

## Episode 1: What's Going On?

My experience of being a human with a body has been... complicated. I'm someone who's had access to plenty of resources: I'm a white settler who grew up middle class. I'm university educated, and so are both of my parents. I generally wear around a size 16, so depending on how you think about fatness, I'm what's called 'small fat'. 'Small fat' is a category of fatness developed in fat community, described as having "the most privilege of the fat spectrum and [typically no] trouble with size-based accessibility"<sup>1</sup> (Zoller, 2021, para. 8)<sup>2</sup>.

(Quick side note: You might have noticed a typing sound just then. For shorter quotes, I used the effect you just heard to indicate a direct quote. For longer quotes, I tried to connect with authors for a recording of them reading their own words. And that [arpeggiated synth sound] sound? That means there's a citation you can find in the transcript. Now, back to the episode.)

As someone who developed an eating disorder in my teens and came to understand myself as nonbinary and trans in my 20s, I've often wondered about the interactions between these specific parts of my experience. I've been bombarded with anti-fat social messaging my entire life. A big part of my ongoing eating disorder recovery has been engaging with fat justice and fat activist spaces. I've noticed that my meandering journey through eating disorder recovery and unlearning of anti-fatness is increasingly tangled with my knowledge of my body as nonbinary and trans.

That brings us to this podcast. [Theme music, "3am," starts playing in the background]<sup>3</sup> I'm Katie O'Brien, and you're listening to TRANS FATS, my podcasted thesis. This podcast will explore the research question: **How is my experience of trans corporeality mediated by pathologising logics?** Let's break that down a bit. [Theme music fades out] 'Corporeality' is the state of being or

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<sup>1</sup> Green text indicates a typing sound plays underneath the spoken words in the recorded episode.

<sup>2</sup> Red text is translated to an arpeggiated synth sound in the recorded episode.

<sup>3</sup> Purple text is not read aloud in the recorded podcast episode.

having a body (Oxford English Dictionary [OED], 2024a). In the book *Queer Embodiment*, white trans scholar Hil Malatino (2019) defines ‘queer corporealities’ as “bodies that don’t cohere according to cis-centric, sexually dimorphic, ableist conceptions of somatic normalcy” (p. 2). That’s a lot of academic jargon, too, so I put together a glossary in the show notes that you can check out if you’re interested. Essentially, Malatino’s concept of ‘queer corporealities’ describes the state of having or being a body that comes up against the violent assumption that all bodies should be cisgender and easily understood as either male or female. Malatino focuses mainly on intersex bodies in this particular book, but I’m not, as far as I know, intersex. I’m interested in exploring the ways I understand my *own* corporeality in a pathologising world – this is why I’m specifically using the term ‘*trans* corporeality’ in my research question, with ‘trans’ being always already queer. I’ve dumped the term ‘pathologising’ on you twice now without a definition: it means to think of something as medically or psychologically abnormal (OED, 2024b). Malatino describes this impulse as ableist, which is a term and concept we’ll unpack a bit later this episode.

(Another quick side note: You might have noticed I used identity terms to describe Malatino – namely that he’s white and trans. I’ll do this for the scholars I cite throughout this podcast for a couple of reasons: first, in lots of academic writing, the scholar’s race is only named if they aren’t white. I think it’s important to disrupt that, and make it clear that research comes from our particular social locations and ways of viewing the world. Identities like body size, ability, and gender also inform how scholars approach their work, but aren’t always shared publicly. I’ve tried my best to use the identity terms people have chosen to share to better frame their scholarship.)

I also called this thing a ‘podcasted thesis’. I started working on my Master of Social Work degree at the University of Victoria in so-called Canada in the fall of 2022. This is my final project for that degree. Writing a thesis is a little different from other university projects. Instead of summarising the work of others, I get to do my *own* research, which I hope will better social work

practice, social policy, and activist work. Now, my dad and his mum both did grad studies. I grew up looking at their bound theses on the bookshelf, so I kind of thought all thesis work had to be a hundred-plus-page Book. You'll notice I didn't say I grew up *reading* their theses. I'll talk about this more in the next episode, but I really want my work to be accessible to other trans folks – not collecting dust on a shelf (sorry Nanny, sorry Dad). Here's hoping that podcasting helps!

Queer and trans decolonial feminism, as well as disability justice, have framed my thinking for this project. I'll start to unpack disability justice later on, but I think this whole episode will make more sense if I dig into decolonial feminism now. In order to understand *decoloniality*, let's start with its inverse: coloniality. As Puerto Rican philosopher Nelson Maldonado-Torres (2007) explains, “coloniality is different from colonialism” (p. 243), though the two are related. Colonialism refers to a political and economic structure where one nation exerts control over another (Maldonado-Torres, 2007; Tuck & Yang, 2012). The form of colonialism we're familiar with in so-called Canada is specifically *settler* colonialism, where the controlling nation occupies Indigenous land with settlers. Unanga scholar Eve Tuck and her settler collaborator K. Wayne Yang (2012) emphasise that the violence of settler colonialism “is not temporally contained in the arrival of the settler but is reasserted each day of occupation” (p. 5). Coloniality describes the “legacy” (Moosa-Mitha, 2022, p. 27) of colonialism that “normalizes settler ideologies, including [racialized] notions of what is superior/inferior, good/bad, and normal/abnormal, to the point that they seem natural and unnoticeable” (Wada & Fellner, in press, p. 4). Peruvian sociologist Aníbal Quijano (cited in Maldonado-Torres, 2007) argued that coloniality hinges upon the constructions of race and capitalism.

(Some quick definitions: When I say something is ‘constructed’ or a ‘construct’, these are fancy ways of saying ‘this thing is made up by humans, but still has real-world implications’. The construct of capitalism, for example, is a way of organising the world based on exploiting labour

and land. The construct of race is a way of organising people in order to pretend that our violent social hierarchy is in some way innate. Both are completely made up. Both have real, significant, tangible impacts on some groups of people more than others. Both were and are “central to maintaining colonial control first in the Americas, and then elsewhere” (Maldonado-Torres, 2007, p. 243.)

Queer Argentine philosopher and activist María Lugones (2010) argued that Quijano didn't go far enough in his analysis, and added gender to the mix. Lugones called the inseparably combined force of racialised, capitalist gender oppression “the coloniality of gender” (p. 747). She called the possibility of overcoming this combo *decolonial feminism*. French political theorist Françoise Vergès (2019/2021), of Réunionese and Vietnamese descent, argues that there is no one decolonial feminism, but many decolonial feminisms that each “[refuse] to divide race, sexuality, and class into mutually exclusive categories” (p. 20). Learning about this framework in my graduate courses really broke open my understanding of gender, both as a system and more personally. Until then, I thought my gender could be understood on its own terms; after learning about the coloniality of gender, I realised that my gender is inextricably mixed up in my being middle class and white.

Even while I was grappling with this more complex understanding of gender, my own nonbinary gender identity helped me to wrap my brain around decolonial feminism. In a conversation with a dear friend of mine a couple years ago <sup>(love you Meagan)</sup>, they shared that in order to understand their own gender as nonbinary, they first had to get rid of the colonial idea that gender is a binary at all (Simpson, 2017). The gender binary is another construct. It argues there are only two genders: you can either be a man, which is a good thing, or a woman, which is... not. Why is this idea colonial? Well, remember that thing where coloniality normalises ideas of “superior/inferior, good/bad, and normal/abnormal” (Wada and Fellner, in press, p. 4)? Coloniality depends on and is

sustained by the creation of these kinds of hierarchical binaries (Mignolo & Schwiy, 2002), putting everything into one of only two boxes. The trouble with binaries is that things are very rarely simple enough to split into only two options, *and* they have hierarchy built into them: one option is always constructed to be better than the other. Kwagu't Two-Spirit activist scholar Tlalitila'ogwa and white queer settler scholar Cindy Holmes (2015) argue that decolonial frameworks “embrace[e] a ‘both/and’ conceptual and political stance for understanding contexts, spaces, identities, and multiple forms of interlocking oppressions and violence as a way of resisting the ‘either/or’ dichotomous thinking of colonial ... paradigms” (p. 160). Put otherwise, breaking down binaries is a fundamental part of decolonial frameworks. Both the nonbinary thinking of decolonial feminism, and its analysis of the ways in which our experience of our bodies is always shaped by racist, capitalist, and other oppressive systems, have opened up the ways I think about my thesis project.

In her essay on transness and disability, queer Sikh scholar Jasbir Puar (2014) asks “How might we assemble trans and disability such that rather than cohering as new transnormativities, they do not strive to manifest wholeness or to invest in the self as coherent and thereby reproduce liberal norms of being?” (p. 81). I’m obsessed with this quote, but I know it’s dense. The first piece to unpack is ‘transnormativities’. Malatino (2019) can help us here: he defines ‘transnormative’ as trans subjects who, aside from their transness, fit into the mainstream. You can check out the show notes for his full definition. When I read Puar’s (2014) quote, I think she’s saying: trying to fit ourselves into these norms, into the mainstream, doesn’t help us reach liberation. Her question has really been driving the way that I think about my thesis work: the last thing I want to do in this podcast is to come up with some kind of idealised, coherent, normative idea of what trans corporeality *should* look like. Instead, the idea of trans corporeality as an assemblage, a coming together of multiple, maybe incoherent, parts, feels exciting to me.

In Lugones' (2020b) last published paper before her death of lung cancer in the early months of the COVID-19 pandemic, she critiqued the urge to translate words that are culturally specific and untranslatable into colonial languages. Instead, Lugones (2020b) argued "I want to stay in the uncertainty of not having a name for what I want to point to, to reject the sense that I know what it is that I cannot name, and to avoid singling something out by pointing, instead of seeking a larger web of meaning"<sup>4</sup> (p. 31). This idea of the untranslatable rings true for my work. I don't think there's a simple answer to the research question I'm asking. I want to dig into the larger web of meaning around my experience of trans corporeality, pathologisation, and anti-fatness and play around in the uncertainty. With Lugones and other decolonial feminist scholars as my guides, I'm excited to bring you along for the ride.

Okay. So far, we've talked a bit about how I started thinking about my topic. Now, I want to tell you about where this project begins.

[Short version of "3am" plays before next section starts]

### **Territory Acknowledgment**

I've done most of my thinking, writing, and recording for this project in Kjiptuk. This Mi'kmaw or L'nui'sin word means the great harbour, and names the area currently occupied by the city of Halifax, Nova Scotia. More specifically, I live near the end of We'kwaltijk, the bay without a river coming in, just off the peninsula that currently houses downtown Halifax. This area is part of the Sipekne'katik district, the area of wild potatoes, in Mi'kma'ki, the ancestral and unceded homelands and homewaters of the Mi'kmaq people. Mi'kma'ki is also home to over 52 land-based communities of African Nova Scotians, a distinct people who have lived in the region for over 400 years, and who trouble the binary of Indigenous and non-Indigenous. I didn't grow up here. I'm a

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<sup>4</sup> Read by Kéka (M. Guerrero-Quintana, personal communication, September 11, 2025).

newcomer to this territory, and one of the first things I sought out when I moved here was how to do a land acknowledgment. Acknowledging the land is, in part, Indigenous protocol, but in recent years settlers like me have often co-opted the practice as a way to feel like we've relieved our settler guilt: to paraphrase brown trans artist Vivek Shraya (2016), we acknowledge that we took the land, and we acknowledge that we'll keep it. Tuck and Yang (2012) might describe this as a “settler move to innocence” (p. 9). In talking to and learning from many folks more knowledgeable than me, particularly my Northern Tutchone and Tlingit colleague Martin Morberg, I've started trying to unpack how to think about and acknowledge land, water, and Indigenous nations without it being hollow or performative. This feels particularly important for this project, where I'm thinking in many ways about the fraughtness of feeling at home in my trans body. As a white settler, feeling home on this land is also fraught.

White settler scholar Hannah McGregor offers one model for how to do a more honest land acknowledgment in their book *A Sentimental Education*. She opens this feminist autotheoretical memoir with a meditation on land “not just as a kind of ritualised gesture, but as a personal and political question: what is my relationship to this land? How did I get here, and what am I doing with my presence?”<sup>5</sup> (McGregor, 2022, p. xiv). In this vein, I would like to spend some time thinking with you about how I got here.

My mother's family are Smiths and Vaters and Browns, white settlers who have lived on the island colonially known as Newfoundland for generations after coming over, most likely, from England. My grandfather was born on Bell Island before Newfoundland joined Canadian confederation, and lived inside a 30-kilometre radius his whole life. As a kid, when I first learned that my Poppy was literally born in a different country than the one he currently lived in without having moved anywhere, I remember having my first inkling that something about this whole

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<sup>5</sup> Audio from McGregor (2022).

concept of borders seemed pretty made up. I was born in the same hospital as my mum before me, in St. John's, the easternmost colonial city on Turtle Island, or so-called North America. St. John's occupies unceded Beothuk territory. I grew up first not knowing about the Beothuk at all, and then knowing only that they were an Indigenous nation genocided out of existence by, likely, my ancestors. I've since learned that this is in large part colonial mythology, an inaccurate and disrespectful telling of a history where Mi'kmaq communities on and off the island offered Beothuk survivors refuge from settler violence. After all, the island has always been part of Mi'kma'ki, too, known as Ktaqmkuk in L'nui'sin, meaning 'across the waves'. It was in Ktaqmkuk where I first started to internalise diet culture in my Gran's kitchen.

My dad's family also has settler history in Ktaqmkuk, although much more recent. My dad's paternal ancestors were forced to leave Ireland because of An Gorta Mór, the Irish Famine of 1845 to 1848, so our connection to that land has largely been lost. I wonder sometimes about how this hunger has been passed down, even though we don't have much knowledge or talk about this part of our history. His mum's family, the Inds, were English, and heavily involved in the British imperial project as a military family. My dad was born in England and moved to Ktaqmkuk when he was two, growing up just outside of St. John's. Fifteen years later, he became a Canadian citizen.

My dad is a geophysicist who worked in oil and gas for decades. In the mid-90s, Alberta was one of the places to be if you were in that industry, which meant our family moved to Calgary for my dad's work when I was four. Calgary is a young settler city occupying the place where the Bow and Elbow Rivers meet, on the traditional territories of the Niitsitapi of the Blackfoot Confederacy (comprising the Siksika, Piikani, and Kainai Nations), the Dene people of the Tsuut'ina Nation, and the Îethka Nakoda Wîcastabi (comprising the Chiniki, Bearspaw, and Goodstoney Nations), all signatories of Treaty 7. The place where the rivers meet is also part of the historic Northwest Métis homeland, governed by the Otipemisiwak Métis Government (Districts 5 and 6). The name for this

place in Niitsipowahsin is Mohkinstsis; the Nakoda know it as Wíchîspa, and the Tsuut'ina know it as Guts'ists'i. I went to grade school, did my first degree, went to eating disorder treatment, met and married my wife <sup>(love you Viv)</sup>, began understanding myself as trans, and became a social worker in Treaty 7 territory. Even though I now live over 4500 kilometres away, I'll always have a relationship with the lands and peoples there.

In thinking about how I got here academically, writing and recording this thesis, I'm thinking about the strangeness of learning online and through a pandemic. I did my Bachelor of Social Work through the University of Manitoba without ever setting foot in Wînipêk. The University of Manitoba's campuses are in Treaty 1 territory, the territory of the Anishinaabeg, Ininiwak, Anisininewuk, Dakota Oyate and Dene, and on the National Homeland of the Red River Métis. The electricity that UManitoba uses is generated mostly in Treaty 5 territory, but also in the territories of Treaties 1, 2, 3, and 4, and Wînipêk's clean water comes from Shoal Lake 40 First Nation, in Treaty 3 territory. The arrangement to source drinking water from Shoal Lake 40 resulted in boil water advisories for surrounding Indigenous nations for more than 20 years. Choctaw historian Devon Mihesuah and Wahpetunwan Dakota activist-academic Waziyatawin (2004) argue that "since every academic institution sits on Indigenous land ... ultimately, the institutions exist because Indigenous peoples were first dispossessed" (p. 5). Doing my undergrad work at UManitoba made me more deeply aware of the colonial impacts universities have had on so many Indigenous nations. This was only amplified when I came to the University of Victoria for my Master's work. UVic occupies space on the traditional territories of the ləkʷəŋən-speaking peoples, who are now known as the Esquimalt and Songhees Nations, and the W̱SÁNEĆ peoples of the Tsartlip, Tsawout, Pauquachin, Tseycum, and Malahat Nations. Each of these nations are Coast Salish, each with their own distinct cultures.

The Master of Social Work program at the University of Victoria is designed to be delivered at distance, other than a one-week in-person residency at the beginning of the program. Because of the COVID-19 pandemic, though, my residency week took place online. For a long time, my sister lived in Victoria <sup>(love you Claire)</sup>, so I have at least visited the Coast Salish lands and waters that UVic occupies, but I did most of my learning in this program from Mi'kma'ki. Engaging at distance felt particularly complicated when the Zionist entity escalated its genocide ([Amnesty International, 2024](#); [Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel, 2025](#); [United Nations, 2024](#)) and scholasticide ([Dader et al., 2024](#); [Hajir & Qato, 2025](#)) against Palestinians in Gaza at the end of 2023. If you want to know more about why I'm intentionally using the term genocide here, please check out the Amnesty International and United Nations reports I've linked in the show notes. I wanted to be in-person with my fellow students at the pro-Palestine encampment on UVic's campus so badly, but was on the other side of Turtle Island. Instead, I visited Al Zeitoun University, the pro-Palestine encampment in Kijipuktuk established by an autonomous coalition of students from Dalhousie University, Saint Mary's University, the University of King's College, the Nova Scotia College of Art and Design, and Mount Saint Vincent University. Months later, I visited UVic's campus for the first time in the fall of 2024, and took a picture where the words 'UVic divest from genocide' had been written on the walking path. Someone had tried to wash them away, but the words were still clearly legible. You can see the photo for yourself in the show notes. It was a tangible reminder to me that solidarity is possible and necessary across and despite academic affiliations and colonial, provincial borders: posters with essentially the same call to action were all over Al Zeitoun University back in Kijipuktuk.

That brings us back to where I'm currently recording, in Mi'kma'ki. In 1726, Mi'kmaq, Wolastoqiyik, and Peskotomuhkati Nations first signed the Peace and Friendship Treaties with the

British Crown. These Indigenous nations, along with the Penobscot and Abenaki Nations whose territories cross the 49th parallel, make up the Wabanaki Confederacy, meaning peoples of the dawn. Peace and Friendship Treaties recognised Indigenous hunting, fishing, and farming rights, enshrined Mi'kmaq and Wolastoqiyik title in Western law, and laid out what the relationships between Indigenous nations and settlers *should* have looked like on these lands moving forward. Obviously, these treaty promises and relationships have been broken time and time again over the centuries, and simply reciting that they exist in a land acknowledgment is not enough to repair those harms. Métis scholar and activist Chelsea Vowel (2016) reminds us that “moving beyond territorial acknowledgments means asking hard questions ... It requires that we remain uncomfortable, and it means making concrete, disruptive change. How can you be in good relationship with Indigenous peoples, with non-human beings, with the land and water?”<sup>6</sup> (para. 46). I invite you to continue thinking with me about being in good relationship with lands, waters, and peoples throughout this podcast.

[Short version of “3am” plays before next section starts]

## Literature Review

### Prevalence of Eating Disorders Among Trans Folks

I am, by far, not the only trans person with an eating disorder. There isn't a lot of eating disorder research out there specifically about trans folks' experiences, but there is some. Trans adults and youth are more likely to report disordered eating behaviours than cisgender, or cis, adults and youth (Parker & Harriger, 2020). In one 2019 study of American college students, 18% of trans participants reported accessing treatment for anorexia or bulimia in the year leading up to data collection, compared with 2% of cis women participants and less than 1% of cis men

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<sup>6</sup> Read by Chelsea Vowel (personal communication, September 8, 2025).

participants (Duffy et al., 2019). On top of that, while 2–12% of trans and gender diverse people on Turtle Island have received a diagnosis of an eating disorder, about 20–50% of us report engaging in disordered eating behaviours (Keski-Rahkonen, 2023).

The way eating disorders are diagnosed has contributed to public ideas about who can have them. Across Turtle Island, eating disorders are diagnosed based on criteria set out in a reference document called the *Diagnostic and Statistical Manual of Mental Disorders*, or the DSM. It's published by the American Psychiatric Association, known as the APA. Elsewhere on the planet, folks use other diagnostic handbooks, including the *International Classification of Diseases* and the *Chinese Classification of Mental Disorders*. I'm focusing on the DSM here because it's the one I've encountered most often where I've lived and worked. The DSM was first published in 1952, and was influenced by previous diagnostic classification systems developed by psychiatric hospitals and the United States military (Clark et al., 2017). Since then, there have been five versions and three revisions of the DSM, with wild increases in both the number of diagnoses and the number of pages. The first version of the DSM listed 108 mental disorders in 130 pages (Khoury et al., 2014). It's a bit tricky to find the exact number of diagnoses in the most recent edition, the DSM-5 Text Revision, but there are at least 350 in there – now in 1120 pages. These changes have resulted in higher pricing, more sales, and substantial increases in revenue for the APA (Khoury et al., 2014).

The DSM being a revenue-creating vehicle for the APA isn't value-neutral – it constructs the process of diagnosis and sticks it firmly inside the medical-industrial complex, which is a fancy term for the practice of medicine under capitalism (Johnk & Khan, 2019) and the state (Rojas Durazo, 2016). Mia Mingus (2015), a queer disabled Korean disability justice advocate, specifies that the medical-industrial complex “is a system about profit, first and foremost, rather than [quote-unquote] ‘health,’ wellbeing and care” (para. 3). The state comes in as a buyer and regulator

of medical services. Chicana decolonial feminist Clarissa Rojas (Rojas Durazo, 2016) describes how the medical-industrial complex enforces coloniality:

Medicine arrived in the Americas, and throughout the world, as an integral arm of European colonial invasion: land grants were given to doctors who settle[d] areas and develop[ed] medical institutions [including psychiatric hospitals. These institutions] ... served as sites where indigenous communities were actively subordinated, regulated, tracked, and counted.<sup>7</sup> (p. 183)

Through to the present day, the medical-industrial complex violently imposes colonial values from diagnosis through treatment (Rojas Durazo, 2016). Under this system, “Indigenous ... approaches to healing are debased as barbaric and dangerous, whilst the violence inherent to neo-colonial psychiatry remains obscured” (LeFrançois & Diamond, 2014, pp. 40–41).

The objective of the DSM is to establish a common language among professionals, including psychologists, psychiatrists, social workers, “clinicians, researchers, health insurance companies, and the pharmaceutical industry” (Khoury et al., 2014, p. 1). Even though these are distinct professions, and with some conflict between them, they’re each part of the medical-industrial complex that is built on a foundation of ableism/sanism (Smith, 2020). Ableism/sanism is “a system of oppression targeting disability, Madness, and neurodivergence ... [that] reifies the ideal bodymind of the settler colonial imaginary” (Johnk & Khan, 2019, p. 26). Okay, I know, again with the jargon. Let me try to explain: You know how coloniality creates binaries? These binaries come together to paint an ableist/sanist picture that there is a quote-unquote ‘right’ way to have a body. This is why the idea of ‘somatic normalcy’ we talked about at the beginning of the episode is ableist/sanist: it’s saying that there’s a ‘normal’ way to have a body. The DSM defines what behaviours are ‘normal’ and which are ‘abnormal’ in order to police the experiences of anyone

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<sup>7</sup> Read by Clarissa Rojas (A. C. Rojas Durazo, personal communication, September 3, 2025).

whose bodymind is *not* ideal according to settler coloniality. It's *fundamentally* ableist/sanist. And that term, 'bodymind'? It's an idea coming out of feminist disability studies arguing that our minds are inseparable from our bodies (Price, 2015). On that note, let's take a detour to talk about the second framework I'm using to think about this project: disability justice.

[Short version of "3am" plays before next section starts]

## Disability Justice

Disability justice is a movement that was developed by disabled queer women activists of colour in 2005 as a response to the disability rights movement, which largely thought about disability in a vacuum and tended to centre white settler voices (Berne, 2015). Brown nonbinary disabled and autistic writer Leah Lakshmi Piepzna-Samarasinha (2018) says that "disability justice asserts that ableism helps make racism, christian supremacy, sexism, and queer- and transphobia possible, and that all those systems of oppression are locked up tight"<sup>8</sup> (p. 22). We'll unpack that quote together in a minute, but first, you might have noticed that Piepzna-Samarasinha uses 'ableism' in their description of disability justice, while I've used the combined term 'ableism/sanism' so far in this episode. Ableism is kind of the bigger umbrella term for assigning value to bodies and minds based on colonial ideas of normalcy, like we talked about earlier, but is sometimes used only to talk about physical disabilities. Sanism focuses specifically on assigning value to people's minds. Now, folks who have been oppressed specifically because of sanism, including people who are psychiatric survivors, service users and consumers, ex-patients, and folks labelled as 'mentally ill', sometimes describe our cultural experiences collectively as capital-M Madness (Sharma, 2023). This use of the term Mad, capital-M, is a reclaiming of a word used to harm us, kind of like the reclaiming of the term 'queer'. Mad folks do not all consider ourselves

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<sup>8</sup> Audio from Piepzna-Samarasinha (2018).

disabled, which is why I think it's important to identify ableism *and* sanism together. All that said, disability justice takes the umbrella approach to ableism, recognising the “legacies of resilience and resistance which are the inheritance of all of us whose bodies *or minds* [emphasis added] will not conform” (Berne, 2015, para. 25). These words were written ten years ago by Patty Berne, a Japanese-Haitian queer auntie and primary architect of the disability justice movement, who passed away as I was writing this thesis. You can learn more about their life and legacy at the link in the show notes.

When Piepzna-Samarasinha (2018) says “ableism helps make racism, christian supremacy, sexism, and queer- and transphobia possible”<sup>9</sup> (p. 22), I think about how the medical-industrial complex is a tool that enforces coloniality. And when they say that “all those systems of oppression are locked up tight”<sup>8</sup> (p. 22), I think about the coloniality of gender. Remember when I said that learning about the coloniality of gender helped me realise my gender could only be understood through the lens of my whiteness and my middle class-ness? The shift from a disability rights framework to disability justice feels like it does the same thing, acknowledging that disability can only be understood through the lenses of race, gender, and other oppressive forces. In this way, disability justice is aligned with fat, Black, queer, disabled scholar Sami Schalk and disabled bisexual Korean American scholar Jina Kim’s feminist-of-colour disability analysis, which emphasises the vital insights of “feminists of color, [... who] have been writing for decades about disability, illness, and health” (Schalk & Kim, 2020, p. 31) and draws attention to the often-unacknowledged whiteness of the field of disability studies. Disability justice feels intimately decolonial to me – we could maybe think of disability justice as decolonial feminism with a particular attunement toward ableism/sanism. But if this is the case, why am I insisting on naming

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<sup>9</sup> Audio from Piepzna-Samarasinha (2018).

disability justice as an additional framework for this podcast? Well, it has a lot to do with the ways trans and disabled folks have historically been positioned against each other.

Black trans scholar and poet Cameron Awkward-Rich (2022) warns us that “although freeing transgender identities from the grasp of medical regulation and the stigma of pathology ha[s] long been a goal of transgender activism” (p. 1), one commonly-used tactic to accomplish this goal has been to reaffirm the health, sanity, and able-bodiedness of trans people. The mainstream acceptability of transness “seems to hinge on whether it can be effectively decoupled from pathology, mental illness, and feeling bad” (p. 4). In fact, Awkward-Rich reminds us that the strategy of intentional distancing from Madness and disability is a “recurring ableist conceit of progressive movements and thought” (p. 4). While I follow the lead of so many trans community members before me in rejecting pathologisation, I want to be intentional about distancing from pathologising logics *without* distancing from disability, Madness, and neurodivergence. I feel strongly that this is possible if I hold disability justice close in this work. Awkward-Rich’s argument that “knowing from a trans position ought to obligate us to take seriously phenomena not (yet) witnessed, which *requires* taking seriously orders of sense and ways of knowing usually cordoned off as mad”<sup>10</sup> (p. 59, *emphasis in original*) makes inherent sense to me as a Mad trans person.

Another reason I want to hold disability justice close in this work is that under systems of ableism/sanism and anti-fatness, “fatness is inseparable from disability” (Mollow, 2015, p. 199). White disabled scholar Anna Mollow talks about the parallel pathologisation of disability and fatness, but also about how pity, staring, and physical and architectural barriers oppress fat people in basically the same way they oppress disabled folks. She calls on disabled folks to reject anti-fatness, just as Awkward-Rich (2022) calls on trans folks to reject ableism/sanism. There are fat disabled and Mad people! Trans disabled and Mad people! Fat *and* trans disabled and Mad people!

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<sup>10</sup> Read by Cameron Awkward-Rich (personal communication, September 5, 2025).

And, as far as I can tell, the only way forward for any of us is to build a coalitional politics rooted in disability justice and decolonial feminism.

[Short version of “3am” plays before next section starts]

## Pathologisation of Eating Disorders

Let’s think all of this through by looking at a specific ‘eating disorder’ diagnosis. Take anorexia nervosa, one of the eating disorders most present within our cultural imagination. The term ‘anorexia’ originally comes from Greek, and literally translates to ‘without appetite’ (OED, 2024c). ‘Nervosa’ identifies this as a lack of appetite specifically related to a mental disorder, instead of some other problem. Based on the etymology, then, anorexia nervosa describes someone whose asshole brain is telling them they don’t have an appetite, resulting in that person not feeding themselves enough. That’s not quite how the DSM describes it, though. Here’s the description of anorexia nervosa in the most recent edition of the DSM:

There are three essential features of anorexia nervosa: persistent energy intake restriction; intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain; and a disturbance in self-perceived weight or shape. The individual maintains a body weight that is below a minimally normal level for age, sex, developmental trajectory, and physical health (Criterion A). Criterion A requires that the individual’s weight be significantly low (i.e., less than minimally normal or, for children and adolescents, less than that minimally expected). ... Body mass index ([or] BMI; calculated as weight in kilograms [divided by] height in meters<sup>2</sup>) is a useful measure to assess body weight for height.<sup>11</sup> (APA, 2022, p. 382)

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<sup>11</sup> All direct APA quotes are read in a robotic voice, indicated by dark blue text.

Woof. First of all, this description explicitly points to the “intense fear of gaining weight or of becoming fat” (p. 382) as the reason the asshole brain is telling the person not to eat, rather than some causeless lack of appetite. But more than that, the primary diagnostic criterion requires that the person being diagnosed have a ‘significantly low’ weight, and recommends the BMI as a way to assess this. The concept of BMI has been heavily criticised as anti-fat, anti-Black, and ascientific (Gordon, 2023; Harrison, 2021; Strings, 2019) – more on this later – and there’s no scientific indication that not eating is inherently more harmful for those in thinner bodies. To me, this focus on body size is a big red flag that this diagnosis is rooted in colonial, ableist/sanist values. Because of the ‘low weight’ requirement, fat folks who have anorexia nervosa get their experiences further pathologised as ‘atypical’ anorexia nervosa (APA, 2022). When describing atypical anorexia nervosa, the DSM says, “all of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual’s weight is within or above the normal range” (p. 396). I think it’s important to emphasise, though, that so-called ‘atypical’ anorexia nervosa is more prevalent than anorexia nervosa (Harrop et al., 2023). Given all this, it’s not surprising to me that fat folks with eating disorders are significantly less likely to seek or receive treatment than lower weight folks (Harrop et al., 2023). It’s also not surprising to me that when the average person thinks of someone with an eating disorder, they think of a thin person – particularly a thin, white, cis teen girl. That’s whose experiences the academy has focused on researching (zamantakis & Lackey, 2022), and that get portrayed in mass media (Webber et al., 2025).

Let’s keep digging into those diagnostic criteria for anorexia nervosa for a minute.

According to the DSM, one essential feature of anorexia nervosa is “a disturbance in self-perceived weight or shape” (APA, 2022, p. 382). If this preoccupation with the self-perceived flaws in the physical body is ‘too’ obsessive, it can lurch into another diagnosis that shows up in the DSM’s pages: body dysmorphic disorder. However, many folks in eating disorder communities use the

term ‘dysmorphia’ as a shorthand for that “[disturbance in self-perceived weight or shape](#)” (APA, 2022, p. 382; see [Corcione, 2021](#); [Fisher et al., 2024](#); [Villines, 2023](#)). For me, this shows up as rarely having a firm understanding of what my physical body looks like, which makes me anxious. That anxiety results in body checking behaviours ([Cusack & Galupo, 2021](#)) like seeking out my reflection in glass doors or car windows to assess for ‘normalcy’. But the idea that there’s a ‘normal’ or ‘good’ body is just ableism/sanism talking! Thinking about Puar’s (2014) warning against “[reproduc\[ing\] liberal norms of being](#)” (p. 81) in this context is leading me toward the beginnings of an argument: **the normative story of fat trans folks with eating disorders does colonial violence to trans people. Decolonial feminism and disability justice challenge this by telling different stories about our bodies.** So, what are these different stories?

The medical-industrial complex has exercised a “[totalitarian authority over \[eating disorders\] since the 1950s](#)” ([Schott & Langan, 2024, p. 14](#)). Up until this point, I’ve presented eating disorders as an uncomplicated fact: I have one, lots of other trans folks have them, and we’re all muddling our way through recovery journeys supported (or hindered) by psychologists, dieticians, social workers, and doctors. However, feminists have challenged this understanding of ‘eating disorders’ since at least the 1970s. Where the medical-industrial complex views ‘eating disorders’ as individual mental illnesses that deviate from the norm, feminists argue that these so-called disorders are a *result* of those norms existing ([Malson & Burns, 2009](#)). We can use the DSM’s description of anorexia nervosa to think through this idea, too. After all, who in our image-obsessed, anti-fat society *hasn’t* restricted food intake, worried about the number on the scale, engaged in dieting behaviour, or just felt complicated about their body? We’re told that these behaviours are normal, expected, even required – so when do they become unruly enough to warrant a diagnosis of a mental disorder? Is it not our cultural norms that are causing harm, rather than the asshole brain?

Iroquois Cree Métis scholar Maureen Plante (2023) argues that many Indigenous perspectives also reject the concept of ‘eating disorders’. She thinks about her own complicated relationship with food and eating as a direct consequence of the colonially violent disruption of the relationship between Indigenous peoples and their lands, which fundamentally changed the kinds of foods available to Indigenous folks. Indian Residential Schools also complicated Indigenous folks’ relationships with food and eating: in these colonial institutions, food was often withheld as punishment, intentionally malnutritious, or straight-up spoiled (Howard, 2014). On top of that, sexual abuse was rampant, with survivors associating this source of trauma with the mouth, food, and eating (Howard, 2014). Behaviours like eating quickly, hoarding food, and feeling guilty about eating “have been intergenerationally passed on” (Plante, 2023, p. 28). Plante’s research led me to think more deeply about a decolonial approach to this topic, recognising the “colonizing rules of ‘civil’ eating that mark particular people’s feeding practices as ‘abnormal’, ‘out-of-control’, ‘savage’, and ‘animal-like’” (Schott & Langan, 2024, p. 12). I’m interested in the ways in which a decolonial feminist analysis might help me tell another, more complex, more helpful story of my relationship with food and eating.

[Short version of “3am” plays before next section starts]

## Transness and Eating Disorders

Let’s backtrack to those prevalence stats for a minute. Why do so many trans folks have complicated relationships with food and eating? I think some of the answer lies in that “disturbance in self-perceived ... shape” (APA, 2022, p. 382) line in the DSM description of anorexia nervosa. This isn’t the only eating disorder in the DSM where shape is brought up: an essential feature of bulimia nervosa is “self-evaluation that is unduly influenced by body shape” (p. 388). According to the DSM, one of the triggers of binge-eating disorder is “negative feelings related to ... body shape” (p. 394). Purging disorder describes “recurrent purging behavior to influence ... shape”

(p. 396). In the DSM, body shape is usually paired with body weight, but I think there's something gendered here, too. Cis women, and trans folks taking estrogen, tend to store fat in their butts, hips, and thighs, while cis men, and trans folks taking testosterone, tend to store fat in their bellies (Klaver et al., 2018). Socially, we gender fat distribution (White, 2019), just like we gender other parts of the body: genitals, yes, but also secondary sex characteristics like hairiness and breast development. Because gender is a construct, there's nothing inherently gendered about these parts of our bodies: they're *socially* gendered. The expectation of how a body should look, whether that's what parts a person 'should' have or how fat 'should' show up on their body, is a gendered expectation.

Gender dysphoria refers to a person's discomfort or disassociation with these socially-gendered aspects of their body. Not all trans folks experience gender dysphoria. Some of us feel like gender euphoria (Jacobsen & Devor, 2022) or gender pleasure (Fielding, 2021) are better markers of transness, the elation, satisfaction, or enjoyment we feel when we're gendered correctly. Still, dysphoria is an important concept to understand. The DSM currently defines gender dysphoria like this:

Individuals with gender dysphoria have a marked incongruence between the gender to which they have been assigned (usually based on phenotypic sex at birth, referred to as birth-assigned gender) and their experienced [slash] expressed gender. This discrepancy is the core component of the diagnosis. There must also be evidence of distress about this incongruence. (APA, 2022, p. 513)

This is a shift from the previous edition of the DSM, which categorised transness as 'gender identity disorder' – a shift which identifies dysphoria as the problem, rather than the identity of transness itself (Lev, 2013). Still, gender dysphoria being present in the Diagnostic and Statistical Manual of

*Mental Disorders* at all continues to place a common part of trans experience firmly within the category of a diagnosable medical problem.

Pathologisation is the name for the process by which something becomes understood as medically problematic (Sholl, 2017). That might seem innocuous, but in understanding something as medically problematic, that thing becomes part of the medical-industrial complex. As part of this colonial tool, “pathologization is one eugenic tactic that constructs and polices bodyminds along the intersections of race, sexuality, gender, class, nationality, language, disability, Madness, and neurodivergence”<sup>12</sup> (Johnk and Khan, 2019, p. 27). To try to define transness through some kind of pathologised, diagnosable measure like gender dysphoria reduces trans folks to our interactions with the medical-industrial complex. This is, in a word, crap. The very term ‘trans’ is a political, ever-shifting term coming out of community organising by a vast constellation of folks whose gender identities and/or expressions come up against what white trans scholar Dean Spade (2003) calls “a coercive binary gender system” (p. 16) and what Lugones (2007) termed “the colonial/modern gender system” (p. 187). We’ll talk more about these ideas in Episode 3, but for now, I just want to say that personally, I’ve had a complicated relationship with the idea of dysphoria defining my transness (noticing a pattern yet?). As a nonbinary human, binary ideas of what surgeries I ‘should’ be longing for or what parts of my body ‘must’ be causing me distress have never mapped neatly onto my experience.

White disabled genderqueer writer Eli Clare (2017) reminds us that “in spite of what the medical-industrial complex tells us, diagnosis is a tool rather than a fact, an action rather than a state of being, one story among many”<sup>13</sup> (p. 45). In a similar vein, white trans sociologist Austin Johnson (2019) argues that while many trans folks reject a medical model for transness – we don’t

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<sup>12</sup> Read by Sasha Khan (personal communication, September 8, 2025).

<sup>13</sup> Read by Eli Clare (personal communication, September 3, 2025).

see ourselves, our identities, our transness as a problem to be fixed – we do “strategically reintroduce medical logics and embrace medical authority in order to facilitate medical and social recognition” (p. 517). Even though many trans folks disagree with the idea of transness being a medical problem, we can use a diagnosis as a tool to access medical procedures we may want or need for our transitions. The strategy makes sense to me. It’s not that I don’t want or need medical procedures, but I don’t want or need my access to them to be based on a coercive, colonial understanding of transness. I want to be able to choose.

[Short version of “3am” plays before next section starts]

### Anti-Fatness

To wrap up this episode, let’s spend some time specifically digging into anti-fatness, another pathologising logic. The DSM seems to congratulate itself on its progressive understanding of weight when it notes in the final paragraph introducing the section on feeding and eating disorders that “obesity is not included in DSM-5 as a mental disorder” (APA, 2022, p. 371). However, terms like ‘overweight’ and ‘obese’ show up *everywhere* in this section. Fat white podcaster and author Aubrey Gordon (2023) argues these pathologising terms contribute to anti-fat bias:

The term ‘obese’ is derived from the Latin *obesus*, meaning ‘having eaten oneself fat,’ inherently blaming fat people for our bodies. A growing number of fat activists consider the term to be a slur, and many avoid it altogether. The term ‘overweight’ implies that there is an objectively, externally determined correct weight for every body. Both terms are derived from a medical model that considers fat bodies as deviations in need of correction.<sup>14</sup> (p. xix)

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<sup>14</sup> Audio from Gordon (2023).

Instead of using these pathologising terms, Gordon (2023) urges us instead to reclaim the term ‘fat’, like the ongoing reclamation of the terms queer and Mad. Gordon also uses the terms ‘anti-fat bias’ or ‘anti-fatness’ intentionally, as she argues these are less harmful and more accurate than the popular term ‘fatphobia’. Fat racialised and disabled scholar Fady Shanouda (cited in Schott et al., 2023) expands on this terminological critique, noting that:

Fat activists and their allies have moved away from using ... fatphobia because of its medicalizing and psychiatrizing nature. Phobias can be distressing, fear-filled experiences and people who are ‘fatphobic’ don’t fear fat people; rather they hold deep seated prejudices towards fat people that are a consequence of living in an anti-fat world.<sup>15</sup> (p. 185)

Learning from this critique, I’m using the term ‘anti-transness’ to describe the violence that trans people experience in a cisnormative world (Bettcher, 2014), rather than the more common term ‘transphobia’.

Anti-fatness is rooted in colonialism (Robinson, 2019). As early as the mid-1500s, European artists personified the so-called ‘New World’ as a fat Indigenous woman (Robinson, 2019). Bisexual and Two-Spirit Mi’kmaw scholar Margaret Robinson (2019) argues that these propagandic images “trained Settlers to perceive Indigenous bodies and land as requiring domination” (pp. 15–16). Anti-fatness is also rooted in racism, specifically anti-Black racism (Harrison, 2021; Strings, 2019). In *Fearing the Black Body*, Black sociologist Sabrina Strings (2019) details how, before European nations embarked on their colonial projects, they found fatness desirable and a marker of prosperity. It was only when European colonisers started to interpret some African bodies as fat that these colonisers started to equate fatness with being ‘lazy’, ‘barbarous’, ‘immoral’, ‘greedy’, and ‘Other’. As such, Black nonbinary scholar Da’Shaun Harrison (2021) argues that “fatness is

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<sup>15</sup> Read by Fady Shanouda (personal communication, August 31, 2025).

formed as a coherent ideology through the creation of (anti-)Blackness and therefore does not intersect with Blackness, but exists with Blackness itself”<sup>16</sup> (p. 18).

I mentioned earlier that we’d come back to the BMI, and here’s where I make good on that promise. If you’re interested in an hour-long discussion of the history of this anti-fat, anti-Black, and ascientific measurement tool, I’ve linked to a *Maintenance Phase* episode (Gordon & Hobbes, 2021) about it in the show notes. The short version is that the BMI formula was developed by a Belgian mathematician in the early 1800s to measure population-level weights – it was never meant to be used for individual people, has no basis in even 200-year-old medical thought, and was developed using the weight data of exclusively white European adult men (Gordon, 2023). Unsurprisingly, a tool built by a white mathematician to describe the weight of a population of white men that he saw as the social ideal has a racial bias against Black folks (Strings, 2019). The reason we use the BMI on an individual level today is a long and infuriating story. In short, the life insurance industry decided to use this shoddy statistical tool to charge fat folks more for insurance starting in the ‘80s, and the medical industry took it up in the ‘90s because the life insurance industry was using it (Strings, 2019). Remember that whole thing about coloniality hinging upon both racism and capitalism? Yeah. The BMI is *super* colonial.

As I mentioned at the top of this episode, acknowledging anti-fat messaging has meant a lot to me in figuring out how to have a healthier relationship with food and eating. However, before starting this thesis work, my whiteness shielded me from having to learn about the racist and colonial roots of anti-fatness. I had been struggling with how to bring my white settler body into this analysis of anti-fatness, but listening to an *Unsolicited: Fatties Talk Back* podcast episode (Mercedes et al., 2022) helped me to start understanding anti-fatness as anti-Blackness at an embodied level. In the episode, the hosts dissect a Dear Prudence-style question from a woman

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<sup>16</sup> Audio from Harrison (2021).

whose fiancé is using her weight gain as an excuse to emotionally abuse her. In thinking through this expression of anti-fatness, Da'Shaun Harrison explains “even if this writer is a white woman, what she’s experiencing is the residue of anti-Black violence that her body helps to sustain, and that means that there is no way of undoing this for her unless she’s also, unless we are also undoing the violence of anti-Blackness. ... Because there is no anti-fat violence without Black bodies”<sup>17</sup> (1:07:42). The residue of anti-Black violence gets on all of us, and it’s all our jobs – and particularly the job of white settler folks like me – to name it, understand it, and work to clean up the violent source of the mess together.

White trans writer Adryan Corcione (2021) notes, in their article on the impact of eating disorders in queer and trans communities, “systemic violence can impact how queer and trans people perceive and witness [our] own bodies through extremely gendered beauty standards based in binaries”<sup>18</sup> (para. 3). The systemic violence Corcione is referring to in this case is the interaction between anti-fatness and anti-transness, but I’m arguing that **the normative story constructed by all pathologising logics, including anti-fatness, anti-Blackness, anti-transness, ableism/sanism, eating disorder narratives, and coloniality linking all of these together, violently impacts trans people’s perceiving and witnessing of our own bodies.** This links directly to the work I’ll be doing in the rest of this podcast series, tracing how I’ve witnessed my body in the past and how I’m learning to tell a less harmful, more decolonial story now.

So, with all of that in mind, how will I actually *do* this thing? I’ll be talking about that in the next episode, all about my research methodology.

[Demo version of “3am” starts playing in the background]

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<sup>17</sup> Audio from Mercedes et al. (2022).

<sup>18</sup> Read by Adryan Corcione (personal communication, August 31, 2025).

## Closing

Thanks so much for listening to this first episode of TRANS FATS, a podcasted thesis submitted in partial fulfilment of the requirements for the degree of Master of Social Work in the School of Social Work at the University of Victoria. Many thanks to the folks who sent in voice recordings of their work for this episode: Chelsea Vowel, Clarissa Rojas, Cameron Awkward-Rich, Sasha Khan, Eli Clare, Fady Shanouda, and Adryan Corcione. My pal Kéka read the María Lugones quote; thanks so much for lending your voice to this project, friend.

TRANS FATS was recorded at the Halifax Central Library in Mi'kma'ki. My sibling M helped with audio mixing and sound design and wrote the theme music; thank you love you miss you! Podcast artwork is by my friend Harmeet Rehal; thank you so much for your beautiful work. Many thanks also to my supervisor, Dr. Mehmoona Moosa-Mitha, and my committee members, Dr. Nathan Lachowsky and Professor Gaben Sanchez, for your support and guidance. And thanks to you, for listening! I'm super honoured that you spent time with my voice in your ears today.

[Background music swells before ending]