and go, then this is as much a sign of how heterosexuality shapes the contours of inhabitable or livable space as it is about the promise of queer' (Ahmed, 2006, p. 106)

Through this chapter I have illustrated the complex connections that participants described between their experiences of different forms of community, and their relationships with weight and shape. The capacity of communities and community spaces to open up new and different possibilities in terms of embodiment was profound in the descriptions given, providing a sense of freedom from judgment and normative gendered expectations. In such contexts, it became possible for relationships with body fat or with dysphoria-associated parts of the body to shift. Community spaces also represented new ways to 'fit', or freedom from the feeling of needing to fit at all. To be seen and understood, and invited to 'come as you are', was also a source of protection against the limits experienced 'outside' of

such spaces. Access to online community in some cases provided relief from the pressures associated with in-person interactions, and facilitated connection to social networks for those who found in-person spaces less accessible.

As is also evident in the data discussed in this chapter, experiences of community could be difficult and contingent. The presence of idealised bodies within trans and gender non-conforming communities indicates the importance of not idealising 'queer worlds', as Sara Ahmed observes. Efforts to create 'inhabitable or liveable spaces' were recognised by some participants as being difficult, in terms of the resources needed to keep an in-person group going, or to consistently and ethically moderate online spaces. The pressures of navigating cis-normative worlds also manifested in some cases in exclusion and the policing of boundaries concerning who 'counted' as trans, an issue that is also identified by Gordon et al. (2016)

Another point covered in this chapter has been the ways in which whiteness and ableism structured the kinds of alternative spaces participants had access to, and how this shaped the possibilities such spaces opened up for them. This highlights the danger of assuming that spaces centring trans and gender non-conforming axes of experience and identity are able to extend space for the bodies of those accessing them in equal or consistent ways. For three of the four participants of colour, spaces specifically centring queer and trans people of colour were associated with relief from the pressures they experienced within as well as outside of specifically trans and gender non-conforming spaces and communities. For the two participants who were wheelchair users, in-person spaces featured prominently as spaces of limited or no access.

The ways in which responsibility to others in participants' communities were discussed indicate another consequence of the pressures of the kinds of hetero- and cis-normative contours that Sara Ahmed refers to. The other side of the coin of shared experience was in some cases a hyper-awareness of the extent to which trans friends and peers 'have their own shit' to deal with. The data discussed highlight the risk of this awareness resulting in trans and gender non-conforming people taking primary responsibility for providing care to themselves as well as to others, by compartmentalising or holding in their own experiences. For Luca, guilt arising from an awareness of the inequalities inherent within trans and gender non-conforming experience was linked to some positives, in that they felt 'blessed' and grateful to have their body. However, this did also mean that guilt and the sense of having somehow been selfish in accessing care were folded into the foundations of their relationships with the weight and shape of their body, even those aspects that they characterised as positive.

This chapter contributes to and deepens understanding of the benefits and limitations of trans and queer community in relation to body weight and shape. The positive experiences that participants relayed were profound and often moving, and indicate the vital role played by communities in facilitating and supporting ways of engaging with and experiencing the body that issue from and are centred in acceptance, joy, relief, and pleasure. Different spaces and communities met different needs for participants, and exclusion from community was experienced as deeply painful. As such, the findings discussed in this chapter indicate the need for more resources supporting a multiplicity of spaces, in ways that are sustainable and accessible.

Conclusions – Through and beyond: Embodied possibilities

The need for trans knowledges: Summary of findings

Perhaps the central point around which the analysis presented in this thesis coalesces is this: that trans and gender non-conforming positionalities come to bear upon relationships with weight and shape in specific, contingent and significant ways. Weight and shape-related practices, habits and behaviours – of any kind, whether considered diagnostically ‘disordered’ or ‘healthy’ – emerge from these relationships, carrying with them complex and multifaceted meanings for each person. As illustrated throughout this thesis, these complexities are not reducible to the equation of transness or gender non-conformity with bodily distress, a tendency that I critique in Chapter Two.

This thesis departs from prior research addressing this topic (or, more usually, addressing the questions of risk and vulnerability to disordered weight and shape-related practices) by approaching the relationships between trans and gender non-conforming positionalities and body weight/shape as developing in response and relation to the tensions between self-perception and self-understanding. The experienced and anticipated perceptions and responses of known and unknown others impacted powerfully upon what was experienced as (im)possible in participants’ navigations of these relationships. Encounters with and navigations of, specifically, the powerful systems and structures of transition-related healthcare opened up and closed down possibilities at the bodily level in ways that heightened the significance of weight and shape as embodied resources for change and movement. Queer and trans communities and community spaces represented imperfect and contingent sources of possibility in

the ways that participants engaged with and related to the weight and shape of their bodies.

The points at which these different perceptions, expectations and pressures converge represent specific moments, sites and encounters where gender is (co)produced, (mis)recognised, withheld or granted, affirmed or denied, policed or (for some, some of the time) liberated. Weight and shape feature in this fraught landscape as immediately available resources with which to exercise control over the body and/or the perceptions and reactions of others (as discussed in Chapter One, Salamon argues that such perceptions are then integrated back into the self-image). Engagements with weight and shape also represented means of access to forms of bodily affirmation that in other areas were withheld, delayed or placed at a great distance, and to shape the material conditions of everyday life. They also feature as literal requirements imposed by gatekeepers to forms of gendered self-actualisation via medical transition.

This thesis has sought to address and explore the depth and range of significance that weight and shape held for the trans and gender non-conforming people who took part. In drawing upon sociological theorisations of trans and gender non-conforming embodiment, I have identified points at which being positioned 'between' or as the constitutive boundary to dominant (hetero)sexed and gendered bodily norms placed intense pressures upon participants' bodies, and the ways in which weight-related practices were utilised to manage such pressures.

Drawing upon feminist interventions into understandings of weight and shape, I reject the hypothesis presented in so much existing literature on this topic, that relationships with weight and shape for trans and gender non-

conforming people are defined primarily by internal forms of distress *inherent* in transness and gender non-conformity. Utilising queer phenomenologies, I have argued instead that embodied distress is compounded, and in some cases catalysed, by the ways in which the spaces into which trans and gender non-conforming bodies are able to extend is limited, and that weight and shape become significant as a potential site of response to these limits.

In these ways, I have sought to situate sociological and feminist conceptualisations of body image, weight and shape in relation to contemporary theorising around trans and gender non-conforming embodiment and health. In drawing upon these bodies of work I argue that, rather than being primarily a question of aesthetics in the sense of the minimisation or maximisation of specific primary or secondary sex characteristics, weight, shape and size represent an embodied means with which participants negotiated im/possibility and movement, both spatially and temporally.

Beginning with an exploration of historical and contemporary framings and theorising around trans embodiment, I have traced the increasing emphasis placed at the end of the 20th century and the beginning of the 21st on tensions between *conditionality* and *movement* in framings of trans and gender non-conforming health and healthcare, as illustrated most cogently by Ruth Pearce (Pearce, 2018). Additionally, I identified theoretical efforts to break with histories of pathologisation and rigid, diagnostic categorisation, and to create instead models for understanding trans and gender non-conforming embodiment (and embodiment more broadly) that emphasise the *ongoing*, contingent and situated nature of such embodiment (Salamon, 2010; Davy, 2011).

In Chapter Two, I focused on the specific trajectories of the kinds of cultural, social, and medical meanings associated with body weight, shape and size in the UK, and the industrialised West more broadly. Positioning myself here at a distance from (and in opposition to) mechanistic framings of weight and shape as reducible to energy in/energy out equations, or to universal ‘good’/‘bad’, ‘healthy’/‘unhealthy’ binaries, I drew on the extensive work done, by feminist and postcolonial scholars in particular, to historicize and critically appraise contemporary understandings of body weight and shape. In departure from mechanistic and weight loss-focused framings, this body of scholarly work has emphasised the symbolism, meaning, and significance of relationships and engagements with the body’s weight and shape to argue for a more sophisticated understanding of the ways in which gendered and sexed bodily norms are reproduced and policed within weight discourses. The most prominent area of scholarship in which trans and gender non-conforming experiences of such norms have been integrated is undoubtedly Fat Studies; multiple chapters in the 2009 *Fat Studies Reader* addressed this intersection (Bergman, 2009; Vade and Solovay, 2009), and Francis Ray White’s work has been situated within ongoing iterations of Fat scholarship (White, 2014, 2020b). Other notable examples drawn from Fat Studies specifically include ‘Transfatty’ in *Fat Studies in the UK* (Barker, 2009) and ‘Chubby boys with strap-ons: Queering fat transmasculine embodiment’ in *Queering Fat Embodiment* (Burford and Orchard, 2014).

The research questions grounding this thesis focused on trans and gender non-conforming *relationships* and *engagements* with body weight and shape, how these experiences of the body were informed and influenced by different contexts and relationships, and the significance of access to gender affirming

care in the form of community or specific gender affirming interventions. Drawing upon the narratives and reflections accessed in interviews, I have sought here to open up space for conceptualising and addressing questions of body weight, shape and size for trans and gender non-conforming people in more expansive, complex, and nuanced ways. It is my hope that this effort can contribute to the broader work being done to expand understanding of the kinds of change needed to transform the landscape of possibilities in relation to trans embodiments and relationships with weight and shape.

In Chapter Three, I provided details of the methodological and analytical approach taken in conducting the research, beginning with an overview of the significance of queer and trans phenomenologies specifically as an epistemological framework for the study, with the intention of staying 'close' to and emphasising the experiential aspects of participants' descriptions of their relationships with body weight and shape. The practicalities of the research were also explained in Chapter Three, along with explanations of the methods chosen and reflections on the attendant benefits and limitations. Reflection on my own positionality as researcher overlapped with ethical considerations and epistemological questions, in terms of the varying extent to which I shared experiences and familiarity with participants, and in the inevitable partiality of accounts of lived experience, respectively.

The kinds of weight-related embodied practices and behaviours that participants made reference to in their interviews was broad and diverse; Chapter Four opens with an overview of some of the practices that came up, before entering into more in-depth discussion of the relationships with weight and shape that contextualised these practices. In addressing practices contextualised

variously in relation to distress and pain, connection and pleasure, or ambivalence and compromise, I have sought in Chapter Four to elaborate upon the ways in which different landscapes of im/possibility and the in/ability to *move* featured prominently across participants' interviews. Movement, in these instances, had meaning both spatially – in the ability to access and move within different spaces in particular ways (safely, comfortably, at all) – and temporally – in the ability to envision and feel that desired futures were imaginable and liveable.

The tensions between efforts to *escape* and labour *towards* that are highlighted in Chapter Four indicate the need for adequate accounts of trans/gender non-conforming relationships with weight and shape that disavow framings of transition as 'end point' or solution, in favour of framings in which transition and access to gender affirming resources (including but not limited to medical interventions) represent *non-negotiable* aspects of the facilitation of trans and gender non-conforming relationships with the body as a *whole* in which it is possible for compassion, connection, and engagement with ongoing change to be centred. Towards the end of Chapter Four, I reflected in greater depth upon the kinds of strategies, tactics and workarounds participants drew upon in seeking to minimise pain, harm and distress, and maximise pleasure, joy, and connection. This work was not simple or straightforward, and was fraught with contradictions and tension; the crucial point that I will seek to highlight here is the desire and labour that drives this work, and what this can tell us about the factors that make such work possible or impossible, or that make it easier or more difficult.

While Chapter Four focused on the identification of themes of movement and im/possibility within participants' accounts of their experiences, in Chapter

Five I sought to explore the ways in which significant spaces and relationships in participants' lives came to bear upon these movement and possibility trajectories. In some instances, participants described the roles played by others in creating new ways of seeing and understanding their bodies that they couldn't imagine being able to access otherwise; romantic and sexual partners, for example, featured in a number of interviews as crucial in facilitating participants' sense of the possibility of connecting to and feeling and being comfortable in their bodies, through touch in some cases and, more broadly, in opening up space for participants to literally see and experience the weight and shape of their bodies differently.

Chapters Six and Seven focused on the significance of, respectively, experiences of and access to gender affirming care and navigation of care pathways, and participant discussions of the impact of different forms of queer and trans community. These chapters contribute significantly to knowledge and understanding of how and why these sites come to bear upon relationships with weight and shape for trans and gender non-conforming people. In Chapter Six, I argued that the relevance of gender affirming treatment and interventions to weight and shape is not simply a question of forms of bodily distress for which different interventions provide a 'fix' on an individual level. Rather, structural and systemic crises in the delivery of gender affirming care through the NHS created a context in which participants' sense of embodied possibility was fraught; desire and hope existed in fragile tension with deferral, delay, and the spectre of the refusal or withdrawal of care. In addition, the power dynamics inherent in existing systems created feelings of profound disempowerment and lack of control in relation to the body.

In Chapter Seven, I argue that communities and community spaces were sites of profound possibility for many participants, in ways that indicate the need for meaningful development and consistent support for community-based initiatives regarding relationships with the body, including relationships with body weight and shape. While this was the case, experiences of community were complex and in some cases fraught and difficult. There is a need for greater efforts to acknowledge and address the ways in which whiteness structures some trans and gender non-conforming spaces and communities, and to centre work being done by the increasingly prominent range of initiatives, groups, and organisations established and led by trans and gender non-conforming people of colour across the UK.

Recommendations

In approaching the research questions driving this thesis, one of my main concerns was that the final output be 'useful'. The use value of research is, of course, highly subjective depending on where one stands; a doctoral research project could be useful to me personally as a research student, and also be of limited or no use value to the participants and the communities they are a part of. Indeed, this has been true many times over in the past of research conducted with trans and gender non-conforming people and communities, and many other marginalised people and populations (Adams *et al.*, 2017).

Something that became apparent in the process of revisiting my research journal and post-interview reflective notes was the frequency with which participants seemed eager to speak and appreciative of having a space in which to talk and think about weight and shape. Daniel described the experience as

informative and therapeutic, while Jaime appreciated the ability to have 'open and frank' discussion because 'it's not really something that I get from anywhere else', and Lyri thanked me in closing our interview for 'the space to talk through these things'.

As analysis of the data and findings progressed, these expressions felt less related to myself as interviewer (there are many notes I have made to myself regarding my tendency to get lost in my own meandering questions, for example), and more related to the specific context of the interview. The interview setting seemed to provide a space separate from the kinds of care responsibilities that some participants described experiencing in their relationships with trans and gender non-conforming friends, peers and communities. Sharing some overlapping experiences of living in the UK as a trans person contributed to the building of trust and rapport, while the interviewer-interviewee relationship released participants from a sense of responsibility for my emotional responses to the experiences they shared.

The benefits of the interview context also seemed to stem from its separation from participants' ability to access or rely upon existing treatment, whether this was related to gender affirming care or mental health. This separation seemed to me to facilitate conversations over which the shadow of expected and normative narratives could, if not disappear entirely, at least recede. In some instances, the presence of such narratives and the shadows they cast over the ability to communicate embodied experience could be considered critically or thoughtfully. These features of the interview process brought home to me with some force the need for a vast expansion of the kinds of spaces available

for trans and gender non-conforming people to express their experiences in ways that are attentive to the pressures placed on these experiences.

These may be pressures to be representative, for example, or to be intelligible to those in a position to gatekeep access to care or space, or to take on caring responsibilities for others in ways that entail a shutting in or compartmentalisation of personal experience. In some interviews, participants reflected explicitly upon the fact that they weren't sure exactly where they would go to talk about this specific aspect of embodiment openly, or identified the absence of such a possibility.

The findings of this study have important implications for people in a position to provide therapeutic care to trans and gender non-conforming people for whom weight and shape are fraught, and who experience their relationships with weight and shape as painful, harmful or damaging. This knowledge is badly needed; a recent study exploring trans peoples' experiences of treatment for disordered eating found that participants reported a lack of understanding and knowledge among clinicians around gender identity, with many being put off seeking future treatment due to their experiences, and around 40% reported that they had chosen not to disclose their trans experience to avoid negative reactions (Duffy, Henkel and Earnshaw, 2016).

It is my belief that the findings presented in this thesis represent a valuable and important (though obviously not finite) resource for those working in areas where therapeutic intervention is possible. Drawing on the findings published by Mary Duffy and colleagues, one such area is obviously that of the provision of clinical and therapeutic care in facilitating the recovery of people whose relationships with weight and shape are particularly fraught and for whom the

attendant risks to health, wellbeing, and possibly life are most apparent or immediate. However, this could also include counsellors and therapists working across a range of fields and specialising in various techniques, who may find themselves working with trans or gender non-conforming clients to explore aspects of embodiment or relationships with the body. Indeed, I believe that, as is true in many cases, the findings presented regarding the connections between embodied practice and gendered possibility would be beneficial for people of many differently gendered experiences, including cisgender people.

The points of intersection that emerged in this research as significant indicate the urgent need for continued work to expand and multiply the kinds of embodied possibilities open to trans and gender non-conforming people (and, indeed, those who do not identify as such). In relation to medical and care practices, the findings presented here indicate the need for a culture of collaboration rather than gatekeeping between clinicians and communities, and urgently indicate the need for changes to be made that foster a sense of autonomy and empowerment in relation to gender affirming care. To draw on existing scholarly work in this area, the content of this thesis indicates the urgent need for a broader embrace of and investment in what Ruth Pearce delineates as a model of 'trans as movement' (Pearce, 2018). The prevailing framing of 'trans as condition' manifested in interviews in the kinds of conditionality participants experienced as characterising when and how they could expect to gain access to gender affirming healthcare.

Throughout the thesis, and particularly in Chapter Six, I have sought to illustrate the ways in which the sense of access to healthcare and the power dynamics present within navigations of gender affirming healthcare pathways

contributed to participants' investments in weight and shape as accessible means with which to change their embodied situation and to seek to move themselves in desired directions. Of particular relevance here were three key threads: the significance of access to gender affirming care as governed by expert clinicians with the implicit power to withhold or refuse care; the sense of embodied possibilities as remote and indefinitely deferred in the context of extremely long waiting lists and vastly insufficient funding; and practices of withholding surgical interventions based on exacting BMI requirements.

The time in which this thesis is situated is rife with potential, tension and risk for trans and gender non-conforming embodied possibilities. The declassification of transness as a mental health disorder in 2018 by the World Health Organization has reinvigorated calls for depathologization, as well as anxieties regarding what this would look like and what the potential negative consequences could be (Davy, Sørliie and Suess Schwend, 2018). While marginal, critical discussion of gatekeeping diagnostic models has been amplified in recent years, with increasingly prominent arguments being made for movement towards integrated and informed consent models of treatment based on collaborative approaches and the empowerment of people seeking access to gender affirming care (Davy, Sørliie and Suess Schwend, 2018; Pearce, 2018; Schulz, 2018).

At the same time, concerted campaigning and pressure from transphobic groups and lobbyists resulted at the end of 2020 in the withdrawal overnight of treatment for many young trans and gender non-conforming people (BBC, 2021). A legal challenge in early 2021 was successful in mitigating some of the effects of the original ruling, and on September 17th, 2021 (less than two weeks before

this thesis was submitted) the Court of Appeal overturned the ruling (Siddique, 2021). Access to such avenues of possibility as there are remains fraught, contested, and deprioritised.

The interview data for this study provide strong indications of the significance of gender affirming interventions themselves in facilitating movement towards ways of being comfortable, content or happy with weight and shape that participants expressed desires for. At the same time, encounters with and navigations of care pathways and structures were overwhelmingly aligned with distress, constraint, and the narrowing, withholding, or loss of embodied possibilities and the collapse of possible futures (Pearce, 2018). At the time of this thesis' submission, there were almost 10,000 people on the waiting list for treatment at the Tavistock and Portman GIC in London. First appointments were being offered to people referred in October 2017, a wait of four years (NHS, 2021).

Over 2020 and 2021, pilot scheme services have been launched in London, Manchester and Merseyside, building in some instances on the successes of community-based approaches to sexual health and well-being such as CliniQ and Clinic T, and emphasising the integration of services within and through primary care. These emergent services are still required to function within the parameters of a diagnostic framework and have not been able thus far to make a significant difference to the scale of waiting lists. However, there is potential to push further some of the possibilities that such services open up outside of and away from the historical power of specialist clinic treatment models.

Limitations and future directions for research

It must of course be recognised that the findings and indications presented in this thesis are specific to the time and place in which the research was conducted. There are also obvious limitations pertaining to generalisability; while the ability to universalise about trans and gender non-conforming experience was never an objective, and would run counter to the epistemological positioning of the work, the absence of the voices and experiences of trans women and trans feminine people of colour is a major shortcoming.

These absences point to my own distance from these experiences and the limitations of 'insider' experience to foster trust and confidence in a researcher and research project. In a greater sense, they indicate the need for concerted efforts towards the transformation of academia and research in order to dismantle the multitude of barriers facing trans femmes of colour. Future research efforts may benefit from engagement with creative and innovative forms of collaboration that reach beyond and dismantle divisions between academic and non-academic spheres, in order to amplify the kinds of expertise and crucial knowledge that often cannot currently thrive within the academy itself.

The connections illustrated throughout this thesis between aspects of trans and gender non-conforming experience and body weight and shape also indicate numerous potential research directions in terms of responses and interventions regarding relationships with weight, shape and size. Future research may focus in greater depth on the beneficial impact of specific community spaces, for example, or examine in more detail the potential for informed and integrated models of gender affirming care to inform relationships with weight and shape.

While the sample for this study did include a range of ages, only two participants were over the age of 50 at the time their interviews, and the mean age across the sample was 33. In discussion of desire and possibility, there were aspects of older participants' expressions of desire and how they navigated weight and shape that merit greater attention in ways that were beyond the scope of this research. In particular, the sense of embodied possibilities as being lost to time, and the experiences of both acceptance and resentment that came along with such loss, represent a valuable area for further research.

'Brick in the wall': Looking outward and beyond

In drawing to a close, I wish to return to the quote with which I opened this thesis, from my interview with the participant Ocean:

Ocean: [...] when it started to rain and there were no seas, we're talking billions of years ago, the water was fresh, the oceans were fresh water, and in three billion years they've turned salty and how've they turned salty? It's all the rivers in the world flowing into them and yet the rivers are fresh water-

Felix: Mm.

O: -and each river brings a tiny amount of salt that you can't even taste but over-over time all those tiny little bits add to a profound change. And again that's the same thing as I was saying about the bricks in the wall and you know, your research is part of that'

(Ocean)

To summarise the particular bricks and grains of salt that this thesis represents, within this thesis I have illustrated that relationships and engagements with weight and shape for trans and gender non-conforming people are situated within

complex landscapes of desire and labour, shaped by intense gendered bodily pressures and expectations. The possibility of movement towards or away from un/desired relationships and weight and shape was enabled and constrained variously by different intimate and non-intimate relationships and environments, the experience of which was associated with intensified or alleviated pressures upon the body.

For those seeking or desiring transition, the experience and anticipation of gender affirming care was associated with profound relief and possibility. At the same time, medicolegal constructions of trans embodiment, power dynamics in interactions with clinicians and diagnostic care pathways, and ongoing structural crises in gender affirming care featured prominently in the containment of embodied possibilities, and the threat of these possibilities collapsing entirely. The findings discussed in Chapter Six undermine the argument that body weight and shape-related experiences (particularly distress) represent a 'factor' to be integrated into existing care pathways.

While the development and funding of competent therapeutic services is desperately needed, the findings presented in this thesis suggest that more fundamental transformations in the structuring and delivery of gender affirming care will be needed if relationships with the body based on connectedness, acceptance, and pleasure are to be made more realisable. Analysis of the direct and ripple effect impact of BMI cut offs is pertinent here, in that practices auspiciously justified on the basis of 'health' most often functioned to obstruct participants' ability to engage with their bodies in ways that they understood to be healthy, and oriented them instead to practices of restriction and punishment, and relationships with weight and shape characterised by stress and pain.

In Chapter Seven, analysis contributes significantly to an understanding of the possibilities and limitations of community spaces and interventions regarding body weight and shape. Analysis of the positive impact of community illuminates the ways in which, in addition to being sources of support and affirmation, community spaces also represented forms of sociality in which the body was able to 'extend itself' (Ahmed, 2006, p. 105). In such spaces, new or different ways of relating to body weight and shape were possible, centred in freedom, rebellion, levity, celebration, and acceptance. At the same time, the complexities and difficulties associated with experiences of community indicate the need for caution and careful consideration in considering how community-level resilience and care practices around weight and shape could be developed.

Such considerations should ideally incorporate attentiveness to the consequences of care responsibilities falling disproportionately upon communities, often taking the form of extensive unpaid and unvalued labour. Emergent writings on transgender Marxism (Gleeson & O'Rourke, 2021) and on trans and queer forms of social reproductive labour (Raha, 2017, 2021) represent vital resources in these undertakings.

Ultimately, I hope to have demonstrated throughout this thesis the ways in which the enmeshment of weight and shape with the constraints and possibilities of gendered positionality indicates the need for wide-reaching and profound transformation in order for relationships with the body based on connection, acceptance, and pleasure to be more consistently and widely possible for trans and gender non-conforming people. Relationships with weight and shape were not simply *shaped by* the conditions and possibilities for embodiment in which they were situated, but formed *within and through* these conditions.

Accessible and competent therapeutic care is desperately needed for those experiencing intense crisis and distress. However, if the conditions in which such distress arises do not change, trans and gender non-conforming bodies will continue to be directed towards and into relationships with weight and shape that are characterised by the labour of managing and mitigating against intense forms of pressure and containment. On a personal level that I hope resonates beyond the parameters of this thesis, I have to believe in the possibility for more and better than that.

Bibliography

- Adams, N. *et al.* (2017) 'Guidance and Ethical Considerations for Undertaking Transgender Health Research and Institutional Review Boards Adjudicating this Research', *Transgender Health*, 2(1), pp. 165–175. doi: 10.1089/trgh.2017.0012.
- Adler, Patricia and Adler, Peter (2012) 'Expert voice', in Baker, S. E. and Edwards, R. (eds) *How Many Qualitative Interviews are Enough?* National Centre for Research Methods Review Discussion Paper, pp. 8–11.
- Ahmed, S. (2006) *Queer Phenomenology: Orientations, Objects, Others*. Durham, London: Duke University Press.
- Ålgars, M. *et al.* (2012) 'Disordered Eating and Gender Identity Disorder: A Qualitative Study', *Eating Disorders*, 20(4), pp. 300–311. doi: 10.1080/10640266.2012.668482.
- Ålgars, M., Santtila, P. and Sandnabba, N. K. (2010) 'Conflicted gender identity, body dissatisfaction, and disordered eating in adult men and women', *Sex Roles*, 63(1), pp. 118–125. doi: 10.1007/s11199-010-9758-6.
- American Psychiatric Association (1980) 'Diagnostic and statistical manual of mental disorders', pp. 143–147. doi: 10.1017/CBO9781107415324.004.
- American Psychiatric Association (1994) *DSM-IV Diagnostic and Statistical Manual of Mental Disorder*, American Psychiatric Organization. doi: 10.1073/pnas.0703993104.
- American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders*, Arlington. doi: 10.1176/appi.books.9780890425596.744053.
- van Amsterdam, N. (2013) 'Big fat inequalities, thin privilege: An intersectional perspective on "body size"', *European Journal of Women's Studies*, 20(2), pp. 155–169.
- Anderson, A. D. *et al.* (2020) "'Your Picture Looks the Same as My Picture": An Examination of Passing in Transgender Communities', *Gender Issues*, 37, pp. 44–60.
- Anderson, T. L. *et al.* (2010) 'Aesthetic Capital: A Research Review on Beauty Perks and Penalties', *Sociology Compass*, 4(8), pp. 564–575.
- Ansara, Y. G. *et al.* (2014) 'Methodologies of misgendering: Recommendations for

reducing cisgenderism in psychological research', *Feminism & Psychology*, 24(2), pp. 259–270.

Ansara, Y. G. and Hegarty, P. (2012) 'Cisgenderism in psychology: Pathologising and misgendering children from 1999 to 2008', *Psychology and Sexuality* 2, 3(2), pp. 137–160.

Ansara, Y. G. and Hegarty, P. (2013) 'Misgendering in english language contexts: Applying non-cisgenderist methods to feminist research', *International Journal of Multiple Research Approaches*, 7(2), pp. 160–177. doi: 10.5172/mra.2013.7.2.160.

Aphramor, L. and Gingras, J. (2007) 'Sustaining Imbalance - Evidence of Neglect in the Pursuit of Nutritional Health', in Riley, S. et al. (eds) *Critical Bodies: Representations, Identities and Practices of Weight and Body Management* 2. Basingstoke: Palgrave MacMillan, pp. 155–174.

Ashley, F. (2019) 'The Misuse of Gender Dysphoria: Towards Greater Conceptual Clarity in Transgender Health', *Perspectives on Psychological Science*, pp. 1–6.

Bachmann, C. L. and Gooch, S. B. (2018) *Trans Report: LGBT in Britain*. Available at: <https://www.stonewall.org.uk/sites/default/files/lgbt-in-britain-trans.pdf>.

Bacon, L. and Aphramor, L. (2013) 'Weight science: Evaluating the evidence for a paradigm shift (Health at every size)', *Clinical Nutrition: The Interface Between Metabolism, Diet, and Disease*, pp. 335–366. doi: 10.1201/b16308.

Bacon, L., O'Reilly, C. and Aphramor, L. (2016) 'Reflections on Thin Privilege and Responsibility', *Counterpoints*, 467, pp. 41–50.

Bandini, E. et al. (2013) 'Gender Identity Disorder and Eating Disorders: Similarities and Differences in Terms of Body Uneasiness', *Journal of Sexual Medicine*, 10(4), pp. 1012–1023. doi: 10.1111/jsm.12062.

Barcelos, C. A. (2020) 'Go fund inequality: The politics of crowdfunding transgender medical care', *Critical Public Health*, 30(3), pp. 330–339.

Bariola, E. et al. (2015) 'Demographic and Psychosocial Factors Associated with Psychological Distress and Resilience Among Transgender Individuals', *American*

Journal of Public Health, 105(10), pp. 2108–2116.

Barker, J. E. (2009) 'Transfatty', in Tomrley, C. and Naylor, A. K. (eds) *Fat Studies in the UK*. York, England: Raw Nerve Books, pp. 32–34.

Barrett, J. (2007) *Transsexual and Other Disorders of Gender Identity*. Milton: Taylor & Francis.

Baym, N. (1994) 'The emergence of community in computer-mediated communication', in Jones, S. G. (ed.) *Cybersociety: Computer-mediated Communication and Community*. London: Sage.

BBC (2021) *Puberty blockers: Under-16s 'unlikely to be able to give informed consent'*, *BBC News*. Available at: <https://www.bbc.co.uk/news/uk-england-cambridgeshire-55144148> (Accessed: 15 January 2021).

Beaty, L., Trees, N. and Mehler, P. (2017) 'Recurrent persistent hypophosphatemia in a male-to-female transgender patient with anorexia nervosa: Case report', *International Journal of Eating Disorders*, 50(5), pp. 606–608. doi: 10.1002/eat.22707.

Beauchamp, T. (2019) *Going Stealth: Transgender Politics and U.S. Surveillance Practices*. New York: Duke University Press.

Becker, I. *et al.* (2016) 'Body Image in Young Gender Dysphoric Adults: A European Multi-Center Study', *Archives of Sexual Behavior*, 45(3), pp. 559–574. doi: 10.1007/s10508-015-0527-z.

Beek, T. F., Cohen-Kettenis, P. T. and Kreukels, B. P. C. (2016) 'Gender incongruence/gender dysphoria and its classification history', *International Review of Psychiatry*, 28(1), pp. 5–12. doi: 10.3109/09540261.2015.1091293.

Beischel, W. J., Gauvin, S. E. M. and Anders, S. M. van (2021) "A little shiny gender breakthrough": Community understandings of gender euphoria', *International Journal of Transgender Health*, pp. 1–21.

Bell, K., Rieger, E. and Hirsch, J. K. (2019) 'Eating disorder symptoms and proneness in gay men, lesbian women, and transgender and non-conforming adults: Comparative levels and a proposed mediational model', *Frontiers in Psychology*, 9(JAN), pp. 1–13.

doi: 10.3389/fpsyg.2018.02692.

Benjamin, H. (1966) *The Transsexual Phenomenon*. New York: Julian Press.

Benjamin, H. (2006) 'Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes', in *The Transgender Studies Reader*. New York, London: Routledge, pp. 45–52.

Bergman, B. (2009) 'Part-Time Fatso', in Rothblum, E. and Solovay, S. (eds) *The Fat Studies Reader*. New York: New York University Press, pp. 139–142.

Bird, C. M. (2005) 'How I Stopped Dreading and Learned to Love Transcription', *Qualitative Inquiry*, 11(2), pp. 226–248.

Blood, S. K. (2005) *Body Work: The Social Construction of Women's Body Image*. London, New York: Routledge.

Bockting, W. O. (2009) 'Transforming the paradigm of transgender health: A field in transition', *Sexual and Relationship Therapy*, 24(2), pp. 103–107.

Bockting, W. O. *et al.* (2013) 'Stigma, mental health, and resilience in an online sample of the US transgender population', *American Journal of Public Health*, 103, pp. 943–951.

Bordo, S. (1993) *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley, Los Angeles, London: University of California Press.

Bordo, S. (2018) 'Reading the Slender Body', in Tuana, N. and Tong, R. (eds) *Feminism and Philosophy: Essential Readings in Theory, Reinterpretation, and Application*. 2nd edn. New York, London: Routledge, pp. 467–488.

Bozkurt, A. *et al.* (2006) 'Body Image and Personality Traits of Male-to-Female Transsexuals and Homosexuals', *Social Behavior & Personality: an international journal*, 34(8), pp. 927–937. doi: 10.2224/sbp.2006.34.8.927.

Bradford, J. *et al.* (2013) 'Experiences of Transgender-Related Discrimination and Implications for Health: Results from the Virginia Transgender Health Initiative Survey', *American Journal of Public Health*, 103(10), pp. 1820–1829.

Brady, J., Gingras, J. and Aphramor, L. (2013) 'Theorizing health at every size as a relational-cultural endeavour', *Critical Public Health*, 23(3), pp. 345–355.

- Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology* 2, 3, pp. 77–101.
- Braun, V. and Clarke, V. (2019) 'Reflecting on reflexive thematic analysis', *Qualitative Research in Sport, Exercise & Health*, 11(4), pp. 589–597.
- Braun, V. and Clarke, V. (2021) 'Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches', *Counselling and Psychotherapy Research*, 21(1), pp. 37–47.
- Braun, V., Clarke, V. and Rance, N. (2015) 'How to use thematic analysis with interview data', in Vossler, A. and Moller, N. (eds) *The Counselling and Psychotherapy Research Handbook*. London, Thousand Oaks, New Delhi, Singapore: SAGE Publications, pp. 183–197.
- Broussard, K. A. and Warner, R. H. (2019) 'Gender Nonconformity is Perceived Differently for Cisgender and Transgender Targets', *Sex Roles*, 80, pp. 409–428.
- Brownstone, L. M. *et al.* (2020) 'Body Mass Index Requirements for Gender-Affirming Surgeries Are Not Empirically Based', *Transgender Health*.
- Bryman, A. (2016) *Social Research Methods: Fifth Edition*. 5th edn. Oxford: Oxford University Press.
- BSA (2017) *Statement of Ethical Practice*. Durham. Available at: https://www.britsoc.co.uk/media/24310/bsa_statement_of_ethical_practice.pdf.
- Budge, S. L., Adelson, J. L. and Howard, K. A. S. (2013) 'Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping', *Journal of Consulting and Clinical Psychology*, 81(3), pp. 545–557.
- Budge, S. L. and Pankey, T. L. (2016) 'Ethnic Differences in Gender Dysphoria', *Current Psychiatry Reviews*, 12(2), pp. 175–180.
- Budge, S. L., Tebbe, E. N. and Howard, K. A. S. (2010) 'The work experiences of transgender individuals: Negotiating the transition and career decision-making processes', *Journal of Counselling Psychotherapy*, 57(4), pp. 377–393.
- Bullough, V. L. (2003) 'Magnus Hirschfeld, an often overlooked pioneer', *Sexuality &*

Culture, 7(1), pp. 62–72.

Buncamper, M. E. *et al.* (2016) 'Surgical outcome after penile inversion vaginoplasty: A retrospective study of 475 transgender women', *Plastic and Reconstructive Surgery*, 138, pp. 999–1007.

Burford, J. and Orchard, S. (2014) 'Chubby boys with strap-ons: Queering fat transmasculine embodiment', in Pause, C., Wykes, J., and Murray, S. (eds) *Queering Fat Embodiment*. Farnham: Ashgate, pp. 61–74.

Burgard, D. (2009) 'What is "Health At Every Size"?', in Rothblum, E. and Solovay, S. (eds) *The Fat Studies Reader*. New York, London: New York University Press, pp. 42–53.

Burns, M. L. (2006) 'Bodies that speak: Examining the dialogues in research interactions', *Qualitative Research in Psychology*, 3(1), pp. 3–18.

Burns, Maree and Gavey, N. (2008) 'Dis/Orders of Weight Control: Bulimic and/or "Healthy Weight" Practices', in Riley, S. *et al.* (eds) *Critical Bodies: Representations, Identities and Practices of Weight and Body Management*². Basingstoke: Palgrave MacMillan, pp. 139–154.

Butler, J. (1990) *Gender Trouble*. London, New York: Routledge.

Butler, J. (1993) *Bodies That Matter*, Routledge. New York, London: Routledge. doi: 10.1177/0306312706056409.

Butler, J. (1997) 'Performative acts and gender constitution: An essay in phenomenology and feminist theory', in Conboy, K., Medina, N., and Stanbury, S. (eds) *Writing on the body: Female embodiment and feminist theory*. New York: Columbia University Press, pp. 401–417.

Byne, W. *et al.* (2018) 'Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists', *Transgender Health*, 3(1), pp. 57–70. doi: 10.1089/trgh.2017.0053.

Campos, P. (2004) *The Obesity Myth: Why America's Obsession with Weight is Hazardous to Your Health*. New York: Gotham Books.

Caplan, J. and Torpey, J. (2001) 'Introduction', in Caplan, J. and Torpey, J. (eds)

- Documenting Individual Identity: The Development of State Practices in the Modern World*. Princeton, Oxford: Princeton University Press, pp. 1–12.
- Carpenter, K. J. (2003) 'A short history of nutritional science: Part 1 (1785-1885)', *The Journal of Nutrition*, 133, pp. 638–645.
- Cash, T. F. (1990) 'The psychology of physical appearance: Aesthetics, attributes, and images', in Cash, T. F. and Pruzinsky, T. (eds) *Body Images: Development, Deviance and Change*. New York: Guilford Press, pp. 51–79.
- Cashore, C. and Tuason, M. T. G. (2009) 'Negotiating the binary: Identity and social justice for bisexual and transgender individuals', *Journal of Gay and Lesbian Social Services*, 21(4), pp. 374–401. doi: 10.1080/10538720802498405.
- Charlton, J. I. (1998) *Nothing About Us Without Us: Disability Oppression and Empowerment*. Berkeley, CA: University of California Press.
- Chavez, C. (2008) 'Conceptualizing from the inside: Advantages, complications, and demands on insider positionality', *The Qualitative Report*, 13, pp. 474–494.
- Chen, M., Fuqua, J. and Eugster, E. A. (2016) 'Characteristics of Referrals for Gender Dysphoria over a 13-Year Period', *Journal of Adolescent Health*, 58(3), pp. 369–371. doi: 10.1016/j.jadohealth.2015.11.010.
- Chernin, K. (1983) *Womansize: The Tyranny of Slenderness*. London: Women's Press.
- Clements-Nolle, K., Marx, R. and Katz, M. (2006) 'Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization', *Journal of Homosexuality*, 51(3), pp. 53–69.
- Colborne, M. (2016) 'Britain debates "sugar tax" to fight obesity', *CMAJ*, 188(1), p. 24.
- Combs, R., Turner, L. and Whittle, S. (2008) *Gender Identity Services in England: The Mapping Project*. London.
- Conner, M. and Norman, P. (1996) 'Body weight and shape control: Examining component behaviours', *Appetite*, 27(2), pp. 135–150. doi: 10.1006/appe.1996.0041.
- Cook, C. (2012) 'Email interviewing : generating data with a vulnerable population'. doi: 10.1111/j.1365-2648.2011.05843.x.

- Crawford, R. (1980) 'Healthism and the Medicalization of Everyday Life', *International Journal of Health Services*, 10(3), pp. 365–388.
- Cromwell, J. (1999) *Transmen & FTMs: Identities, Bodies, Genders & Sexualities*. Urbana, Chicago: University of Illinois Press.
- Cunningham, T. J., Xu, F. and Town, M. (2018) 'Prevalence of Five Health-Related Behaviors for Chronic disease prevention Among Sexual and Gender Minority Adults - 25 U.S. States and Guam, 2016', *Morbidity and Mortality Weekly Report*, 67(32), pp. 888–893.
- Currah, P. (2006) 'Gender Pluralism under the Transgender Umbrella', in Currah, P., Juang, R. M., and Minter, S. P. (eds) *Transgender Rights*. Minneapolis, London: University of Minnesota Press, pp. 3–31.
- Davidson, M. (2007) 'Seeking refuge under the umbrella: Inclusion, exclusion, and organizing within the category Transgender', *Sexuality Research and Social Policy*, 4(4), pp. 60–80. doi: 10.1037/h0066826.
- Davy, Z. (2011) *Recognizing Transsexuals: Personal, Political and Medicolegal Embodiment*. 2nd edn. Abingdon, New York: Routledge.
- Davy, Z. (2015) 'The DSM-5 and the Politics of Diagnosing Transpeople', *Archives of Sexual Behavior*, 44(5), pp. 1165–1176. doi: 10.1007/s10508-015-0573-6.
- Davy, Z., Sørli, A. and Suess Schwend, A. (2018) 'Democratising diagnoses? The role of depathologisation perspective in constructing corporeal trans citizenship', *Critical Social Policy*, 38(1), pp. 13–34.
- Dickson-Swift, Virginia, James, Erica Lyn, Liamputtong, P. (2006) *Undertaking Sensitive Research in the Health and Social Sciences*. Cambridge University Press.
- Diemer, E. W. *et al.* (2015) 'Gender Identity, Sexual Orientation, and Eating-Related Pathology in a National Sample of College Students', *Journal of Adolescent Health*, 57(2), pp. 144–149. doi: 10.1016/j.jadohealth.2015.03.003.
- Diemer, E. W. *et al.* (2018a) 'Beyond the Binary: Differences in Eating Disorder Prevalence by Gender Identity in a Transgender Sample', *Transgender Health*, 3(1), pp.

17–23. doi: 10.1089/trgh.2017.0043.

Diemer, E. W. *et al.* (2018b) 'Beyond the Binary: Differences in Eating Disorder Prevalence by Gender Identity in a Transgender Sample', *Transgender Health*, 3(1), pp. 17–23. doi: 10.1089/trgh.2017.0043.

Drescher, J. (2010) 'Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the Diagnostic and Statistical Manual', *Archives of Sexual Behavior*, 39(2), pp. 427–460. doi: 10.1007/s10508-009-9531-5.

Duffy, M. E., Henkel, K. E. and Earnshaw, V. A. (2016) 'Transgender Clients' Experiences of Eating Disorder Treatment.', *Journal of LGBT Issues in Counseling*, 10(3), pp. 136–149. doi: 10.1080/15538605.2016.1177806.

Ellingson, L. (2017) *Embodiment in Qualitative Research*. New York: Routledge.

Ellis, H. (1928) *Studies in the Psychology of Sex: Volume VII Eonism and Other Supplementary Studies*. Philadelphia: F. A. Davis & Co.

Ellis, S. J., Bailey, L. and McNeil, J. (2015) 'Trans people's experiences of mental health and gender identity services: A UK study.', *Journal of Gay & Lesbian Mental Health*, 19(1), pp. 4–20. doi: 10.1080/19359705.2014.960990.

Ellis, S. J., McNeil, J. and Bailey, L. (2014) 'Gender, stage of transition and situational avoidance: a UK study of trans people's experiences', *Sexual and Relationship Therapy*, 29(3), pp. 351–364. doi: 10.1080/14681994.2014.902925.

Engdahl, U. (2014) 'Wrong Body', *Transgender Studies Quarterly*, 1(1–2), pp. 267–269.

ESRC (2015) *ESRC Framework for Research Ethics: Updated January 2015*. Available at: <https://esrc.ukri.org/files/funding/guidance-for-applicants/esrc-framework-for-research-ethics-2015/>.

ESRC (2018) *What does it mean that participation should be voluntary and free from coercion?* - *Economic and Social Research Council*. Available at: <https://esrc.ukri.org/funding/guidance-for-applicants/research-ethics/frequently-raised-questions/what-does-it-mean-that-participation-should-be-voluntary-and-free-from-coercion/> (Accessed: 24 May 2018).

- Evers, J. C. (2011) 'From the Past into the Future: How Technological Developments Change Our Ways of Data Collection, Transcription and Analysis', *Forum Qualitative Sozialforschung*, 12(1).
- Ewan, L. A., Middleman, A. B. and Feldmann, J. (2014) 'Treatment of anorexia nervosa in the context of transsexuality: A case report', *International Journal of Eating Disorders*, 47(1), pp. 112–115. doi: 10.1002/eat.22209.
- Fahs, B. (2019) 'Fat and Furious: Interrogating Fat Phobia and Nurturing Resistance in Medical Framings of Fat Bodies', *Women's Reproductive Health*, 6(4), pp. 245–251.
- Fan, J. (2007) 'The Volume-Height Index as a Body Attractiveness Index', in Swami, V. and Furnham, A. (eds) *Body Beautiful: Evolutionary and Sociocultural Perspectives*. Basingstoke, UK: Palgrave Macmillan UK, pp. 29–45.
- Farber, R. (2017) "'Transing" fitness and remapping transgender male masculinity in online message boards', *Journal of Gender Studies*, 26(3), pp. 254–268.
- Farmer, L. B. and Byrd, R. (2015) 'Genderism in the LGBTQQIA Community: An Interpretative Phenomenological Analysis', *Journal of LGBT Issues in Counselling*, 9(4), pp. 288–310.
- Faye, S. (2021) *The Transgender Issue: An Argument for Justice*. London: Penguin Books.
- Feder, S. *et al.* (2017) 'Exploring the association between eating disorders and gender dysphoria in youth', *Eating Disorders*, 25(4), pp. 310–317. doi: 10.1080/10640266.2017.1297112.
- Feinberg, L. (1992) *Transgender Liberation: A movement whose time has come*. New York: World View Forum.
- Feinberg, L. (1996) *Transgender Warriors: Making History from Joan of Arc to Dennis Rodman*. Boston: Beacon Press.
- Fernandez-Aranda (2000) 'Transsexualism and Anorexia Nervosa: A Case Report', *Eating Disorders*.
- Fisher, A. D. *et al.* (2014) 'Cross-Sex Hormonal Treatment and Body Uneasiness in

- Individuals with Gender Dysphoria', *Journal of Sexual Medicine*, 11(3), pp. 709–719. doi: 10.1111/jsm.12413.
- Flint, S. W., Hudson, J. and Lavalley, D. (2016) 'The portrayal of obesity in U.K. national newspapers.', *Stigma and Health*, 1(1), pp. 16–28. doi: 10.1037/sah0000013.
- Flint, S. W. and Snook, J. (2014) 'Obesity and discrimination: The next big issue', *International Journal of Discrimination and the Law*, 14(3), pp. 183–193. doi: 10.1177/1358229114534550.
- Foucault, M. (1972) *The Archaeology of Knowledge*. New York: Pantheon Books.
- Foucault, M. (1975) *Discipline and Punish: The Birth of the Prison* (trans. Sheridan, A, 1991). Penguin.
- Foucault, M. (1980a) *Power/Knowledge: Selected Interviews and Other Writings*. New York: Pantheon Press.
- Foucault, M. (1980b) *The History of Sexuality, Volume 1: An Introduction*. New York: Random House.
- Foucault, M. (1989) *The Birth of the Clinic: An Archaeology of Medical Perception* (trans. Sheridan Smith, A.M.). New York: Routledge.
- Foucault, M. and trans. Sheridan, A. (1973) *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Routledge.
- Gaiser, TJ and Schreiner, A. (2009) *A Guide to Conducting Online Research*. London, California: Sage Publications.
- Gaither, T. W. *et al.* (2017) 'Postoperative complications following primary penile inversion vaginoplasty among 330 male-to-female transgender patients', *Journal of Urology*, 199(3), pp. 760–765.
- Galletta, A. (2013) *Mastering the Semi-Structured Interview and Beyond: From Research Design to Analysis and Publication*. New York: New York University Press.
- Galupo, M. P. *et al.* (2014) 'Transgender friendship experiences: Benefits and barriers of friendships across gender identity and sexual orientation', *Feminism & Psychology*, 24(2), pp. 193–215.

- Galupo, M. P., Pulice-Farrow, L. and Lindley, L. (2020) “Every Time I Get Gendered Male, I Feel a Pain in My Chest”: Understanding the Social Context for Gender Dysphoria’, *Stigma and Health*, 5(2), pp. 199–208.
- Gard, M. and Wright, J. (2005) *The Obesity Epidemic: Science, Morality, Ideology*. New York: Routledge.
- Garfinkel, H. (1967) *Studies in Ethnomethodology*. Englewood Cliffs, NJ: Prentice Hall.
- Garfinkel, H. (1984) *Studies in Ethnomethodology*. Cambridge: Polity Press.
- Garner, D. M. (1991) *Eating Disorder Inventory-2: Professional Manual*. Psychological Assessment Resources.
- Garner, D. M., Olmstead, M. P. and Polivy, J. (1983) ‘Development and validation of a multidimensional eating disorder inventory for anorexia nervosa and bulimia’, *International Journal of Eating Disorders* 1, 2(2), pp. 15–34.
- Geller, P. L. (2009) ‘Bodyscapes, Biology, and Heteronormativity’, *American Anthropologist*, 111(4), pp. 504–516.
- Gerson, K. and Horowitz, R. (2002) ‘Observation and Interviewing: Options and Choices’, in May, T. (ed.) *Qualitative Research in Action*. London: SAGE Publications.
- Gibson, G. (2021) ‘Health(ism) at every size: The duties of the “good fatty”’, *Fat Studies*, Ahead-of-p, pp. 1–14.
- Gill-Peterson, J. (2018) ‘Trans of Color Critique before Transsexuality’, *TSQ: Transgender Studies Quarterly*, 5(4), pp. 606–620.
- Gill, R. (2007) ‘Body Talk: Negotiating Body Image and Masculinity’, in Riley, S. et al. (eds) *Critical Bodies: Representations, Identities and Practices of Weight and Body Management* 2. Basingstoke: Palgrave MacMillan, pp. 101–116.
- Giordano, J. et al. (2007) ‘Confidentiality and Autonomy: The Challenge(s) of Offering Research Participants a Choice of Disclosing Their Identity’, *Qualitative Health Research*, 17(2), pp. 264–275.
- Giordano, S. (2016) ‘Eating yourself away: Reflections on the ‘comorbidity of eating disorders and gender dysphoria’, *Clinical Ethics*, 12(1), p. 1477750916661977. doi:

10.1177/1477750916661977.

GIRES (2021) *Government call for evidence: Toilet provision for men and women 2021*, Gender Identity Research & Education Society. Available at: <https://www.gires.org.uk/government-call-for-evidence-toilet-provision-for-men-and-women-2021/> (Accessed: 21 February 2021).

Gleeson, J.J. and O'Rourke, E. (2021). *Transgender Marxism*. London: Pluto Press.

Gleeson, K. and Frith, H. (2006) '(De)constructing Body Image', *Journal of Health Psychology*, 11(1), pp. 79–90.

Gordon, A. R. *et al.* (2016) "I have to constantly prove to myself, to people, that I fit the bill": Perspectives on weight and shape control behaviors among low-income, ethnically diverse young transgender women', *Social Science and Medicine*, 165, pp. 141–149. doi: 10.1016/j.socscimed.2016.07.038.

Gov.uk (2021) *Toilet provision for men and women: call for evidence*, Ministry of Housing, Communities & Local Government. Available at: <https://www.gov.uk/government/consultations/toilet-provision-for-men-and-women-call-for-evidence> (Accessed: 2 January 2021).

Graham, R., Kremer, J. and Wheeler, G. (2008) 'Physical exercise and psychological well-being among people with chronic illness and disability: A grounded approach', *Journal of Health Psychology*, 13(4), pp. 447–458. doi: 10.1177/1359105308088515.

Griffith, C. *et al.* (2017) 'Standards of Care for Research with Participants Who Identify as LGBTQ+', *Journal of LGBT Issues in Counseling*, 11(4), pp. 212–229. doi: 10.1080/15538605.2017.1380549.

van de Grift, T. C., Kreukels, B. P. C., *et al.* (2016) 'Body Image in Transmen: Multidimensional Measurement and the Effects of Mastectomy', *Journal of Sexual Medicine*, 13(11), pp. 1778–1786. doi: 10.1016/j.jsxm.2016.09.003.

van de Grift, T. C., Cohen-Kettenis, P. T., *et al.* (2016) 'Body Satisfaction and Physical Appearance in Gender Dysphoria', *Archives of Sexual Behavior*, 45(3), pp. 575–585. doi: 10.1007/s10508-015-0614-1.

- Grogan, S. (2017) *Body Image: Understanding body dissatisfaction in men, women and children, 3rd ed.* London, New York: Routledge.
- Grossman, A. H. and D'Augelli, A. R. (2007) 'Transgender Youth and Life-Threatening Behaviors', *Suicide and Life-Threatening Behavior*, 37(5), pp. 527–537. doi: 10.1521/suli.2007.37.5.527.
- Guss, C. E. *et al.* (2017) 'Disordered Weight Management Behaviors, Nonprescription Steroid Use, and Weight Perception in Transgender Youth', *Journal of Adolescent Health*, 60(1), pp. 17–22. doi: 10.1016/j.jadohealth.2016.08.027.
- Guthman, J. (2009) 'Neoliberalism and the Constitution of Contemporary Bodies', in Rothblum, E. and Solovay, S. (eds) *The Fat Studies Reader*2. New York: New York University Press, pp. 187–196.
- Halberstam, J. (2005) 'Unlosing Brandon: Brandon Teena, Billy Tipton, and Transgender Biography', in *In a Queer Time and Place: Transgender Bodies, Subcultural Lives*, pp. 47–75. doi: 10.1080/08989575.2000.10815235.
- Halberstam, J. (2011) *The Queer Art of Failure*. Durham: Duke University Press.
- Haraway, D. J. (1988) 'Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective', *Feminist Studies*, 13(3), pp. 575–599.
- Harding, S. (1992) 'Rethinking Standpoint Epistemology: What is "Strong Objectivity"?', *The Centennial Review*, 36(3), pp. 437–470.
- Harrison, N., Jacobs, L. and Parke, A. (2020) 'Understanding the Lived Experiences of Transitioning Adults with Gender Dysphoria in the United Kingdom: An Interpretative Phenomenological Analysis', *Journal of LGBT Issues in Counseling*, 14(1), pp. 38–55.
- Hausman, B. L. (1995) *Changing Sex: Transsexualism, technology, and the idea of gender*. Durham: Duke University Press.
- Head, E. (2009) 'The ethics and implications of paying participants in qualitative research', *International Journal of Social Research Methodology*, 12(4), pp. 335–344. doi: 10.1080/13645570802246724.
- Hepp, U. and Milos, G. (2002) 'Gender identity disorder and eating disorders',

- International Journal of Eating Disorders*, 32(4), pp. 473–478. doi: 10.1002/eat.10090.
- Hepp, U., Milos, G. and Braun-Scharm, H. (2004) 'Gender Identity Disorder and Anorexia Nervosa in Male Monozygotic Twins', *International Journal of Eating Disorders*, 35(2), pp. 239–243. doi: 10.1002/eat.10247.
- Hesse-Biber, S. N. (2014) 'Feminist Approaches to In-Depth Interviewing', in Hesse-Biber, S. N. (ed.) *Feminist Research Practice: A Primer*. Second Edi. Los Angeles, London, New Delhi, Singapore, Washington DC, pp. 182–232.
- Hibbert, M. P. et al. (2020) 'Psychosocial and sexual factors associated with recent sexual health clinic attendance and HIV testing among trans people in the UK', *BMJ Sexual & Reproductive Health*, 46(2), pp. 116–125.
- Hill Collins, P. (1990) *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Boston: Unwin Hyman.
- Hines, S. (2007) *TransForming Gender: Transgender practices of identity, intimacy and care*. University of Bristol: Policy Press.
- Hines, S. (2010) 'Introduction', in Hines, S. and Sanger, T. (eds) *Transgender Identities: Towards a Social Analysis of Gender Diversity*. New York, Abingdon: Routledge.
- Hird, M. J. (2004) *Sex, Gender and Science*. Basingstoke, New York#: Palgrave MacMillan.
- Hirschfeld, M. (1910) *Die Transvestiten*. Berlin: Pulvermacher.
- Hirschfeld, M. (1914) *Die Homosexualität des Mannes und des Weibes*. Berlin: Marcus.
- Hirschfeld, M. (2006) 'selections from The Transvestites: The Erotic Drive to Cross-Dress', in *The Transgender Studies Reader*. New York, London: Routledge, pp. 28–39.
- Hodgkinson, L. (1989) *Michael Nee Laura: The Story of the World's First Female to Male Transsexual*. London: Columbus Books.
- Holla, S. and Kuipers, G. (2016) 'Aesthetic Capital', in Hanquinet, L. and Savage, M. (eds) *Routledge International Handbook of the Sociology of Art and Culture*. London, New York: Routledge, pp. 290–303. doi: 10.4324/9780203740248.
- Holloway, W. and Jefferson, T. (2013) *Doing Qualitative Research Differently: A*

Psychosocial Approach. 2nd edn. London: Sage Publications.

Hopkins, P. (2012) 'Everyday Politics of Fat', *Antipode*, 44(4), pp. 1227–1246. doi: 10.1111/j.1467-8330.2011.00962.x.

Horak, L. (2014) 'Trans on YouTube: Intimacy, Visibility, Temporality', *Transgender Studies Quarterly*, 1(4), pp. 572–585.

Hsu, S. (2019) 'Fanon and the New Paraphilias: Towards a Trans of Color Critique of the DSM-V', *Journal of Medical Humanities*, 40(1), pp. 53–68. doi: 10.1007/s10912-018-9531-3.

Irving, D. (2013) 'Normalized Transgressions: Legitimizing the Transsexual Body as Productive', in *The Transgender Studies Reader 2*. New York, London: Routledge, pp. 15–29.

Ives, G. C. *et al.* (2019) 'Evaluation of BMI as a Risk Factor for Complications following Gender-affirming Penile Inversion Vaginoplasty', *Plastic and Reconstructive Surgery*, 7(3), p. e2097.

Jaspal, R. *et al.* (2018) 'HIV and trans and non-binary people in the UK', *Sexually Transmitted Infections*, 94(5), pp. 318–319.

Joanisse, L. and Synnott, A. (1999) 'Fighting Back: Reactions and Resistance to the Stigma of Obesity', in Sobal, J. and Maurer, D. (eds) *Interpreting Weight: The Social Management of Fatness and Thinness*. New York: Routledge, pp. 49–70.

Johnson, A. H. (2016) 'Transnormativity: A New Concept and its Validation through Documentary Film About Transgender Men', *Sociological Inquiry*, 86(4), pp. 465–491.

Johnson, A. H. and Rogers, B. A. (2020) "'We're the Normal Ones Here": Community Involvement, Peer Support, and Transgender Mental Health', *Sociological Inquiry*, 90(2), pp. 271–292.

Jones, B. A. *et al.* (2016) 'Body dissatisfaction and disordered eating in trans people: A systematic review of the literature', *International Review of Psychiatry*, 28(1), pp. 81–94. doi: 10.3109/09540261.2015.1089217.

Jones, B. A. *et al.* (2018) 'Risk Factors for Eating Disorder Psychopathology within the

- Treatment Seeking Transgender Population: The Role of Cross-Sex Hormone Treatment', *European Eating Disorders Review*, 26(2), pp. 120–128. doi: 10.1002/erv.2576.
- Jones, R. and Malson, H. (2011) 'A critical exploration of lesbian perspectives on eating disorders', *Psychology & Sexuality*, 4(1), pp. 62–74.
- Jourian, T. J. (2017) 'Trans*ing constructs: Towards a critical trans* methodology', *Tijdschrift Voor Genderstudies (TVGN)*, 20(4), pp. 415–434.
- Kessler, S. J. and McKenna, W. (1978) *Gender: An Ethnomethodological Approach*. Chicago, London: The University of Chicago Press.
- Kessler, S. and McKenna, W. (1978) *Gender: An Ethnomethodological Approach*. Chicago, London: Chicago University Press.
- Khoosal, D. *et al.* (2009) 'Features of eating disorder among male-to-female transsexuals', *Sexual and Relationship Therapy*, 24(2), pp. 217–229. doi: 10.1080/14681990903082161.
- Kitzinger, C. (1999) 'Intersexuality: Deconstructing the Sex/Gender Binary', *Feminism & Psychology*, 9(4), pp. 493–498.
- Krafft-Ebing, R. (2006) 'Psychopathia Sexualis with Special Reference to Contrary Sexual Instinct', in *The Transgender Studies Reader*. New York, London: Routledge, pp. 21–27.
- Krafft-Ebing, R. von (1892) *Psychopathia Sexualis*. trans. Cha. Philadelphia, London: F.A. Davis Co.
- Krieger, N. (2012) 'Methods for the scientific study of discrimination and health: An ecosocial approach', *American Journal of Public Health*, 102(5), pp. 936–945. doi: 10.2105/AJPH.2011.300544.
- Lamble, S. (2013) 'Retelling Racialized Violence, Remaking White Innocent: The Politics of Interlocking Oppressions in Transgender Day of Remembrance', in Stryker, S. and Aizura, A. Z. (eds) *The Transgender Studies Reader 2*. New York, London: Routledge, pp. 30–45.

- Lane, R. (2012) 'Paradigm and power shifts in the gender clinic', in Manderson, L. (ed.) *Technologies of Sexuality, Identity and Sexual Health*. New York, London: Routledge, pp. 205–230.
- Laqueur, T. W. (1990) *Making Sex: Body and Gender from the Greeks to Freud*. Cambridge (MA), London: Harvard University Press.
- Larkin, M. and Thompson, A. (2012) 'Interpretative phenomenological analysis', in Thompson, A. and Harper, D. (eds) *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners*. Oxford: John Wiley & Sons, pp. 99–116.
- Larkin, M., Watts, S. and Clifton, E. (2006) 'Giving voice and making sense in interpretative phenomenological analysis', *Qualitative Research in Psychology*, 3, pp. 102–120.
- Latner, J. (2012) 'Body weight and body image in adults', in Cash, T. F. (ed.) *Encyclopedia of Body Image and Human Appearance*. London: Elsevier, pp. 264–269.
- Lawrence, A. A. (2014) 'Gender assignment dysphoria in the DSM-5.', *Archives of sexual behavior*, 43(7), pp. 1263–1266. doi: 10.1007/s10508-013-0249-z.
- Leck, R. M. (2016) *Vita Sexualis: Karl Ulrichs and the Origins of Sexual Science*. Illinois: University of Illinois Press.
- Lester, C. (2017) *Trans Like Me*. London: Virago.
- Lev, A. (2006) 'Disordering Gender Identity: Gender Identity Disorder in the DSM-IV-TR', *Journal of Psychology & Human Sexuality*, 173(4), pp. 35–69.
- Lev, A. I. (2005) 'Disordering Gender Identity', *Journal of Psychology & Human Sexuality*, 17(3–4), pp. 35–69. doi: 10.1300/J056v17n03.
- Lev, A. I. (2013) 'Gender Dysphoria: Two Steps Forward, One Step Back', *Clinical Social Work Journal*, 41(3), pp. 288–296. doi: 10.1007/s10615-013-0447-0.
- Levitt, H. M. and Ippolito, M. R. (2014) 'Being Transgender: Navigating Minority Stressors and Developing Authentic Self-Presentation', *Psychology of Women Quarterly*, 38(1), pp. 46–64.

- Linander, I. *et al.* (2017) 'Negotiating the (bio)medical gaze - Experiences of trans-specific healthcare in Sweden', *Social Science & Medicine*, 174, pp. 9–16.
- Linsenmeyer, W. R. and Rahman, R. (2018) 'Diet and nutritional considerations for a FtM transgender male: A case report', *Journal of American College Health*, 66(7), pp. 533–536. doi: 10.1080/07448481.2018.1431917.
- Lu, C. T. (2020) *A computational approach to analyzing and detecting trans-exclusionary radical feminists (TERFs) on Twitter*. Dartmouth College Undergraduate Theses. Available at: https://digitalcommons.dartmouth.edu/senior_theses/165.
- Lupton, D. (1995) *The Imperative of Health: Public Health and the Regulated Body*. London, Thousand Oaks, New Delhi: SAGE Publications.
- Lupton, D. (2018) *Fat*. 2nd edn. Oxon, New York: Routledge.
- MacInnis, B. (1993) 'Fat Oppression', in *Consuming Passions: Feminist Approaches to Weight Preoccupation and Eating Disorders*. Toronto: Second Story Press, pp. 69–79.
- MacSween, M. (1993) *Anorexic Bodies: A Feminist and Sociological Perspective on Anorexia Nervosa*. New York, London: Routledge.
- Maguen, S. and Shipherd, J. (2010) 'Suicide risk among transgender individuals', *Psychology & Sexuality*, 1(1), pp. 34–43.
- Malson, H. (1998) *The Thin Woman: Feminism, Post-Structuralism, and the Social Psychology of Anorexia Nervosa*. New York: Routledge.
- Malson, H. (2008a) 'Deconstructing Un/Healthy Body-weight and Body Management', in Riley, S. *et al.* (eds) *Critical Bodies: Representations, Identities and Practices of Weight and Body Management*. Basingstoke: Palgrave Macmillan UK, pp. 27–42.
- Malson, H. (2008b) 'Deconstructing Un/Healthy Body-weight and Weight Management', in Riley, S. *et al.* (eds) *Critical Bodies: Representations, Identities and Practices of Weight and Body Management*. Basingstoke: Palgrave MacMillan, pp. 27–42.
- Malson, H. and Swann, C. (1999) 'Prepared for consumption: (dis)orders of eating and embodiment.', *Journal of Community & Applied Social Psychology*, 9(6), pp. 397–405. doi: 10.1002/(SICI)1099-1298(199911/12)9:6<397::AID-CASP548>3.0.CO;2-P.

- van Manen, M. (1990) *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. Ontario: The Althouse Press.
- Markula, P., Burns, M. and Riley, S. (2008) 'Introducing Critical Bodies: Representations, Identities and Practices of Weight and Body Management', in *Critical Bodies: Representations, Identities and Practices of Weight and Body Management*. Basingstoke, New York: Palgrave MacMillan, pp. 1–22.
- Martin, E. (2001) *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press.
- McDermott, E., Hughes, E. and Rawlings, V. (2017a) 'Norms and normalisation: understanding lesbian, gay, bisexual, transgender and queer youth, suicidality and help-seeking', *Culture, Health and Sexuality*, 20(4), pp. 1–17. doi: 10.1080/13691058.2017.1335435.
- McDermott, E., Hughes, E. and Rawlings, V. (2017b) 'The social determinants of lesbian, gay, bisexual and transgender youth suicidality in England: a mixed methods study', *Journal of Public Health*, (May), pp. 1–8. doi: 10.1093/pubmed/idx135.
- McDermott, E. and Roen, K. (2016) *Queer Youth, Suicide and Self-Harm: Troubled Subjects, Troubling Norms*. Basingstoke, New York: Palgrave MacMillan.
- McDermott, E., Roen, K. and Piela, A. (2015) 'Explaining Self-Harm: Youth Cybertalk and Marginalized Sexualities and Genders', *Youth and Society*, 47(6), pp. 873–889. doi: 10.1177/0044118X13489142.
- McGuire, J. K. *et al.* (2016) 'Body image in transgender young people: Findings from a qualitative, community based study', *Body Image*, 18, pp. 96–107. doi: 10.1016/j.bodyim.2016.06.004.
- McNeil, J. *et al.* (2012) 'Trans Mental Health Study', (September).
- Meho, L. I. (2006) 'E-mail interviewing in Qualitative Research: A Methodological Discussion', *Journal of the American Society for Information Science and Technology*, 57(10), pp. 1284–1295.
- Merleau-Ponty, M. (1962) *Phenomenology of Perception*. London, New York: Routledge.

- Meyer, I. H. (1995) 'Minority Stress and Mental Health in Gay Men', *Journal of Health and Social Behavior*, 36(1), pp. 39–56.
- Meyer, I. H. and Frost, D. M. (2013) 'Minority stress and the health of sexual minorities', in Patterson, C. J. and D'Augelli, A. R. (eds) *Handbook of Psychology and Sexual Orientation*. Oxford: Oxford University Press, pp. 252–266.
- Mitchell, M. and Howarth, C. (2009) *Trans research review*. Available at: http://www.equalityhumanrights.com/sites/default/files/documents/research/trans_research_review_rep27.pdf.
- Mock, J. (2017) *Beauty Beyond Binaries: Being Pretty is a Privilege, But We Refuse to Acknowledge It*, *Allure*. Available at: <https://www.allure.com/story/pretty-privilege> (Accessed: 15 August 2020).
- Money, J. (1985) 'Gender: History, theory and usage of the term in sexology and its relationship with nature/nurture', *Journal of Sex & Marital Therapy*, 11, pp. 71–79.
- Money, J. (1994) 'The concept of gender identity disorder in childhood and adolescence after 39 years', *Journal of Sex & Marital Therapy*, 20(163–177).
- Monro, S. (2003) 'Transgender Politics in the UK', *Critical Social Policy*, 23(4), pp. 433–452.
- Morton, J. (2008) *Transgender Experiences in Scotland: Research Summary*. Available at: <http://scottishtrans.org/wp-content/uploads/2013/03/staexperiencessummary03082.pdf>.
- MRS (2015) *MRS Regulations for Administering Incentives and Free Prize Draws*. London. Available at: [https://www.mrs.org.uk/pdf/Regulations for Incentives and Prize Draws July 2015.pdf](https://www.mrs.org.uk/pdf/Regulations%20for%20Incentives%20and%20Prize%20Draws%20July%202015.pdf).
- Mulvey, L. (1975) 'Visual Pleasure and Narrative Cinema', *Screen*, 16(3), pp. 6–18.
- Murray, C. (2004) 'An interpretative phenomenological analysis of the embodiment of artificial limbs', *Disability and Rehabilitation*, 26(16), pp. 963–973.
- Murray, S. B., Boon, E. and Touyz, S. W. (2013) 'Diverging eating psychopathology in transgendered eating disorder patients: A report of two cases', *Eating Disorders*, 21(1),

pp. 70–74. doi: 10.1080/10640266.2013.741989.

Nadal, K. (2019) 'Queering and Browning the Pipeline for LGBTQ Faculty of Color in the Academy: The Formation of the LGBTQ Scholars of Color National Network', *Journal of Critical Thought and Praxis*, 8(2), pp. 1–19.

NHS (2013) *Interim NHS England Gender Dysphoria Protocol and Guideline 2013/14*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>.

NHS (2018a) *Advice for parents of healthy-weight children*, NHS UK. Available at: <https://www.nhs.uk/live-well/healthy-weight/healthy-weight-children-advice-for-parents/> (Accessed: 5 April 2021).

NHS (2018b) *Healthy weight*, NHS UK.

NHS (2020) *Better Health: Lose Weight*, NHS UK.

NHS (2021) *Waiting times*, *The Tavistock and Portman NHS Foundation Trust*. Available at: <https://gic.nhs.uk/appointments/waiting-times/> (Accessed: 27 September 2021).

Nodin, N. et al. (2015) *The RaRE Research Report: LGB&T Mental Health - Risk and Resilience Explored*. Available at: http://www.queerfutures.co.uk/wp-content/uploads/2015/04/RARE_Research_Report_PACE_2015.pdf.

Oliver, D. G., Serovich, J. M. and Mason, T. L. (2005) 'Constraints and Opportunities with Interview Transcription: Towards Reflection in Qualitative Research', *Social Forces*, 84(2), pp. 1273–1289.

Orbach, S. (1978) *Fat is a Feminist Issue: The Anti-Diet Guide to Permanent Weight Loss*. New York: Paddington Press.

Orbach, S. (1982) *Fat is a Feminist Issue II: A Program to Conquer Compulsive Eating*. New York: Berkley Books.

Orbach, S. (1986) *Hunger Strike: The Anorectic's Struggle as a Metaphor for Our Age*. New York: Norton.

Owen-smith, A. A. et al. (2016) 'Health Perceptions of Barriers to and Facilitators of Participation in Health Research Among Transgender People', 1, pp. 187–196. doi:

10.1089/trgh.2016.0023.

Ozturk, M. B. and Tatli, A. (2016) 'Gender identity inclusion in the workplace: broadening diversity management research and practice through the case of transgender employees in the UK', *The International Journal of Human Resource Management*, 27(8), pp. 781–802.

Patel, N. (2017) 'Violent cistems: Trans experiences of bathroom space', *Agenda*, 31(1), pp. 51–63.

Patton, M. Q. (2015) *Qualitative Research & Evaluation Methods: Integrating Theory and Practice*. 4th Editio. Los Angeles: SAGE Publications.

Pearce, R. (2018) *Understanding Trans Health: Discourse, Power and Possibility*. Bristol, Chicago: Policy Press.

Pearce, R. (2020) 'A Methodology for the Marginalised: Surviving Oppression and Traumatic Fieldwork in the Neoliberal Academy', *Sociology*, 54(4), pp. 806–824.

Pearce, R. and Toze, M. (2018) *Trans Health Research at a Gender Identity Clinic: Transcript of an oral presentation for the Mini-Symposium on Ethical Considerations in Transgender Health Research Practice*. Available at: <https://transactivist.files.wordpress.com/2018/12/Trans-Health-Research-at-a-Gender-Identity-Clinic.pdf>.

Pfaefflin, F. (1997) 'Sex Reassignment, Harry Benjamin, and some European Roots', *The International Journal of Transgenderism*, 2(1). Available at: <http://www.symposion.com/ijt/ijtc0202.htm>.

PHE (2020) *Major new campaign encourages millions to lose weight and cut COVID-19 risk*, *Public Health England*. Available at: <https://www.gov.uk/government/news/major-new-campaign-encourages-millions-to-lose-weight-and-cut-covid-19-risk>
<https://www.gov.uk/government/news/major-new-campaign-encourages-millions-to-lose-weight-and-cut-covid-19-risk> (Accessed: 27 August 2020).

Phillippi, J. and Lauderdale, J. (2018) 'A Guide to Field Notes for Qualitative Research: Context and Conversation', *Qualitative Health Research*, 28(3), pp. 381–388.

- Pittelkow, E. M. *et al.* (2020) 'Female-to-Male Gender-Confirming Drainless Mastectomy May Be Safe in Obese Males', *Aesthetic Surgery Journal*, 40(3), pp. 85–93.
- Prosser, J. (1998) *Second Skins: The Body Narratives of Transsexuality*. Sussex, New York: Columbia University Press.
- Prosser, J. (2006) 'Judith Butler: Queer Feminism, Transgender, and the Transubstantiation of Sex', in Stryker, S. and Whittle, S. (eds) *The Transgender Studies Reader*. New York, London: Routledge, pp. 257–280.
- Puhl, R. M. and Peterson, J. L. (2012) 'Physical appearance and stigma', in Cash, T. F. (ed.) *Encyclopedia of Body Image and Human Appearance*. London: Elsevier, pp. 588–594.
- Pulice-Farrow, L., Cusacks, C. E. and Galupo, M. P. (2019) "Certain Parts of My Body Don't Belong to Me": Trans Individuals' Descriptions of Body-Specific Gender Dysphoria', *Sexuality Research and Social Policy*.
- Raha, N. (2017) 'Transfeminine Brokenness, Radical Transfeminism', *South Atlantic Quarterly*, 116(3), pp.632-646.
- Raha, N. (2021) 'Embodying Autonomous Trans Health Care in Zines', *Transgender Studies Quarterly*, 8(2), pp.188-198.
- Raymond, J. G. (1979) *The Transsexual Empire: The Making of the She-Male*. Beacon Press.
- Reischer, E. and Koo, K. S. (2004) 'The Body Beautiful: Symbolism and Agency in the Social World', *Annual Review of Anthropology*, 33, pp. 297–317.
- Renz, F. (2021) 'Genders that Don't Matter: Non-Binary People and the Gender Recognition Act 2004', in Raj, S. and Dunne, P. (eds) *The Queer Outside in Law: Recognizing LGBTIQ People in the United Kingdom*. Palgrave MacMillan, pp. 143–164.
- Rheingold, H. (1993) *The Virtual Community: Homesteading on the Electronic Frontier*. Cambridge, Massachusetts; London, England: The MIT Press.
- Richardson, E. V., Smith, B. and Papatomas, A. (2017) 'Disability and the gym: experiences, barriers and facilitators of gym use for individuals with physical disabilities',

Disability and Rehabilitation, 39(19), pp. 1950–1957. doi: 10.1080/09638288.2016.1213893.

Riggs, D. W. *et al.* (2019) 'Transnormativity in the Psy Disciplines: Constructing Pathology in the Diagnostic and Statistical Manual of Mental Disorders and Standards of Care', *American Psychologist*, 74(8), pp. 912–924.

Rinaldi, J. *et al.* (2016) 'Through thick and thin: Storying queer women's experiences of taking up and resisting idealized body images and expected body management practices', *Psychology of Sexualities Review*, 7(2), pp. 63–77.

Rinaldi, J., LaMarre, A. and Rice, C. (2016) 'Recovering bodies: The production of the recoverable subject in eating disorder treatment regimes', in Coffey, J., Budgeon, S., and Cahill, H. (eds) *Learning bodies: The body in yourh and childhood studies*. New York: Springer.

Ristori, J. *et al.* (2019) 'Gender Dysphoria and Anorexia Nervosa Symptoms in Two Adolescents', *Archives of Sexual Behavior*, 48(5), pp. 1625–1631. doi: 10.1007/s10508-019-1396-7.

Rooke, A. (2010) 'Telling Trans Stories: (Un)doing the Science of Sex', in Hines, S. and Sanger, T. (eds) *Transgender Identities: Towards a Social Analysis of Gender Diversity*. New York, Abingdon: Routledge, pp. 64–85.

Rosenberg, M. (1965) *Society and the Adolescent Self-Image*. Princeton, NJ: Princeton University Press.

Rosenberg, S. and Tilley, P. J. M. (2020) "'A point of reference": The insider/outsider research staircase and transgender people's experiences of participating in trans-led research', *Qualitative Research*, pp. 1–16.

Ross, L. E. (2017) 'An Account From the Inside: Examining the Emotional Impact of Qualitative Research Through the Lens of "Insider" Research', *Qualitative Psychology*, 4(3), pp. 326–337.

Royce, T. (2009) 'The Shape of Abuse: Fat Oppression as a Form of Violence Against Women', in *The Fat Studies Reader*. New York: NYU Press, pp. 151–157.

- Rubin, H. (2003) *Self-Made Men: Identity and Embodiment Among Transsexual Men*. Vanderbilt University Press.
- Rubin, H. S. (1998) 'Phenomenology as method in trans studies', *GLQ: A Journal of Lesbian and Gay Studies*, 4(2), pp. 263–281. Available at: <http://glq.dukejournals.org/content/4/2/263.full.pdf%5Cnpapers2://publication/uuid/A17C595F-4641-4F39-A68A-426717704CC1>.
- Saguy, A. C. and Riley, K. W. (2005) 'Weighing Both Sides: Morality, Mortality, and Framing Contests over Obesity', *Journal of Health Politics, Policy and Law*, 30(5), pp. 869–921.
- Salamon, G. (2010) *Assuming a body: transgender and rhetorics of materiality*. New York, West Sussex: Columbia University Press.
- Salamon, G. (2014) 'Phenomenology', *Transgender Studies Quarterly*, 1(1–2), pp. 153–155.
- Sardar, V. (1995) 'alt.civilizations.faq: Cyberspace as the darker side of the West', *Futures*, 27(7), pp. 777–794.
- Sardar, Z. and Ravetz, J. R. (1995) 'Cyberspace: to boldly go...', *Futures*, 27(7), pp. 695–698.
- Schaffner, A. K. (2012) *Modernism and Perversion: Sexual Deviance in Sexology and Literature, 1850-1930*. Basingstoke: Palgrave MacMillan.
- Schatzki, T. R. (2001) 'Introduction: Practice theory', in Schatzke, T. R., Knorr-Cetina, K., and Von Savigny, E. (eds) *The Practice Turn in Contemporary Theory*. Hove, UK: Psychology Press, pp. 1–14.
- Schilder, P. (1942) 'The Body Image in Dreams', *The Psychoanalytic Review (1913-1957)*, 29(2), pp. 113–126.
- Schilder, P. (1950) *The Image and Appearance of the Human Body*. New York: International Universities Press.
- Schilt, K. and Lagos, D. (2017) 'The Development of Transgender Studies in Sociology', *Annual Review of Sociology*, 43(1), pp. 425–443.

- Schrock, D., Reid, L. and Boyd, E. M. (2005) 'Transsexuals' embodiment of womanhood', *Gender and Society*, 19(3), pp. 317–335. doi: 10.1177/0891243204273496.
- Schulz, S. L. (2018) 'The Informed Consent Model of Transgender Care: An Alternative to the Diagnosis of Gender Dysphoria', *Journal of Humanistic Psychology*, 58(1), pp. 72–92.
- Sell, A., Lukaszewski, A. W. and Townsley, M. (2017) 'Cues of upper body strength account for most of the variance in men's body attractiveness', *Proceedings of the Royal Society B: Biological Sciences*, 284.
- Serano, J. (2007) *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*. California: Seal Press.
- Sevelius, J. M. (2013) 'Gender Affirmation: A Framework for Conceptualizing Risk Behavior Among Transgender Women of Color', *Sex Roles*, 68(11–12), pp. 675–689. doi: 10.1007/s11199-012-0216-5.
- Shilling, C. (1993) *The Body and Social Theory*. London, California, New Delhi: SAGE Publications.
- Shotwell, A. (2009) 'A Knowing that Resided in My Bones: Sensuous Embodiment and Trans Social Movement', in Campbell, S., Maynell, L., and Sherwin, S. (eds) *Embodiment and Agency*. Pennsylvania: The Pennsylvania State University Press, pp. 58–75.
- Siddique, H. (2021) *Appeal court overturns UK puberty blockers ruling for under-16s*, *The Guardian*. Available at: <https://www.theguardian.com/society/2021/sep/17/appeal-court-overturns-uk-puberty-blockers-ruling-for-under-16s-tavistock-keira-bell> (Accessed: 17 September 2021).
- Simone, M. et al. (2020) 'Disparities in self-reported eating disorders and academic impairment in sexual and gender minority college students relative to their heterosexual and cisgender peers', *International Journal of Eating Disorders*, 53(4), pp. 513–524. doi: 10.1002/eat.23226.

- Singer, B. T. (2014) 'Umbrella', *TSQ: Transgender Studies Quarterly*, 1(1–2), pp. 259–261.
- Singh, D. (1994) 'Is thin really beautiful and good? Relationship between waist-to-hip ratio (WHR) and female attractiveness', *Personality and Individual Differences*, 16, pp. 123–132.
- Singh, D. (2006) 'Universal allure of the hourglass figure: An evolutionary theory of female physical attractiveness', *Clinics in Plastic Surgery*, 33, pp. 359–370.
- Skopateli, C. (2021) *Parents can consent to children being given puberty blockers, High Court rules, Independent*. Available at: <https://www.independent.co.uk/news/uk/home-news/puberty-blockers-children-high-court-ruling-b1823009.html> (Accessed: 17 May 2021).
- Smalley, K. B., Warren, J. C. and Barefoot, K. N. (2016) 'Differences in Health Risk Behaviors Across Understudied LGBT Subgroups', *Health Psychology*, 35(2), pp. 103–114.
- Smith, J. A. (1996) 'Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology', *Psychology and Health*, 11, pp. 261–271.
- Snorton, C. R. (2017) *Black On Both Sides: A Racial History of Trans Identity*. Minneapolis, London: University of Minnesota Press.
- Soft drinks Industry Levy comes into effect* (2018) *HM Treasury*. Available at: <https://www.gov.uk/government/news/soft-drinks-industry-levy-comes-into-effect>.
- Song, M. and Parker, D. (1995) 'Commonality, difference and the dynamics of disclosure in in-depth interviewing', *Sociology*, 29, pp. 241–256.
- Spade, D. (2009) *Normal Life: Administrative Violence, Critical Trans Politics, & The Limits of the Law*. Durham, North Carolina: Duke University Press.
- Spiers, J. and Riley, R. (2019) 'Analysing one dataset with two qualitative methods: The distress of general practitioners, a thematic and interpretive phenomenological analysis', *Qualitative Research in Psychology*, 16(2), pp. 276–290.

- Spivak, G. C. (1992) 'Can the Subaltern Speak?', in Williams, P. and Chrisman, L. (eds) *Colonial Discourse and Post-Colonial Theory*. New York: Columbia University Press, pp. 66–111.
- SRA (2001) *A Code of Practice for the Safety of Social Researchers*. Available at: <http://the-sra.org.uk/wp-content/uploads/SRA-safety-code-of-practice.pdf>.
- Stone, S. (1992) 'The Empire Strikes Back: A Posttranssexual Manifesto', *Camera Obscura: Feminism, Culture, and Media Studies*, 10(2), pp. 150–176. doi: 10.1215/02705346-10-2_29-150.
- Strandjord, S. E., Ng, H. and Rome, E. S. (2015) 'Effects of treating gender dysphoria and anorexia nervosa in a transgender adolescent: Lessons learned', *International Journal of Eating Disorders*, 48(7), pp. 942–945. doi: 10.1002/eat.22438.
- Strauß, B. and Richter-Appelt, H. (1988) *Fragebogen zur Beurteilung des eigenen Körpers (FBeK) (Questionnaire for the assessment of one's body)*. Göttingen: Hogrefe.
- Stryker, S. (1999) 'Portrait of a Transfag Drag Hag as a Young Man: The Activist Career of Louis G. Sullivan', in Whittle, S. and More, K. (eds) *Reclaiming Genders: Transsexual Grammars at the Fin de Siecle*. London, New York: Cassell, pp. 62–82.
- Stryker, S. (2006) '(De)Subjugated Knowledges', in Stryker, S. and Whittle, S. (eds) *The Transgender Studies Reader*. New York: Routledge, pp. 1–17.
- Stryker, S. (2008) *Transgender History*. Berkeley: Seal Press.
- Stryker, S. and Aizura, A. Z. (2013) 'Introduction', in *The Transgender Studies Reader 2*. New York, London: Routledge, pp. 1–12.
- Surgenor, L. J. and Fear, J. L. (1998) 'Eating disorder in a transgendered patient: A case report', *International Journal of Eating Disorders*, 24, pp. 449–452. doi: 10.1002/(sici)1098-108x(199812)24:4<449::aid-eat14>3.0.co;2-w.
- Swami, V. (2007) *The Missing Arms of Venus de Milo: Reflections on the Science of Attractiveness*. Brighton, UK: Book Guild.
- Swami, V., Gray, M. and Furnham, A. (2007) 'The female nude in Rubens: Disconfirmatory evidence of the waist-to-hip ratio hypothesis of female physical

attractiveness', *Imagination, Cognition and Personality*, 26, pp. 139–147.

Testa, R. J. *et al.* (2015) 'Development of the Gender Minority Stress and Resilience Measure', *Psychology of Sexual Orientation and Gender Diversity*, 2(1), pp. 65–77.

Testa, R. J., Jimenez, C. L. and Rankin, S. (2014) 'Risk and Resilience During Transgender Identity Development: The Effects of Awareness and Engagement with Other Transgender People on Affect', *Journal of Gay & Lesbian Mental Health*, 18(1), pp. 31–46.

Thompson, J. K., Burke, N. L. and Krawczyk, R. (2012) 'Measurement of body image in adolescence and adulthood', in Cash, T. F. (ed.) *Encyclopedia of Body Image and Human Appearance*. London: Elsevier, pp. 512–520.

Tiidenberg, K. (2020) 'Research Ethics, Vulnerability, and Trust on the Internet', in Hunsinger, J., Klastrup, L., and Allen, M. (eds) *Second International Handbook of Internet Research*. Dordrecht, Netherlands: Springer, pp. 569–583.

Tilley, S. A. (2003) "'Challenging" research practices: Turning a critical lens on the work of transcription', *Qualitative Inquiry*, 9(5), pp. 750–773.

Todres, L. and Holloway, I. (2004) 'Descriptive phenomenology: Life-world as evidence', in Rapport, F. (ed.) *New Qualitative Methodologies in Health and Social Care Research*. New York, London: Routledge, pp. 79–98.

Turan, Ş. *et al.* (2018) 'Alterations in Body Uneasiness, Eating Attitudes, and Psychopathology Before and After Cross-Sex Hormonal Treatment in Patients with Female-to-Male Gender Dysphoria', *Archives of Sexual Behavior*, 47(8), pp. 2349–2361. doi: 10.1007/s10508-018-1189-4.

Turan, Ş., Poyraz, C. A. and Duran, A. (2015) 'Prolonged anorexia nervosa associated with female-to-male gender dysphoria: A case report', *Eating Behaviors*, 18, pp. 54–56. doi: 10.1016/j.eatbeh.2015.03.012.

Ulrichs, K. H. (1864) *Inclusa*. Leipzig, Germany: Matthes.

Ulrichs, K. H. (1869) *Incubus: Urningsliebe und Blutgier*. Leipzig, Germany: Serbe.

Urry, J. (1990) *The Tourist Gaze: Leisure and Travel in Contemporary Societies*. London:

SAGE Publications.

Urry, J. (2002) *The Tourist Gaze: Second Edition*. London, Thousand Oaks, New Delhi: SAGE Publications.

Urry, J. and Larsen, J. (2011) *The Tourist Gaze 3.0*. Los Angeles, London, New Delhi, Singapore, Washington DC, Melbourne: SAGE Publications.

USHA and UCEA (2005) *Guidance on Safety in Fieldwork*. Available at: <http://www.lancaster.ac.uk/depts/safety/files/Fieldwork.pdf>.

Vade, D. and Solovay, S. (2009) 'No Apology: Shared Struggles in Fat and Transgender Law', in Rothblum, E. and Solovay, S. (eds) *The Fat Studies Reader*. New York: New York University Press, pp. 167–175.

Valentine, D. (2007) *Imagining Transgender: An Ethnography of a Category*. Durham, London: Duke University Press.

Vasilovsky, A. T. and Gurevich, M. (2016) "'The body that cannot be contained": Queering mainstream psychology's gay male body dissatisfaction imperative', *Sexualities*, 20(5–6), pp. 622–643.

Victorina Aguilar Vilas, M. *et al.* (2014) 'Nutritional Status and Obesity Prevalence in People with Gender Dysphoria', *AIMS Public Health*, 1(3), pp. 137–146. doi: 10.3934/publichealth.2014.3.137.

Vincent, B., Erikainen, S. and Pearce, R. (eds) (2020) *TERF Wars: Feminism and the fight for transgender futures*. The Sociol. London: Sage.

Vincent, B. W. (2018) 'Studying trans: Recommendations for ethical recruitment and collaboration with transgender participants in academic research', *Psychology & Sexuality*, 9(2), pp. 102–116.

Vipond, E. (2015) 'Resisting Transnormativity: Challenging the medicalization and regulation of trans bodies', *Theory in Action*, 8(2), pp. 21–44.

Vocks, S. *et al.* (2009) 'Eating and body image disturbances in male-to-female and female-to-male transsexuals', *Archives of Sexual Behavior*, 38(3), pp. 364–377. doi: 10.1007/s10508-008-9424-z.

- Warin, M. (2010) *Abject Relations: Everyday Worlds of Anorexia*. New Brunswick, New Jersey, London: Rutgers University Press.
- Warren, C. A. B. (2002) 'Qualitative Interviewing', in Gubrium, J. F. and Holstein, J. A. (eds) *Handbook of Interview Research: Context and Method*. Thousand Oaks, CA: SAGE Publications.
- Watson, R. J., Veale, J. F. and Saewyc, E. M. (2017) 'Disordered eating behaviors among transgender youth: Probability profiles from risk and protective factors', *International Journal of Eating Disorders*, 50(5), pp. 515–522. doi: 10.1002/eat.22627.
- Weiss, G. (1999) *Body Images: Embodiment as Intercorporeality*. New York, London: Routledge.
- Weiss, R. S. (1994) *Learning from Strangers: The Art and Method of Qualitative Interview Studies*. New York: Free Press.
- Westbrook, L. (2010) 'Becoming Knowably Gendered: The Production of Transgender Possibilities and Constraints in the Mass and Alternative Press from 1990-2005', in Hines, S. and Sanger, T. (eds) *Transgender Identities: Towards a Social Analysis of Gender Diversity*. New York, Abingdon: Routledge, pp. 43–63.
- Westbrook, L. and Schilt, K. (2014) 'Doing Gender, Determining Gender: Transgender People, Gender Panics, and the Maintenance of the Sex/Gender/Sexuality System', *Gender and Society*, 28(1), pp. 32–57. doi: 10.1177/0891243213503203.
- White, F. R. (2014) 'Fat/Trans: Queering the Activist Body', *Fat Studies*, 3(2), pp. 86–100.
- White, F. R. (2020a) 'Embodying the Fat/Trans Intersection', in Friedman, M., Rinaldi, J., and Rice, C. (eds) *Thickening Fat: Fat Bodies, Intersectionality, and Social Justice*. New York, Abingdon: Routledge, pp. 110–121.
- White, F. R. (2020b) 'Embodying the Fat / Trans Intersection', (2005).
- Whitehead, B. (2017) 'Inequalities in Access to Health Care for Transgender Patients', *Links to Health and Social Care*, 2(1), pp. 63–76. Available at: <https://openjournals.ljmu.ac.uk/index.php/lhsc/article/view/109>.

- Whittle, S. (1998) 'The Trans-Cyberian Mail Way', *Social & Legal Studies*, 7(3), pp. 389–408.
- Whittle, S. (2002) *Respect and Equality: Transsexual and Transgender Rights*. London, Sydnnet, Portland: Cavendish Publishing Limited.
- Whittle, S. (2006) 'Foreword', in *The Transgender Studies Reader*2. New York: Routledge, pp. xi–xvi.
- Whittle, S. and Stryker, S. (eds. . (2006) *The Transgender Studies Reader*. New York: Routledge.
- Whittle, S., Turner, L. and Al-Alami, M. (2007) *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination*. Available at: <http://www.pfc.org.uk/pdf/EngenderedPenalties.pdf>.
- Wilchins, R. A. (2006) 'What Does it Cost to Tell the Truth?', in *The Transgender Studies Reader*. New York: Routledge, pp. 547–551.
- Wiltshire, G. and Ronkainen, N. (2021) 'A realist approach to thematic analysis: Making sense of qualitative data through experiential, inferential and dispositional themes', *Journal of Critical Realism*, 20(2), pp. 159–180.
- Winston, A. P. *et al.* (2004) 'Anorexia nervosa and gender identity disorder in biologic males: A report of two cases', *International Journal of Eating Disorders*, 36(1), pp. 109–113. doi: 10.1002/eat.20013.
- Witcomb, G. L. *et al.* (2015) 'Body image dissatisfaction and eating-related psychopathology in trans individuals: A matched control study', *European Eating Disorders Review*, 23(4), pp. 287–293. doi: 10.1002/erv.2362.
- Young, I. M. (1990) *Throwing Like A Girl and Other Essays in Feminist Philosophy and Social Theory*. Bloomington, Indianapolis: Indiana University Press.

Appendix 1: Recruitment poster/flyers

Version 1: General recruitment

Making space for trans bodies

Trans, non-binary and gender non-conforming people are invited to take part in a study exploring body weight and shape

Everyone who takes part will receive a £20 gift card as thanks for the time and energy given

Who?

To take part you must be at **least 18 years old**, be **living in the UK**, identify in some way as **trans, non-binary or gender non-conforming**, and be **available for interview between November 2018 and March 2019**


What?


If you take part you'll be interviewed either in-person or online. All of the information you give will be kept completely confidential. **Data dissemination will be strictly confidential.**


Why?

Find out more at:

www.makingspaceproject.com

Lancaster University 

 @Make SpaceProj

 f.mculty@lancaster.ac.uk

Trans, non-binary and gender non-conforming people are invited to take part in a study exploring body weight and shape

Everyone who takes part will receive a **£20 gift card** as thanks for the time and energy given

Participation is particularly sought from **trans, non-binary and gender non-conforming people of colour** and from **people who identify as women part or all of the time**

Who?

To take part you must be at **least 18 years old**, be **living in the UK**, identify in some way as **trans, non-binary or gender non-conforming**, and be **available for interview between November 2018 and March 2019**

What?

If you take part you'll be interviewed either **in-person or online**. All of the information you give will be kept completely confidential. **Data dissemination will be strictly confidential.**

Find out more at:



www.makingspaceproject.com



@Make
SpaceProj



makingspace@
lancaster.ac.uk

Appendix 2: Template recruitment email

Good morning/afternoon,

I'm getting in touch as a doctoral researcher based at Lancaster University. I'm currently recruiting participants for research exploring relationships with body weight and shape for trans, non-binary and gender non-conforming people in the UK.

There is an incentive offered (in the form of a £20 gift card of choice for people who take part), and I'm happy to talk and answer questions about the research. There are a few options for interview - in person, by phone or Skype, or online via email.

As part of recruitment I'm emailing groups and organisations such as [organisation/group's name] with information. There is no pressure at all if research requests aren't something you generally engage with, but the attached flyer provides further information for circulation if it would be of interest or benefit to anyone who is involved with or engages with your group/organisation.

I am also able to send print flyers and information if this would be welcome and/or more suitable.

Thank you more generally for the invaluable work that you do.

All the best,

Felix McNulty

PhD Student

Lancaster University, Department of Sociology

<http://www.makingspaceproject.com>

<http://www.lancaster.ac.uk/people-profiles/felix-mcnulty>

Appendix 3: Participant consent form

Audio recorded (face-to-face, telephone, Skype) consent form:

Consent Form – Face-to-face, Skype or phone Interview

Study title: Exploring body weight and shape for trans, non-binary and gender non-conforming people in the UK

Felix McNulty

f.mcnulty@lancaster.ac.uk

Please read the following statements and tick the box if you feel confident in going ahead with participating in this study. If any questions occur to you as you are reading the statements through, please feel free to ask them.

1. I have read and understand the information sheet for this study. I have been able to think about the information, ask questions, and my questions have been answered in a way I have been able to understand.

2. I understand that my participation is voluntary and that I am free to withdraw at any time during my interview for this study.

I understand that I can withdraw up to four weeks after my interview, and I do not have to give any reason. I am confident that if I withdraw within this time frame, my data will be removed.

3. I understand that the information given by me may be used in future reports, academic articles, publications or presentations by Felix McNulty, and that my personal information will not be included in any of these.

4. I understand that my name and any other details that could identify me will not appear in any reports, articles or presentations without my consent.

5. I understand that any interviews will be audio-recorded on an encrypted recording device and transcribed by a professional transcriber bound by confidentiality. I am confident that my data will be stored securely under password-protected encryption.

6. I understand that my data will be kept securely according to University guidelines for a minimum of 10 years after the end of this study.

7. I agree to take part in this study.

Full name:

Date:

Signature:

Researcher declaration

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and that consent has been given freely and voluntarily.

Name:

Date:

One copy of this form will be given to the study participant, and the original will be kept securely in the files of the researcher at Lancaster University.

Online interview consent form:

Consent Form – Online Interview

Study title: Exploring body weight and shape for trans, non-binary and gender non-conforming people in the UK

Felix McNulty

f.mcnulty@lancaster.ac.uk

Please read the following statements and tick the box if you feel confident in going ahead with participating in this study. If any questions occur to you as you are reading the statements through, please feel free to ask them.

1. I have read and understand the information sheet for this study. I have been able to think about the information, ask questions, and my questions have been answered in a way I have been able to understand.



2. I understand that my participation is voluntary and that I am free to withdraw at any time during my interview for this study. I understand that I can withdraw up to four weeks after my interview, and I do not have to give any reason. I am confident that if I withdraw within this time frame, my data will be removed.

3. I understand that the information given by me may be used in future reports, academic articles, publications or presentations by Felix McNulty, and that my personal information will not be included in any of these.

4. I understand that my name and any other details that could identify me will not appear in any reports, articles or presentations without my consent.

5. I understand that questions and answers from the interview will be copied and pasted into a document without details of my email address, IP address or any other identifying details, and all emails will be deleted once the interview is complete. I am confident that my data will be securely stored under password protected encryption.

6. I understand that my data will be kept securely according to University guidelines for a minimum of 10 years after the end of this study.

7. I agree to take part in this study.

Full name:

Date:

Signature:

Researcher declaration

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and that consent has been given freely and voluntarily.

Name:

Date:

One copy of this form will be given to the study participant, and the original will be kept securely in the files of the researcher at Lancaster University.



**Information for participants: Exploring body weight and shape
for trans, non-binary and gender non-conforming people in the
UK**

Felix McNulty

f.mcnulty@lancaster.ac.uk

I will be talking about 'data' a lot, so a quick definition first: your data is any views, opinions, experiences, thoughts or feelings you share with me in an interview if you decide to take part in the study.

What is this study about?

I am Felix, a PhD student researcher at Lancaster University. This study is about body weight and shape for trans, non-binary and gender nonconforming people and in our communities, and will explore attitudes and behaviours.

This study emerged from my own research up to the present, conversations with friends and other trans, non-binary and gender nonconforming people, and studies suggesting that people in these communities may be vulnerable to developing relationships with food and/or weight that could be harmful. This could be in the form of eating disorders, diagnosed medically or self-diagnosed, or in the form of obsessive or compulsive behaviours and feelings that are not dangerous in a medical sense but that still affect daily life and wellbeing.

The study is driven by the following aims and objectives:

- To produce research that can contribute to ensuring that trans, nonbinary and gender non-conforming people who want to get help, support or treatment for issues related to body shape and/or weight can access good quality services
- To draw attention to factors outside of us that influence how we feel about body shape and weight, in both positive and negative ways (for example, these factors could include experiences of healthcare, support from friends or family, the kinds of trans bodies we see most represented, and more)
- To centre the experiences and self-understandings of the people who take part in ways that recognise the depth and

complexity of how each person relates to their body and its shape and weight

This study **is not about what kinds of bodies we should or should not have, how big or small a body is, or what the ‘right’ kind of body, weight or way of eating is.** If you have any questions or concerns about this, you can get in touch with me at f.mcnulty@lancaster.ac.uk.

Who can take part?

You can take part in this research if you understand your gendered experience as trans, non-binary or gender non-conforming (or as some combination of these things) in some way at the time of taking part – this can mean many different things to different people, and if you are unsure you can ask me, but no one will be rejected on the grounds of being ‘not trans enough’.

To take part, you should also:

- Be aged 18 or older at the time of taking part
- Be living in the UK (including those without documentation or awaiting decisions on the right to remain)

- Be able to communicate in English, either spoken or in writing
- Be available for interview between March and May 2019

What will happen if I take part?

If you decide to take part, you will be able to choose between arranging a face-to-face interview or an online interview with me.

A face-to-face interview can take place in person, over Skype or another video call platform, or over the telephone, and will be arranged for a time and date that suit us both. If we are meeting in person we can do the interview in your home, at a local LGBTQIA+ venue (if a space of this kind is available – I will check and arrange this if it's what you'd prefer), or in a different place of your choice where you feel comfortable and relaxed. Interviews will be between 45 and 90 minutes long and will be recorded on an encrypted recording device.

This means that if the recording device is lost or stolen before the audio file of the interview has been removed from it, it will be impossible for the audio file of our conversation to be accessed.

If you prefer to be interviewed over email, we can arrange this in a way that suits us both. For example, the interview could be conducted in one go at an agreed-upon time, or questions and answers could be sent over an agreed 2 or 3 days. Questions and answers will be copied and pasted into a separate document with details such as email addresses removed, and original email files will then be deleted.

What are the benefits of taking part?

Taking part in this study will provide a space for talking and thinking about weight and shape, and your insights will also contribute to the development of better understanding on a larger scale. It is my intention that this understanding contributes to the development of good quality support and treatment practice, so that those who want or need support are able to access it.

In recognition of the time and energy given in the interview process, all participants will receive a £20 gift card.

Your participation is also greatly appreciated by me personally, as it enables me to carry out this study in a way that I hope means it can meet its potential. I take the responsibility that comes with this very

seriously and am happy to talk about it more if this is an aspect of the research process you would feel more comfortable knowing more about.

Do I have to take part?

No. It's completely up to you to decide whether or not you take part, and if you would rather not for any reason that is completely fine. For example, if you're unsure how exploring this topic would affect your mental and/or emotional wellbeing and don't want to take the risk, that is a completely valid reason to decide not to take part.

What if I change my mind?

It is important for you to know that if you change your mind, you can withdraw your participation in this study. If I have interviewed you already and you change your mind, you will still receive the £20 gift voucher or, if you have already received it, you won't have to give this back.

I do ask that you let me know as soon as you wish to withdraw.

This is because I will be analysing your data and forming connections

as I go along, and once your data has been made anonymous it will be difficult to remove it entirely.

For this reason there is a working deadline for withdrawal of **four weeks**, but you can still contact me after this and I will work with you to try to reach an outcome you feel comfortable with.

When you get in touch about withdrawing, I will delete all of the data I have for you, such as any interview recordings or interview text from emails.

If your interview is being carried out by email and you stop replying, I will send two prompting emails to check whether you still want to carry on. If I don't hear back from you after two prompting emails, I will take this as a sign that you no longer want to take part, and any data I have collected up to that point will be deleted.

What are the possible downsides of taking part?

Although I hope that there won't be any major disadvantages to taking part, your participation will involve an investment of time, and I am aware that the topic of body weight and shape can be a personal and

often sensitive one. This means that discussing it in depth may be difficult or bring distressing feelings and memories to the surface. Sometimes this can happen in the moment, and sometimes we might not have a reaction like this until a little while later.

Before we begin an interview, we will agree on some ways you would feel comfortable letting me know if you would like me to stop recording for any reason. You can take a time out at any point, and can then resume if you wish to continue, or we can stop the interview. It is my hope that we will be able to talk about issues that may come up in a way that makes you feel supported and safe, but you will also be provided with a list of potential sources of support afterwards.

Will anyone know what I say in the interview?

After the interview, the only two people who will have access to the data you share will be me, the researcher, and a professional transcriber, who will listen to our interview recordings and produce a written version of what has been said.

This person will be bound by professional confidentiality, and cannot repeat anything they hear on the audio recordings. They will store the

audio and word files in encrypted folders and delete them after a period of 6 months from the time of transcription.

I will keep all personal information about you confidential, which means that I will not share it with others. I will anonymise any audio recordings and hard copies of any data. This means that I will remove any mention of personal information that could mean someone reading it could figure out who you are.

For your own safety and the safety of others, if any information you share suggests that either you or someone you know is in danger of being harmed, I will need to break confidentiality and pass this information on, and it would be illegal for me not to do so.

How will my data be stored?

Your data will be stored in encrypted files (meaning that no-one other than me, the researcher will be able to access them) and on passwordprotected computers.

In accordance with University guidelines, I will keep the data securely for a minimum of ten years. This is in case anything I have written about what you or others said in interview needs to be checked.

For further information about how Lancaster University processes personal data for research purposes and to find out about your data rights, please visit our webpage: www.lancaster.ac.uk/research/data-protection.

How will my interview answers be used?

I will use the data you have shared with me for academic purposes only. This will include my PhD thesis and other publications, such as journal articles. I may also present the results of my study at academic conferences or at practitioner conferences in order to contribute to the shaping of best practice and policy.

When writing up the findings from this study, I would like to reproduce some of the views and ideas you share with me by including quotes for example. When doing so, I will only use anonymised quotes and pseudonyms (meaning that a different name will be used when I talk

about things you have said), so that although I will use your exact words, it won't be possible for anyone to find out who you are.

Who has reviewed the project?

This study has been reviewed and approved by the Faculty of Arts and Social Sciences and Lancaster Management School's Research Ethics Committee.

This study is funded by the Economic and Social Research Council (ESRC).

What if I have a question or concern?

If you have any queries or if you are unhappy with anything that happens concerning your participation in the study, please contact me at f.mcnulty@lancaster.ac.uk or my supervisors:

Debra Ferreday

d.ferreday@lancaster.ac.uk

Elizabeth McDermott

e.mcdermott@lancaster.ac.uk

If you have any concerns or complaints that you wish to discuss with a person who is not directly involved in the research, you can also contact Corinne May-Chahal (Head of the Department of Sociology) by email, telephone, or post.

Email: c.may-chahal@lancaster.ac.uk.

Telephone: +44 (0)1524 594104

Post: Corinne May-Chahal

Department of Sociology, Bowland North

Lancaster University

Bailrigg

LA1 4YN

**Thank you for taking the time to read through the
information provided.**

Appendix 5: Debriefing sheet

Debriefing sheet: Exploring body weight and shape for trans, non-binary and gender non-conforming people in the UK

Felix McNulty

f.mcnulty@lancaster.ac.uk

First of all, thank you for taking part in this study. Talking about weight and shape and body image is a really important part of identifying difficulties that people may be facing and coming up with solutions, but it can also be hard and upsetting to talk about.



In your interview, you may have talked about personal experiences around weight, shape or food, or shared something else personal to you. Talking about these things can be upsetting at the time. Sometimes it may be upsetting afterwards or in unexpected ways, because talking about something may bring it into your thoughts more often for a little while after your interview.

If any discussion that has taken place during the interview process has felt difficult or painful, my hope is that we have been able to address that together. However, some feelings can be harder to share

than others, and there may be some feelings or thoughts that come up after the time we spend together in the interview.

Below are some suggested sources of support if you feel you would like help for any reason related to the interview and the topic of this study.

Trans Folx Fighting Eating Disorders is a US based community organisation focused on community healing. Although the majority of its activities are based in the US, T-FFED runs a Facebook-based peer support group, which can be found here:
https://www.facebook.com/groups/TransFolxFightingEDs/?hc_ref=SEARCH

SEARCH

More information can be found here:
<http://www.transfolxfightingeds.org/>

The LGBT Foundation is based in Manchester and can provide more generalised support via an advice, support and information telephone line at 0345 3 30 30 30. The Foundation also offers free talking therapies to provide support with various difficulties you may be experiencing, and run a monthly event for trans people.

The Foundation website is: <http://lgbt.foundation/>

Information about talking therapies can be found here:

<http://lgbt.foundation/get-support/lgbt-counselling-service/>

Mindline Trans+ is a South West-based emotional support helpline service for trans and non binary people as well their families and friends. You can contact the helpline on 0300 330 5468.

CliniQ is a dedicated holistic sexual health and well-being service for trans people based in London. Its services include counselling and therapeutic support. The clinic runs every Wednesday from 5.30pm and 7.30pm at 56 Dean Street.

More information can be found at: <https://cliniq.org.uk/>

You may withdraw your participation in this study within 4 weeks following the interview. Please contact me at f.mcnulty@lancaster.ac.uk should you wish to withdraw for any reason.

Please contact my supervisors Debra Ferreday (d.ferreday@lancaster.ac.uk) or Elizabeth McDermott (e.mcdermott@lancaster.ac.uk) to express any concerns or ask any questions you would not feel comfortable relating to me directly.

Thank you again for taking part in this study.

Appendix 6: Interview guide

Interview guide: Exploring body weight and shape for trans, non-binary and gender non-conforming people in the UK

General questions

1. To start, tell me a little about yourself (e.g., things you enjoy, places you find yourself often, for work or to relax for example, or people you see regularly)
2. Could you tell me a bit about what drew you to this study?

Weight and shape

3. How would you describe your relationship with/your feelings about the weight and shape of your body? (e.g., do you feel generally good or generally bad do you think, or some combination of the two most of the time? What does feeling good or feeling bad mean to you?)
4. What do you think of as a 'healthy' body shape and weight/relationship with shape and weight? (e.g., what does 'healthy' mean to you? What do you think influences what you think of as healthy?)
5. Have you ever found yourself worrying or thinking a lot about your weight? If you have, could you tell me about a time when you felt like this?

6. Are there things you do or have done in the past that have been specifically related to your weight and shape? What are or were these things? Do or did they feel negative (so perhaps scary or destructive) or more positive (hopeful or good for you, for example)?

Context and environment

7. Are there situations, environments or people that make (or in the past have made) you feel better or worse about the weight or shape of your body? Could you describe these for me? What is it about this situation/environment/person that changes how you feel about or experience your weight and shape?

8. Can you talk me through particular situations or environments in which you know you do or in the past did specific things to change or affect your weight and shape?

9. If you think about the places or situations you find yourself in often, do you think you do or did these things more in some places or with some people? Or less in some places?

10. If you think about people you see often (family, friends, co-workers, counsellors, doctors), does the way you behave or feel about your weight and shape change around certain people? In what ways?

Help-seeking and care

11. If aspects of your relationship with your body weight and shape are difficult, are there ways you have of managing this? Could you tell me about those?

12. If you imagine a space or situation in which you feel really good about yourself, talk me through it. What is it about this space, person or situation that makes you feel like this?

13. Have you ever felt as though you needed help or support with any of the things we've been talking about? Did you feel as though you could ask for this? If so, what made that feel possible? If not, why not?

13. Are there things you do to keep your body healthy or because they make you feel more healthy? What makes doing these things easier or more difficult?

Closing questions/comments

14. Is there anything I haven't asked about or that we haven't covered that you would like to add?

Thank you for your time and insights.

Appendix 7: Coding frame

<i>Major category</i>	<i>Code</i>	<i>Subcodes</i>	
<i>Relationships with body weight and shape</i>	Happy in my body	Permission Being myself Therapeutic/healing	
	Desired embodiment	Autonomy/self-determination Body envy/comparison Influences/models Frustration	
	Weight and shape-related labour	Looking after myself Future self Progressing/falling back Losing/regaining control	
	Distress	Entanglement/messiness Dysphoria Struggle/battle Punishment/self-harm	
	<i>Expectations/pressures</i>	Social distress	Peer pressure Unsafe spaces Judgment
		Gendered bodily norms	Fat as gendered Being 'between' Intracommunity norms/ideals
		Trying to fit	Fitting into 'a box' Medical paradigms e.g., BMI
		GIC expectations	Medical binaries GIC stressors
	<i>Limiters/constraints</i>	Inadequate care	Deferral/delay of care Withholding of care Disempowerment
		Harmful relationships	Body shaming/weight stigma Invalidation Microaggressions
Physical capacity, access		Body as barrier Lack of access	
Fatphobia, weight stigma		Medical fatphobia Familial weight stigma Cultural fatphobia	
<i>Facilitators/support</i>		Validation, affirmation, recognition Community	Being seen Relief Safe(r) spaces Shared experience
	Sharing experiences	Venting, confiding Understanding, being understood	
	Person-centred care	Autonomy, choice Cultural competence	
	Access	Nutritional access Access to physical spaces	

Appendix 8: Notifications of ethics approval

Ethics approval (REC reference number FL17190-please quote this in all correspondence about this project)

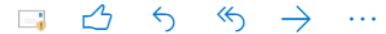


FASS and LUMS Research Ethics

Fri 17/08/2018 09:20

To: McNulty, Felix

Cc: Ferreday, Debra; McDermott, Elizabeth



Dear Felix

Thank you for submitting your ethics application and additional information for *Weight and shape control attitudes, behaviours and contextual factors in UK trans communities*. The information you provided has been reviewed by member(s) of the Faculty of Arts and Social Sciences and Lancaster Management School Research Ethics Committee and I can confirm that approval has been granted for this project.

As principal investigator your responsibilities include:

- ensuring that (where applicable) all the necessary legal and regulatory requirements in order to conduct the research are met, and the necessary licenses and approvals have been obtained;
- reporting any ethics-related issues that occur during the course of the research or arising from the research (e.g. unforeseen ethical issues, complaints about the conduct of the research, adverse reactions such as extreme distress) to the Research Ethics Officer;
- submitting details of proposed substantive amendments to the protocol to the Research Ethics Officer for approval.

Please do not hesitate to contact me if you require further information about this.

Kind regards

Debbie

Debbie Knight

Secretary, FASS-LUMS Research Ethics Committee fass.lumsethics@lancaster.ac.uk

Phone (01524) 592605| D22 FASS Building, Lancaster University, LA1 4YT | Web: <http://www.lancaster.ac.uk/arts-and-social-sciences/research/ethics-guidance-and-ethics-review-process/> &

<http://www.lancaster.ac.uk/lums/research/ethics/>



www.lancaster.ac.uk/50

Appendix 9: Excerpt of line-by-line coding

Transcript	Notes on experiential themes	Clarification; refinement
<p>Alfie: Umm yeah recently I had this whole thing where like I-I guess umm I was umm I... am supposed to be getting top surgery next year and in order to get top surgery with the surgeon that I've been referred to, your bi- your BMI needs to be under 30, ermm and I weighed myself and I was very close to being over the threshold, and I know now, that that's because the scales were broken, and I don't actually weigh quite that much, but at the time like the kinda like feeling that I might be potentially on the verge of being of like weighing too much to get surgery I need like brought back all these kinda like feelings of like feeling disgust and also feeling like really anxious and like feeling the body dysphoria and really worried that it might end up</p>	<p>Recently there was a <i>whole thing</i></p> <ul style="list-style-type: none"> • A significant moment <p>I am <i>supposed to be</i> getting top surgery</p> <ul style="list-style-type: none"> • <i>Supposed to be</i> – suggesting uncertainty? Lack of confidence? <p>For the surgeon, my BMI <i>needs to be</i> under 30</p> <ul style="list-style-type: none"> • I was <i>very close</i> to being over the threshold • I <i>know</i> now that this was not the case, but the <i>feeling of</i> this was very powerful <p>The feeling of being 'on the verge' of weighing too much</p> <ul style="list-style-type: none"> • <i>Brought back</i> feelings of disgust – feelings associated with the past, or dormant, are brought to the surface, are felt very strongly • Feeling anxious/dysphoric • Worried that it might be a <i>really long time</i> before I 'end 	<p><i>External requirements</i></p> <p>The requirement to meet specific BMI requirements in order to access surgery and relief from dysphoria/the fear of not meeting this threshold</p> <p><i>Uncertainty/deferral</i></p> <p>Surgery is <i>supposed to be</i> happening, and being close to the threshold produced anxieties and fears about it being a <i>really long time</i> before surgery happens</p> <p>Anticipation of relief from dysphoria, and fear about this relief moving out of reach</p> <p><i>Distress - falling back/bringing back</i></p> <p>This <i>brought back</i> a 'tangled mess' of feelings of disgust, anxiety, dysphoria</p>

<p>being a really long time before I end up getting top surgery and getting relief from that dysphoria and it's like I dunno it's just like this whole tangled mess of feelings that I have, that eventually kind of like umm just kind of gave me the so initially motivated me to start kinda like falling back into more sort of restrictive eating and exercising but then after a while I kind of just like came to terms with it better and calmed it down a bit and continued to sort of like try and eat more, more carefully and exercise more, but in a more kinda like controlled manner</p>	<p>up' getting top surgery – temporal uncertainty and anxieties, 'end up' suggests an already long wait</p> <ul style="list-style-type: none"> • Worried that it might be a long time until <i>getting relief</i> from dysphoria – state of <i>anticipated relief</i> <p>These feelings are a <i>tangled mess</i></p> <p><i>Eventually</i> this motivated me to <i>fall back</i> into restrictive eating/exercising</p> <ul style="list-style-type: none"> • <i>Fall back</i> as with <i>brought back</i> – implication of managed or dormant behaviours resurfacing <p><i>After a while</i> I was able to come to terms with it</p> <ul style="list-style-type: none"> • I was able to calm it down • I continued to try and eat more, eat carefully, exercise more, in a <i>controlled</i> manner • Before I was able to calm it down, the feelings and actions felt <i>out of control</i> 	<p>This caused me to <i>fall back</i> into restrictive eating and exercising</p> <p><i>Tangled messiness</i></p> <p>Dysphoria, relief, disgust, anxiety, worry</p> <p><i>Loss of control/regaining control</i></p> <p>After a while, I was able to come to terms with it, calm it down, eat more, exercise in a more controlled/managed way</p>
---	---	---