Feeling Good As Hell: Body Positivity and Pleasure in the LGBTQIA2S+ Community

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Introduction

- Shanna Katz Kattari, PhD, MEd, CSE, ACS (she/her pronouns)
- Background in sexuality and social work
- Faculty at the University of Michigan School of Social Work and Dept of Women’s and Gender Studies
- Director of the [Sexuality | Relationships | Gender] Research Collective
- Intersectional research on disability, sexuality, queer/trans experiences
- Identities: disabled cisgender White fat Jewish queer chronically ill Femme
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How do we define sex?
Traditional models:

- Baseball/bases
- Stairsteps
- Escalator

Concept:

- Kissing/making out/groping
- Manual stimulation/handiwork with genitals
- Oral – genital
- Intercourse
Problems with these models:

- Ciscentric
- Heterocentric
- Ableist
- Ageist
- Center certain types of pleasure
- Can be challenging for survivors
- Challenging around body and/or gender dysphoria
- People get in ruts
Other models:

- Pizza (Vernacchio, 2012)
- Smorgasboard (my dad, 1998)
- Galaxy (me)
- Others??

- Allow individuals, partners and groups to choose their own adventures
  - Support differential needs and desires
  - Meet people and body/minds where they are at
  - More fully experience range of pleasure
  - De-center cis/het/masc experiences
How do we define “sexual risk?”
Some ways we talk about risk

- Number of partners in a set time period
- CAI (condomless anal intercourse)
- Lack of birth control/contraceptives in AFAB people

This can exclude a variety of realities and resilience:

- People with multiple partners in committed/supportive relationships
- Those having CAI with their fluid bound partners
- Those having CAI using sterilized or partner specific sex toys
- People at risk for STI transmission participating in different types of sexual play/activity
How might pleasure play a role?
Putting Pleasure First

▪ How is your relationship(s) with your partner(s)?
▪ Are you getting your needs met with your sexual partnerships?
▪ What might I need to know about the sexual activities in which you participate?
▪ Do you have questions for me about your sexual health, or how your activities might be connected to our overall health [could give examples of medicine side effects, suggest PrEP, discuss mental health, etc.]?
Body Positivity

I AM GRATEFUL FOR ALL THE THINGS MY BODY ALLOWS ME TO DO.

I AM PERFECT AND COMPLETE JUST THE WAY I AM.
Challenges to Body Positivity in the LGBTQIA2S+ Community(ies)

- Mirroring heteronormativity (Smith, Telford & Tree, 2019)
- “No Fats No Femmes”
- Race based “Preferences”
- Concepts of “Passing”
  - Esp. for trans people
- Ableism in finding partners
Resilience of Body Positivity in LGBTQIA2S+ Communities

- Many bisexual, lesbian, and queer women are celebratory of diverse sizes/shapes
  - “Husky” butches and fat femmes
- Bear/Otter community among bisexual, gay, and MSM
  - Where bellies, size, and hair or lack thereof are welcomed
- Trans communities moving away from “passing” as barometer of appearance
- Nonbinary individuals becoming more validated
Health at Every Size ® (Bacon, 2010)

- Idea that instead of just pushing weight loss, there should be individualized attention paid to health
- Rejects concept of weight as proxy for health
- HAES has been shown to be as or more effective than pushing weight loss or support groups (Carbonneau et al., 2017; Provencher, Bégin, Tremblay, Mongeau, Boivin, & Lemieux, 2007)
- Patients have better interactions and outcomes when moving away from a “don’t be fat” model (Bombak, Monaghan, & Rich, 2019)
LGBTQIA2S+ People and Their Providers
What LGBTQIA2S+ People Want YOU (their providers) to know:

▪ Fat people have sex!
  ▪ “...that fat people can and some do have very active sex lives!”
  ▪ “Some fat people fuck. Like a lot.”
▪ Disabled people have sex!
  ▪ “I wish I could ask my doctor about how my disability is affected by the sex I have, but I feel pretty judged already.”
  ▪ “Disabled people are hot; don’t assume that we aren’t sexually active because of our disabilities.”
▪ Older people have sex!
  ▪ “My doctor recently asked me if I’m sexually active...I said well yes of course! I guess she thought women over 50 don’t have sex?”
  ▪ “Menopause doesn't have to be that bad!”
What LGBTQIA2S+ People Want YOU (their providers) to know:

- Judgment leads to distrust
  - “Being holier than thou/otherwise judgmental when someone discloses a number of sexual partners means that people will lie to you.”

- Know your stuff
  - “Don’t tell me I HAVE to use a condom with sex toys and then try to correct me when I explain that some toys can be sterilized between partners.”
What LGBTQIA2S+ People Want YOU (their providers) to know:

- Some sexual side effects of meds mean that people do NOT want to take them, and providers need to hear that.
  - “I'm not going to put up with meds that make it so I can't cum. Ever. My doc should stop asking.”
- It is valid to be asexual and NOT want to have sex!
  - “…that they would believe that being asexual is real!”
- Some asexual people still masturbate and may have sex
  - “…about ace or semi ace folks sometimes still having sex or masturbating and the different motivations for that.”
What LGBTQIA2S+ People Want YOU (their providers) to know:

- Respect their decisions in response to care options
  - “I want them to respect when I say no.”
- Focus on people’s health concerns, not their weight
  - “I will not step on that scale unless it is imperative for some actual medical reason (I recently agreed for correct anesthesia dosing). And I don’t want to have a conversation about it. Just respect my no.”
  - “Honestly, I would just really love for a doctor to NOT tell me that losing weight would fix all my health issues.”
Case Study

- A cisgender Latina woman (28 years old) comes to the clinic to discuss getting an STI test. She fills out the form that ask who she has sex with, with the option “men/women/both” and seems frustrated. She circles “both” but puts a question mark next to it, and notes that she has had 12 sexual partners in the past month. She doesn’t respond to the question about what type of pregnancy prevention she uses. When asked to give a urine sample, she refuses, saying it isn’t necessary.

- You’re her provider; what questions might you ask?
Things you don’t know (unless you ask the right questions)

▪ She has multiple partners of many genders, including cis men, trans men, cis women, trans women, and nonbinary/gender queer people.

▪ She is not having intercourse of any kind with them, and didn’t want to leave a urine specimen because she assumed it was for a pregnancy test.

▪ She is having oral – genital sex with three of her partners, using manual penetration with two of them, and sex toys with four of them (including two she has oral sex with). Her other partners are kinky play partners, and there is no genital contact involved; rather, things like spanking, bondage, tickling, etc.
Things YOU can do

▪ Work on your poker face. Seriously.
▪ Ask more open-ended questions;
  ▪ What type of sex activities do you participate in? With who? How do the things you do make you feel?
▪ Listen to your patients; it is already so hard for them to bring things up to you.
Things YOU can do

▪ Discuss different types of activities and protection, like gloves, dams, finger cots, PrEP (for all genders and orientations), checking about blood thinners, etc.

▪ ALWAYS leave space for them to bring things up to you, and be intentional on your reactions.

▪ Keep educating yourself; on language, on activities, on sex toy materials, etc.

▪ Have a good network of resources and referrals; use whenever needed!
What Next?

▪ Take some time to think about the material we have engaged with today.

▪ What is one thing you can do right away to be more affirming of LGBTQIA2s+ individuals and communities in your practice?

▪ What is one thing you can work towards in the future to be more affirming?

▪ What is one thing you are going to do to continue to educate yourself on this topic?
Questions? And/Or Contact Me!

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References


