Episode 4: Setting Fires

My eating disorder therapist worked out of a cozy home office. [Background drone fades in][1] We had been working together for a couple of months, so I was intimately familiar with the mustard yellow armchair I sat in every week. I liked that armchair. It was big enough to curl up in during sessions, my arms wrapping around my knees as my therapist and I dug into the stories I told myself about food and eating and size. After months – years, really – of struggling to find words for my experience, I had gotten up the courage to tell my folks that I thought I might have binge eating disorder at the end of my second year of university. I had taken the summer off from work and university courses to try to get better. On top of working with my eating disorder therapist, I also had biweekly appointments with a dietician and a massage therapist. I was living with my parents, rent-free, and on my dad's insurance. It took about half an hour to drive from my parents' place to my eating disorder therapist's home office, which meant I could scream sing along to the first half of the Indigo Girls' *Retrospective* album on the way there and scream sing along to the second half on my way home.

When I asked my folks to help me remember more details from that summer (love you Mum, love you Dad), they suggested I get in touch with my therapist and dietician and doctor to access any case notes they would have taken. You might remember that I *also* thought about using case notes early on in this project. Mehmoona helped me realise that this impulse was rooted in coloniality. It's so interesting to me that my parents both had that same colonial impulse, to check what it is that we remember against some kind of external, professional opinion or perception. Coming back to this idea makes me think about the memory work that white folks have lost the ability to do given our emphasis on the written word – we talked about this in Episode 2: [Background drone fades out;

---

[1] Purple text is not read aloud in the recorded podcast episode.

rewind sound, prefacing the following quoted section from Episode 2] White anti-racist educator Tema Okun (2025)[2], in collaboration with Black organiser and educator Kenneth Jackson Jones, has argued that one of the characteristics of white supremacy culture is the worship of the written word. To combat this, she suggests we

> dedicate time to practicing and honoring other ways of knowing and expression: oral storytelling, embodied learning, visual and movement art, silence, meditation [... and that we] practice listening; because [Western] culture doesn't value oral traditions or storytelling wisdom, we are out of listening practice or remembering how to hold a spoken word with weight (without having to write it down).[3] (Okun, 2025) [Sound of a tape being ejected, marking the end of the quoted section]

So how do we come back into listening practice? I don't have an easy answer for that other than just *doing* it – but I do know *why* it's critical. Cameroonian historian and decolonial scholar Achille Mbembe calls us to build "a liberating memory" (Mbembe & Goldberg, 2018, para. 55) in order to repair that which has been broken:

> To repair is to be alive. So that's the first sense of reparation – to be alive and to take care of something that matters because that thing is a very condition of my survival with others, my being with others, my moving on with others, my leaving something behind for others, something through which they might remember me. Reparation is the opposite of destruction. It is about building a liberating memory, not dwelling in a traumatic memory, the kind of toxic memory that opens up the door to envy, revenge and nihilism. (para. 55)

This project, in part, is my attempt to work on building that listening practice and liberating memory, instead of dwelling in the toxicity of white, colonial ways of doing things.

---

[2] Red text is translated to an arpeggiated synth sound in the recorded episode.

[3] Green text indicates a typing sound plays underneath the spoken words in the recorded episode.

[Theme music, “3am,” starts playing in the background] I’m Katie O’Brien, and you’re listening to TRANS FATS, a podcasted thesis exploring the research question: **How is my experience of trans corporeality mediated by pathologising logics?** [Theme music fades out] Last episode, we talked through stories where I came to a critical understanding of how gender and fatness works, and how coloniality works to divorce us from knowledge of our own bodies. It was an episode all about finding the words to describe knowing otherwise.

(Quick side note: that phrase, ‘knowing otherwise’, is an important and kind of complicated one – let’s take a sec to dive into what I mean by it. You might remember Hannah McGregor defining their queer politic as “rejecting the status quo and demanding that we imagine how things might be otherwise”[4] (McGregor et al., 2025, para. 27) back in Episode 2. ‘Otherwise’ is a term that’s been used by many decolonial scholars to describe “chang[ing] the terms, not just the content of the conversation” (Mignolo, 2000, p. 70). I think the idea that we could *imagine* otherwise, or dream up ways things could be fundamentally different in the future, is pretty straightforward to understand – but *knowing* otherwise… what’s that about? Mexican decolonial feminist Rosalba Icaza (2017) argues that knowing otherwise is “an embodied sensual experience of vulnerability in which the safety of how one thinks [slash] knows something is relinquished” (p. 33). In other words, knowing otherwise is when we trust in our embodied knowledges beyond what we’ve been taught to believe by the status quo – and that often feels scary and vulnerable.)

In this final episode, I’m going to build on last episode’s knowing otherwise by sharing some stories about access to professionalised care and thinking through how social work can do all this differently – or, imagining otherwise. Then, I’ll wrap up by saying many, many thank yous.

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

---

[4] Read by Hannah McGregor (personal communication, September 5, 2025).

Imperfect Professional Supports

spoonful after spoonful after spoonful after spoonful after[5]

One of the things that I really appreciated about my eating disorder therapist, aside from her mustard yellow armchair, was that she helped me bring my grief over my grandmothers dying when I was a teenager into our sessions together. She used a therapeutic technique called Eye Movement Desensitisation and Reprocessing, or EMDR. This technique uses tapping or eye movements, called bilateral stimulation, to take the sting out of painful memories or triggers (L. Shiels, personal communication, July 30, 2025). Before we started EMDR together, my therapist had me write about a safe place, so that I could use it as an anchor before or after feeling big painful emotions during our sessions. [Background drone fades in] I wrote about my family's cabin, built by my great-grandfather Gog on stolen Beothuk land:

> you park poppy's truck on the grass and walk towards the cabin. it smells like wood stove and varnish and warmth, like lumber and wildflowers and icy pond water. the air crackles electrically and everything is slow and smooth. change course and walk down the short path to the pond. slip off your shoes and wade in until you can't feel your feet for the cold. gran is laughing somewhere; the sound is turquoise.[6]

As I talked with my therapist about my relationships to eating, grief, and my body, we would periodically revisit this safe place. In this way, my grandparents and even great-grandparents cared for me in my healing, even years after they had died. This is why it really struck me when my therapist, responding to my frustration over having such a persistent preoccupation with food and eating, wishing that I could be like other people with a healthier relationship to their bodies, said:

---

[5] Orange text indicates a poetic artifact, interpreted musically in the recorded episode.

[6] Read by my sister Claire (C. O'Brien, personal communication, August 31, 2025).

“Adulthood means accepting your aloneness.”[7]

I remember this statement so clearly because I put it in a poem I wrote shortly after the session. In the poem, I followed it up with “and that means not needing other people to wade through your shit with you / you can wade through your shit on your own”[8]. [Background drone fades out] Reflecting on this statement now, as a trained social worker striving toward decoloniality, it blows my mind – and not in a good way. How could my therapist make a statement like that when she was supporting my healing journey through the therapeutic relationship we shared? When my grandparents and great-grandparents had always been in the room, wading through ‘my shit’, with us?

This individualism, the idea that eating disorders are a personal pathology that should, or even *could*, be healed from in isolation from community, feels deeply colonial. Glo V, Xicana Indigenous founder of the eating disorder harm reduction organisation Nalgona Positivity Pride (2025), speaks about this in her work:

> Our relationships with food, hunger, and our bodies are not merely individual psychological phenomena but are shaped by histories of dispossession, forced assimilation, anti-fat violence, racism, ableism, and patriarchy. Disordered eating behaviors do not emerge in a vacuum. They are often intelligible, if painful, responses to life in a world organized around extraction, punishment, and hierarchy. (p. 19)

I learned more about these connections when I reflected on another professional therapeutic relationship from that summer – the one I had with my dietician. [Background drone fades in] My dietician’s office was, in many ways, the polar opposite to my eating disorder therapist’s. No mustard yellow armchairs there – it was all glass. She worked in a consultancy group with many

---

[7] Read by Anu Radha (A. R. Verma, personal communication, September 14, 2025).

[8] Turquoise text indicates the sound of pencil writing on paper plays underneath the spoken words in the recorded episode.

other dieticians on staff. One of the things she asked me to do was keep a food log of everything I was eating for a full week.

(A content note here: I'm going to be describing my relationship with food and eating again for the next two-ish minutes. Like I said last episode, I've tried to do this really carefully and intentionally – but you still might choose to skip this bit, and that's totally okay. I get it. Alright – here we go.)

My dietician was very gentle, and urged me to be as honest and complete in tracking my food intake as possible, including any binge sessions. It was… horrible. I felt on edge the whole week, not least because one of the disordered eating tools I had used was WeightWatchers® – a diet that requires diligent logging of all the food you eat. It felt really counterintuitive to be doing the same thing in recovery as I had done during my most harmful eating patterns. At the end of the week, I sent my dietician my food logs the night before our next meeting. When I arrived the following day, she had printed out a bunch of different charts that broke down the nutritional information of the food I had logged. She pointed at one of these charts and said to me,

"You're not eating enough. At least part of the reason you're eating all this food in secret is because you're *hungry*."[9] [Background drone fades out]

At the beginning of the summer, when I talked to my parents, I had described my relationship with food as binge eating disorder. My dietician was able to tell me it was something more complicated. In trying to follow all these rules I had made up for myself to eat quote-unquote 'healthily', I was restricting my food intake, then eating a lot all at once to make up for it. Anna Mollow (2015) describes a similar pattern of eating in a way I find really helpful:

> 'Bingeing,' some people call this behavior. 'Refeeding' is the term I prefer, as it removes the pathology from eating and indicates more clearly what's actually happening: when we go

---

[9] Read by Laura (L. Shiels, personal communication, September 13, 2025).

> too hungry for too long, our bodies make us make up for what they've lost. … The drive to eat is not a disorder in need of a remedy; it's a hunger in need of feeding. This is true whether one is thin, fat, or in between. Hunger is not a sensation that accords easily with notions of choice.[10] (pp. 209–10)

If we reject this pathologisation of hunger, we can shift our attention away from our bodies' needs being the problem and toward the attempt to *control* bodies as the problem. When put this way, I think about my family's expulsion from Ireland over 150 years ago because of the Famine, which "was a direct result of colonial exploitation" (Orjuela, 2023; Tronicke, 2024, p. 64). I think about the ongoing genocidal starvation regimes in Palestine (de Waal, 2024), Congo (United Nations, 2025), and Sudan (de Waal, 2025). I think about the intentional starvation of Indigenous children in Indian Residential Schools in the 1940s and '50s, supervised by colonial food scientists, who used the data from this deplorable violence to develop Canada's Food Guide (Robins et al., 2020; Tennant, 2021). I think about how while 15% of households in so-called Canada are currently impacted by food insecurity (Tarasuk et al., 2022), nearly 50% of on-reserve Indigenous households (Batal et al., 2021) and 70% of Inuit folks living in Inuit Nunangat are food insecure (Lafontaine, 2023). White and Anishinaabe decolonial feminist scholar Keira Loukes (2024) explains these links:

> It has been repeatedly demonstrated that the root causes of food shortages in Indigenous communities across Turtle Island are colonial policies that continue to control the movement of Indigenous bodies, disconnecting people, families, spiritualities, and governance from the land in order to make space for settlers … and resource extraction. It has been well documented that in some locations food scarcity was engineered (Daschuk, 2013) and in others it was a direct result of increased settlement and exploitative industries which led to the destruction of land, forests, and river systems … In this context, the crisis

---

[10] Read by Anna Mollow (personal communication, August 31, 2025).

> is not one of food, but of colonialism, modernity, development, and capitalist resource exploitation. (p. 80)

Thinking about all these connections, I'm starting to understand that hunger is both a corporeal feeling shared by every human on earth *and* a "sympto[m] and instrumen[t] of colonial oppression" (Tronicke, 2024, p. 67). Writing and theorising about hunger might be "a luxury that only well-fed Western thinkers can afford" (Delville & Norris, 2017, p. 15), but at the same time we *need* to talk about the deeply political experience of hunger in order to understand it fully.

Recognising the part control plays in this story is also helpful for me when thinking about one part of an explanation for why it's so common for fat folks, trans folks, and fat trans folks to have complicated relationships with eating: we're trying to have agency over our unruly bodies in one of the only ways that is entirely within our control. Unruly bodies, bodies that are unacceptable in our society, "challenge the very conceptions of normality. Unruly bodies do not follow the rules, they defy how we understand the body to be, and they challenge what we take to be livable, intelligible, or meaningful" (Blum, 2018, p. 571). Turkish artist-scholar Serap Erincin (2023) argues that one way to understand self-imposed hunger practices like hunger strikes and death fasts is that they "demonstrate acts of defiance against disciplinary power and [act] as ways to contest biopolitical control over the body" (para. 8). These kinds of practices are distinct from disordered eating in some ways – for one thing, people choose to participate in hunger strikes and death fasts, while disordered eating isn't always a conscious choice – but thinking about hunger as a way to reclaim agency over our bodies is really interesting to me. When I reflect on trans folks having complicated relationships with food and eating, a lot of folks (Cusack, Iampieri et al., 2022; Cusack, Levenson et al., 2022; Galupo et al., 2021; Harrop et al., 2023; zamantakis & Lackey, 2022) explain that they're trying to use food and hunger to change or control the shape of their bodies in defiance of the gendered expectations placed on them by a cis-centric society. (Trans people are not a monolith – our relationships with food and eating and our trans corporeality are complex and multilayered (G. Sanchez, personal communication, September 14, 2025) and not all shared. A desire to defy gendered expectations is, of course, one of potentially infinite factors that could motivate individual trans folks to try to change our bodies. Many thanks to my committee member Gaben for encouraging me to make this explicit in my work.)

Now, white psychologist and researcher Dawn Branley-Bell and her colleagues (Branley-Bell et al., 2023) also caution against using control as the *only* narrative when thinking about eating disorders. They argue that "ignoring what the person is seeking to have control *of* (i.e., the context) leads to thin descriptions which risk pathologizing the individual" (p. 2). To be clear here, the kind of control I'm talking about is agency or autonomy. Eating disorder treatment as it currently exists often takes away autonomy from folks with complicated relationships with food and eating – we are constantly observed, monitored, physically searched, and told we don't know what is best for our own wellbeing, particularly when we access inpatient treatment or hospitalisation (Healey, 2025). Nalgona Positivity Pride (2025) proposes a harm reduction approach to eating disorder care in order to give that agency or autonomy back. We'll talk about that more in a bit, but first, let's spend some more time in the medical-industrial complex.

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

stretch marks like lightning / leg hair blowing in the wind

[Background drone fades in] In December 2019, I had a laparoscopic total hysterectomy and salpingectomy. (That's medical talk for having my uterus, cervix, and fallopian tubes removed by a robot through tiny incisions in my belly.) I had really heavy periods and terrible lower back pain, and had worked with my doctor for years to try to get my periods to suck less. Some examples of the things I tried were hormonal birth control and intrauterine devices, called IUDs. While it wasn't my experience, lots of trans folks who menstruate engage in disordered eating behaviours to try to suppress their periods (Goetz & Wolk, 2023; Yesildemir & Akbulut, 2023), and I get it. I think I made the decision to get a hysterectomy the day my second IUD partially fell out. That day, I had to call my wife to pick me up at the bus stop a block away from our house because the stabbing pain of the IUD lodged in my cervix made it impossible for me to walk home $^{\text{(love you Viv)}}$.

Once the referral from my family doctor went through, Viv and I went to the Women's Health Clinic at the hospital for a consult with the surgeon. We sat in the pink waiting room, surrounded by pregnant people, until a nurse came to bring us to a small consultation room. I reviewed all the arguments we had prepared in advance in case the surgeon pushed back: *I've tried a bunch of things to control my periods and they haven't worked, no we don't want kids, I've done my research and am prepared for any outcome, please just get this organ out of me*. When the surgeon appeared, he did a quick external exam, asked some questions about my history, and didn't put up any resistance to the idea of me having a hysterectomy. I think I held my breath the whole appointment. On the drive home, I marvelled that the surgeon didn't misgender me after I told him my pronouns.

After the surgery, I didn't have many external injuries to show for my trouble – just a few stitches in those tiny incisions. I was pretty beat up internally for about a week, though, given that my surgeon had not only removed my uterus, cervix, and fallopian tubes, but also bits of uterine lining growing where they shouldn't have been growing. The exhaustion lasted longer. I was fatigued for a full two months following my hysterectomy. Luckily, I had access to short-term disability leave through my full-time job and was able to take six weeks off to recover.

One thing that not many folks talk about is that after you remove an organ, the other organs in your abdomen kind of shift around to take up that space. It feels… incredibly weird for a few days. Because of these shifting organs, I gained new stretch marks post-hysterectomy. Discovering them was a positive gender feeling, a settling into my body kind of feeling. Remarkably, it didn't trigger any complicated eating or anti-fat shit for me, either. It just felt... right. That was the first time in my life that I remember feeling stoked about stretch marks. [Background drone fades out]

Current gender-affirming surgical care practices can be traced back to early twentieth century European advocacy movements (Marrow, 2023). Devastatingly, most of this early work on gender-affirming surgery was destroyed when the Nazis burned the Institute for Sexual Science's entire research archive in the 1930s. Some of this work was brought to the United States by a white cis endocrinologist named Harry Benjamin, who began providing hormonal care to trans folks in the 1940s. Benjamin and his colleague Elmer Belt, a white cis surgeon, came up with some of the first assessment criteria for access to gender-affirming care, mainly hoping to reduce the risk of surgeons getting sued by patients. White nonbinary trans historian Beans Velocci (2021) notes that "the specter of litigation had a tremendous impact, shaping both the availability of surgery for trans patients and the requirement for psychiatric assessment before a surgeon would operate" (p. 475). The concern about litigation also helped Benjamin and Belt "solidify ... the role of medical expertise in making decisions about trans bodies and lives" (p. 475).

In September 1979, a nonprofit organisation called the Harry Benjamin International Gender Dysphoria Association, or HBIGDA, was created to formalise standards of gender-affirming care "for use beyond research clinics" (Marrow, 2023, p. 215) and to give members professional standing. In other words, the purpose of this nonprofit was to provide health care providers with one set of best practices in the broad and previously illegitimised field of transgender health care, and to professionalise providers of trans health care to make them understandable to the medical-industrial complex. White trans scholar Elliot Marrow (2023) explains further:

> Following the [standards of care, or] SOC came to denote a level of professional competence without which, as the SOC stated, a physician could be considered "guilty of professional misconduct" and associated with unethical practice (Walker et al., 1979, p. 6).

> The SOC were largely successful in what they had set out to do, that is, to increase the legitimacy of the study of gender identity and codify the criteria for access to care developed in gender identity research clinics for use in private practice. (p. 230)

HBIGDA was renamed the World Professional Association for Transgender Health, or WPATH, in 2007 (Devor, 2013). Even though I bet we can all agree it's a better acronym, I feel complicated about WPATH. The authors of the SOC are primarily cisgender surgeons and medical professionals (Lev, 2013). Trans voices were explicitly excluded from SOC authorship until the seventh version, because WPATH thought we wouldn't or couldn't be objective (Riggs et al., 2019). On top of all this, up until the eighth version (the most recent version at the time of recording this podcast), the SOC required trans folks to conform to the gender binary in order to access gender-affirming medical care – nonbinary trans folks like me weren't considered 'trans enough' to need it (Marrow, 2023).

There's no standard BMI requirement listed in the SOC or in any health authority for gender-affirming care (Switzer & Autumn, 2023). Even so, many surgeons in so-called Canada will refuse to operate if the patient has a BMI over 30, with no scientific evidence to back up that decision (Brownstone et al., 2021). Fatness doesn't increase complications or revisions after gender-affirming mastectomies in transmasculine patients (Rothenberg et al., 2021), and I would be willing to bet that the same is the case for other gender-affirming surgeries on fat trans folks. In other words, surgeons regularly and arbitrarily set anti-fat limits on the gender-affirming surgeries they offer, counter to the scientific evidence that says fatness has no negative impacts on surgical outcomes. I'm not sure how I managed to get through my hysterectomy without any talk of my BMI, since it's definitely over that arbitrary cutoff. Maybe because I accessed surgery through an endometriosis path and didn't call it gender-affirming in the doctor's office? Maybe because I'm white and small fat? Maybe because I had bottom surgery and not top surgery? Maybe I just lucked out with a decent surgeon? I don't think I'll ever know the answers. No answers would make me less pissed off that so many of my trans kin are subjected to such violence in the doctor's office.

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

a love letter to my skin

Last episode, we hung out together in my childhood doctor's office. When we talked about my experience there last time, it was to introduce digestive troubles as one of many starting points in my complicated relationship with food and eating. There's another aspect of the story that I think warrants more attention, though: the anti-fatness that permeated the space.

[Rewind sound, prefacing the following quoted section from Episode 3; background drone fades in] An Oprah rerun about weight loss hummed on the TV mounted in the corner. ... I followed the nurse to the scale in the hallway across from the nurses' station. My cheeks burned as she told me to take off my shoes so she could take my height and weight. I remember the shk-shk-shk noise that the weights on the scale made as the nurse slid them into place, followed by her voice reading the numbers out loud where everyone could hear. She wrote my height and weight on a slip of paper for the doctor, then directed me to follow my mum into the appointment room to wait. Inside the appointment room, the fading mural of zoo animals was plastered with posters about quitting smoking, travel vaccinations, and losing weight. [Sound of a tape being ejected, marking the end of the quoted section; background drone fades out]

As an adult, the appointment rooms in doctors' offices no longer have zoo animal murals, but the anti-fatness remains. A few years ago, I asked my doctor for suggestions on how I could get back into a practice of moving my body that wouldn't trigger disordered eating behaviours or anti-fat thoughts. (Remember last episode, how Da'Shaun Harrison (2021) explained health as punishment? They said:

> We are not taught to exercise for the sake of enjoyment, nor are we taught to enjoy our bodies in motion. We are taught, per contra, that we exercise so that we can be healthy, and that health must look opposite of fat.[11] (p. 37)

Yeah. I internalised the hell out of that shit.) My doctor looked at me, hummed, and said that it would be a good idea for me to lose some weight. Way to listen to the words coming out of my mouth, doc. Years after this interaction, I'm *still* trying to figure out ways to move my body that feel joyful, rather than punishing.

I've learned from friends and fat activists on the internet over the past few years that I can tell my doctors that I actually don't ever want to get on a scale again. I've learned that I can push back on these anti-fat messages from medical professionals, even when it's really hard. When I don't have the energy to advocate for myself in the doctor's office, I've learned I can commiserate with my community about how unacceptable it is that we face this kind of bullshit from supposedly 'caring' professionals. It took me a long time to learn how to talk so explicitly about anti-fatness, and a lot of that turned out to be related to grief – so how about we talk about that for a minute?

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

like nothing at all / like everything at once

The first time that I ever talked to a mental health professional was when I was about 16, after my grandmothers died. [Background drone fades in] At the time, my family didn't really know how to talk about our experiences of grief with each other, and I was really angry. I would get into raging fights with my dad over pretty much everything. Eventually, my mum sought out a professional for me to talk to about my grief. The therapy practice she found had been

---

[11] Audio from Harrison (2021).

recommended by a friend of hers, and was geared toward teen girls. Mum booked me in for an intake session.

The practice was in an old bungalow that blended into the neighbourhood – this was supposed to make it more accessible to teens, who might feel awkward about going somewhere that clearly indicated we were accessing mental healthcare. I remember feeling awkward anyway, sitting with my parents in a waiting area that had clearly once been a family's dining room. Eventually, my mum, dad, and I were ushered into the living-room-turned-consult-office by two friendly white lady therapists. They asked us a million questions, I guess to decide what kind of care I needed and which therapist from the practice would be the best fit. The anxiety and anger my dad had dealt with as a teenager came up, but wasn't dwelt on. They asked a bunch of questions about my mum's childhood, which they seemed to find more interesting. I don't really remember what questions they asked *me*, or if they even asked me anything. I just remember that at the end of the intake appointment, I was connected to a therapist at the practice. That therapist, unfortunately, was… supremely unhelpful. In our first one-on-one session together, she heard me talk about starting to go out with my first girlfriend and quickly identified my queerness as the problem to be solved, rather than my grief. Thinking about it now, maybe there wasn't a problem at all – I just needed a space to talk to someone about how much I missed my grandmothers.

When I was writing this episode, I learned that Andrea Gibson died – you might remember Viv reading some of their writing last episode. I've followed Gibson's work since I was a teenager on Tumblr®, reblogging the poetry recordings they posted under the username andrewgibby. You can learn more about their life and legacy at the link in the show notes. When I heard about their passing from ovarian cancer, I dove into their poetry instead of sticking to my writing schedule. I was startled to find that the title of one of the poems that has stuck with me for years is "The

Nutritionist”. [Background drone fades out] Here are some excerpts of Gibson performing their poem:

> The nutritionist said I should eat root vegetables,
> said if I could get down thirteen turnips a day
> I would be grounded, rooted.
> Said my head would not keep flying away to where the darkness lives. …
>
> The first psychotherapist said I should spend three hours a day
> sitting in a dark closet with my eyes closed and my ears plugged.
> I tried it once but couldn’t stop thinking
> about how gay it was to be sitting in the closet. …
>
> The pharmacist said Klonopin, Lamictal, Lithium, Xanax.
>
> The doctor said an antipsychotic might help me forget
> what the trauma said.
>
> The trauma said, “Don’t write this poem.
> Nobody wants to hear you cry about the grief inside your bones.”[12] (Button Poetry, 2017)

I don’t know why I’m surprised by the amount of grief that keeps showing up in this thesis. It shows up in my life and community so frequently, in so many ways. I came into my queerness in the shadow of the AIDS epidemic, an entire generation before mine denied grievability (Butler, 2020) and decimated by structural abandonment. I got an emergency alert about a wildfire raging five kilometres from my house while I was writing the script for this episode, and for a minute my mouth was full of the ecological grief (Cunsolo & Ellis, 2018) of climate change. Trans Day of Remembrance has been marked in my calendar and in my heart for a decade. Korean migrant artist-researcher Youngsook Choi (2024) muses that “every loss demands grief and grief requires witnessing” (p. 68). When I think about grief, I often think about death loss – the loss of my

---

[12] Audio from Button Poetry (2017).

grandmothers, friends, other family members – but reflecting on this thesis podcast, I've been telling a story of loss on many levels. I grieve for my relationship with food, my relationship with my bodymind, my relationship with systems and providers that are often violent instead of caring, my relationship with a world that doesn't love my fat trans bodymind or the bodyminds of the people and communities I love. Thank you for witnessing this grief in listening to this podcast.

Grief is an embodied and relational process of closeness or distance to things that matter to us in some way (J. Stewart, personal communication, August 7, 2025). When I think about grief, it teaches me something about knowing otherwise. When I grieve that we don't exist in a world that loves pathologised bodyminds, that grief tells me that a world without pathologisation is possible – and that matters to me deeply. I think this is what Andrea Gibson meant when they said:

> What I know about living is the pain is never just ours.
> Every time I hurt, I know the wound is an echo, so I keep listening
> for the moment when the grief becomes a window,
> when I can see what I couldn't see before
> through the glass of my most battered dream. I watched a dandelion
> lose its mind in the wind, and when it did,
> it scattered a thousand seeds.[13] (Button Poetry, 2017, 3:13)

One of the reasons why I think it's so important to spend some time on grief in this episode is because in my family, growing up, none of us knew how to talk about it – that's what brought us to that crappy therapist. I think the underlying logic around that silence was a hope that if we just didn't talk about it, then maybe everything will be fine. This was the logic around no-one ever talking about family members accessing eating disorder treatment, too. In an early draft of Episode 3, my committee member Nate commented that "not being able to talk about these things allows them to propagate and sustain, and makes them individual issues instead of societal or cultural

---

[13] Audio from Button Poetry (2017).

ones"[14] (N. Lachowsky, personal communication, August 8, 2025). When we make space for grief, when we give our grief room to breathe, when our grief is shared with one another, it can deepen solidarities (Butler, 2020). If we let it, grief can be "not merely an emotional response but a profound act of resistance and social transformation" (Bayatrizi, 2024, p. 576). Spanish decolonial feminist Encarnación Gutiérrez-Rodríguez (2023) argues that "grief work uncovers a political practice of contestation and resistance, engaging with the pain of loss but also with communal ethics of reciprocity, respect, trust and emotional and material support" (p. 173).

I don't have any of the notes or worksheets from my dietician or my eating disorder therapist anymore. I don't have my WeightWatchers® materials, or the journals where I logged my food so diligently. I burned them all one afternoon, years ago, in the backyard with Viv. Quietly watching the documentation of all that pain and loss go up in smoke, having my grief witnessed in such a loving way by my wife, felt like a beginning.

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

How Social Workers Can Know and Do Otherwise

Fat queer autistic scholar of colour Caleb Luna (2018) muses that "the closest I can come to articulating my gender is Fat, and even this feels like offering more than what is deserved, like retrofitting a body to a system that never wanted it. The feeling is mutual" (paras. 21–22). This quote rattles around my brain endlessly when I try to figure out what a system that *wants* fat trans bodyminds could look like, and that fat trans people want in return. Ultimately, I don't think this podcast has come up with one easy answer to what a system like that might look like, and I don't think that's a bad thing. Beans Velocci (2021) is similarly uninterested in a simple answer:

---

[14] Read by Nate (N. Lachowsky, personal communication, September 14, 2025).

> Perhaps … medicine is not the right source of knowledge for structuring decisions about the shapes that peoples' bodies can take. Maybe uncertainty is not a dirty word. Maybe if doctors … stopped treating hormones and surgery as last-ditch tragedies, we could finally talk about something interesting, like making them free to everyone who wants them. (p. 477)

The piece around uncertainty has come up throughout this podcast in a bunch of different ways, and I think it's an important one. Way back in Episode 1, María Lugones (2020b) talked about untranslatable knowledges. Last episode, Andrea Gibson (2025) talked about writing from the messy middle. At the beginning of this episode, I reflected on how we can come back into a practice of listening, following Mbembe's (Mbembe & Goldberg, 2018, para. 55) call to build "a liberating memory". In response, my committee member Gaben commented:

> So often, powers like white supremacy and coloniality move without pause, so certain of their own truth that they cannot be still and leave space for others. But listening begins in stillness. It also requires us to loosen our hold on certainty and to open ourselves to other ways of knowing.[15] (G. Sanchez, personal communication, September 13, 2025)

Fat racialised social work scholar May Friedman (2019) puts forward the idea of uncertainty as a critical lens:

> This approach to my own bodily incoherence informs my research and scholarship. The extent to which I have needed to be categorized—by strangers, by institutions, by forms and frameworks has felt, to varying degrees, like a form of violence.[16] (p. 246)

I think that Friedman's point about the violence of categorisation rings particularly true for me in this work. After all, pathologisation is a form of categorisation.

---

[15] Read by Gaben (G. Sanchez, personal communication, September 28, 2025).

[16] Read by May Friedman (personal communication, September 2, 2025).

Carolyn Ureña (2019), thinking about embodied knowledges, argues that "the ultimate goal is to remain ever-questioning, never fully satisfied, and always attentive to the demands and inquiries generated by the body" (p. 1644). In the same vein, Black abolitionist organiser Mariame Kaba (Rice & Kaba, 2021) emphasises that

> the most important thing you can do is to improve your questions. Stop trying to find the answer – there is no *the answer* ever, for anything. There are multiple responses, and so the questions that you ask are very, very important because they'll lead you to some response that will be better than a response that a bad question might, you know, enable.[17] (20:30)

I know that was a bunch of other people's words. But they're such *good* words, and it's so reassuring to me that it's okay not to come to An Answer at the end of this year-long process of exploration!

If we come back to my research question, **how is my experience of trans corporeality mediated by pathologising logics**, I think we can safely say that my experience of existing in my trans body *constantly* comes up against pathologisation: of eating, gender, fatness, grief. The normative story constructed by all pathologising logics, including anti-fatness, anti-Blackness, anti-transness, ableism/sanism, eating disorder narratives, grief narratives, and coloniality linking all of these together, violently impacts trans people's perceiving and witnessing of our own bodyminds. Two fundamental concepts in decolonial feminist and disability justice thought helped me to understand these logics: alienation and the gaze. Here's a quick reminder of how I described alienation last episode: [Rewind sound, prefacing the following quoted section from Episode 3] Alienation is "a central concept within decolonial theorizing" (Moosa-Mitha et al., in press, p. 7) that describes someone's sense of self coming up against dominant society and being found lacking. It's the viscerally painful experience of being told by a group that has power over us that

---

[17] Audio from Rice and Kaba (2021).

what we know to be true about ourselves is incorrect or not allowed. [Sound of a tape being ejected, marking the end of the quoted section] Multi-racial Palestinian scholar Devin Atallah and Northeastern Indian scholar Urmitapa Dutta (2023) argue that "*community is a victory* in the face of alienation" (p. 80). In other words, if we want to dismantle alienation, we have to "cente[r] collectivity and ... prioritize our relationships, our collective longing for one another in each other's lives" (p. 79).

Here's a reminder of how we talked about the gaze, too, the idea that the "acts of looking and being looked at" (King, 2021, p. 120) structure power relations: [Rewind sound, prefacing the following quoted section from Episode 3] Queer Black author and theorist bell hooks (1992) defined the imperial gaze as "the look that seeks to dominate, subjugate, and colonize" (p. 7). ... The main thing to take away from this idea is that there's no way to have a gaze, to look or to be looked at, that isn't political. [Sound of a tape being ejected, marking the end of the quoted section]

When I was starting to write this section, Mehmoona encouraged me to try to find examples of "decolonial social work practice that is not alienating and supremacist in its gaze" (M. Moosa-Mitha, personal communication, August 26, 2025). I mentioned back in Episode 2 that I don't tend to do individual or micro-level social work – my social work practice focuses more on systems. Thinking about the kind of social work I do alongside Mehmoona's prompt led me to an article by social workers Andrea Murray-Lichtman, who is Black, and Siham Elkassem, who is a Muslim woman of Palestinian and Lebanese descent. Murray-Lichtman and Elkassem (2021) argue that despite many statements put out by social work organisations responding to public calls to address the racism of our profession, "social work has not made any substantive changes within its organizational structures, implicit mission, or explicit capacity as an arm of the state" (p. 187). They name this inaction "a form of non-performativity: the act of claiming anti-racism without engaging in sufficient anti-racist actions" (p. 181), and link this non-performativity to the white gaze. Murray-Lichtman and Elkassem call us to move beyond this white gaze, "that ability and directive to see suffering without ever having to reckon with complicity" (p. 188), by actually *making change* instead of just talking about it. Blog posts (or, honestly, theses) mean very little unless there's institutional policy change and other concrete action to go along with them. I think this insight about the white gaze can be extrapolated to all forms of the gaze – in order to dismantle an inherently political gaze, we have to be willing to acknowledge our complicity and put in the work to make change.

Understanding alienation and the gaze helped me to develop a politicised awareness of pathologising logics that allows for community building around them, instead of constantly feeling that the problem is... me. So, I guess the thought here is: **fuck the DSM, and diet culture, and the concept of 'health'. Let's put in the work to make change. Let's depathologise. Let's burn it all down.**

Our bodies are pretty devoted to our survival. They insist on coming back to what they know to be home, responding to practices of starvation and over-exercise by trying to regain their shape. When I chatted about this with a dear pal recently $^{\text{(love you Julie)}}$, we both got emotional talking about the beauty of the sort of self-love that is built into the body. Building from these embodied knowledges, how might we expand the space in which our bodies get to feel safe? How can we support one another while setting fires? Well, I learned through my hysterectomy experience that we can use existing systems, even problematic ones, to get what we need, and that we can support each other in navigating fucked up systems to reduce the harm. Here's where we come back to the idea of harm reduction. Harm reduction describes "practical strategies and tools to prevent [harm, ... and] also a philosophy and practice born of people's lived experience of structural violence arising from the HIV/AIDS epidemic in the late 1980s" (Johnson & Sue, 2024). The roots of harm reduction can be traced back even further than that, too, to the Young Lords' acupuncture program for heroin users in the 1970s and the Black Panther Party's community health clinics and free breakfast programs in the late 1960s (National Harm Reduction Coalition, 2024). While a big focus of harm reduction these days is about reducing harms related to substance use or sex work, many Indigenous peoples argue that *true* harm reduction must specifically address "reducing the harms of colonialism" (Canadian Aboriginal AIDS Network & Interagency Coalition on AIDS and Development, 2019; Lavalley, 2025). Glo V., of Nalgona Positivity Pride (2025), builds on this framework in the specific context of disordered eating:

> Harm reduction in the context of eating disorders ... is not simply about giving someone tips to reduce medical risk, though these are important. It is about creating the social and material conditions in which people can make safer choices. It is about refusing to isolate people in their suffering. It is about building communities that will not abandon people for failing to heal on schedule or for refusing abstinence altogether. ... Harm reduction ... asks us to move beyond individual blame or pathologizing to recognize the systems that produce harm. It challenges the assumption that care must be individualized, professionalized, and purchased. (p. 21)

I've touched on the class component of coloniality throughout this project, but want to take a minute to be explicit about it here. The only reason I was able to access eating disorder care in my early twenties – even care that was colonial and harmful at times – was because I lived with my parents with no bills to pay, was on my dad's insurance, and had the financial support of my parents to be able to take time off work and school to focus on myself. The only reason I was able to take the time I needed to recover after my hysterectomy was because I had a full-time job that had decent enough benefits to pay for six weeks of disability leave. The only reason I was able to become a social worker, through years and years of university study, was because my folks footed half the bill. I am deeply grateful to have had access to these experiences, and also *hate* that so many communities are locked out of accessing the care they need because of capitalism. It's so clear to me that it's absolutely critical to dismantle the individualism, professionalism, and capitalism inherent in the way we currently frame care work if we want to be able to provide anything resembling *real* care.

Taking a harm reduction approach to complicated relationships with food and eating means prioritising community, relationality, and embodied knowledge. The embodied knowledge that came up for me in this episode around grief helped me think about fixing versus witnessing. So many of our social stories about recovering or healing from grief are about how to fix it – how to get to the 'after' of grief. But the way grief shows up for me is a call toward community, toward building a more caring world, and I have no interest in a world where that grief doesn't exist. Instead, ideas of companioning or witnessing grief are more helpful to me – building our capacities to actually talk about grief and what it teaches us. Actually, if I think about any of the pathologised ideas that I've talked about in this podcast – eating, gender, fatness, grief – the ideas of companioning and witnessing are always more helpful than misguided attempts to 'fix'.

Way back in Episode 1, I mentioned that my hope for this work is to create a social work context where cis social workers can better understand how to effectively support trans folks accessing care – a social work context where trans social workers and service users who are trans can see and know ourselves. Now that we've meandered through these stories together, I think I have a better idea of what that social work context might look like. In the second chapter of the book *Abolition and Social Work,* the Network to Advance Abolitionist Social Work (2024) calls us to "imagine a transformed social work, one that is rooted in solidarity over charity; one that is decolonized, deprofessionalized, anti-capitalist, and antiracist; and one that is committed to repair, accountability, and continual transformation" (p. 41). To start us thinking about deprofessionalisation, let's first hear Glo V's (Nalgona Positivity Pride, 2025) reminders of what a focus on professional treatment conceals:

> Many people find their most meaningful support in relationships outside of medical rooms. Care often takes shape in kitchens, living rooms, backyards, mutual aid collectives, text threads, and informal networks of chosen family. These spaces are where people are seen in their fullness, where trust is built slowly, and where survival is a shared project rather than an individual task. Community members—friends, kin, neighbors—often do the quiet, consistent work of helping someone eat, of witnessing grief without flinching, of holding hope when someone has none. They remind us that getting to a better place … is about connection, safety, dignity, and belonging. (p. 20)

Taking this beautiful, visionary work further, Glo V explains exactly what deprofessionalisation might mean:

> Deprofessionalizing care … is about challenging who gets to hold and define … knowledge, whose experiences are treated as valid, and whose voices are prioritized in shaping care. It asks us to critically examine the professional and institutional structures that have long dictated what eating disorder treatment looks like, who gets to access it, and who is left out or harmed in the process. … Deprofessionalizing care requires providers to give up some control. It asks professionals to see themselves not as saviors or authorities but as collaborators in broader ecosystems of care. (p. 23)

In my land acknowledgment at the beginning of this project, Chelsea Vowel (2016) asked "How can you be in good relationship with Indigenous peoples, with non-human beings, with the land and water?"[18] (para. 46). I think one answer to that question, at least for me, is by working toward an abolitionist social work rooted in disability justice and decolonial feminism.

---

[18] Read by Chelsea Vowel (personal communication, September 8, 2025).

At the very beginning of this project, I shared a question asked by Jasbir Puar (2014) that continues to blow my mind: “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). Coming to the end of this podcast, the idea of an abolitionist, deprofessionalised social work as an assemblage, a coming together of multiple, maybe incoherent, parts, feels exciting to me.

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

Concluding TRANS FATS… For Now

A year ago, Viv had to go home to Aotearoa/New Zealand quite suddenly because of a family emergency. We had our tiny rescue dog Louie to take care of, so we decided I’d stay in Kjipuktuk with him. Viv was away for four months – the longest we’ve ever done long distance. I put together the proposal for this thesis while she was away, writing at weird hours of the day and night. When Viv got home, I had to re-learn how to exist with a regular sleep schedule, and we both had to figure out how to survive the thesis writing process together. It’s been a long twelve months of writing and recovering from being apart. I’ve learned that while I really enjoy the creative process, getting a first draft on the page sometimes feels like pulling teeth. I’ve learned that it’s often easiest for me to write at night, when I should probably be sleeping. I’ve learned that I’m neurodivergent. I’ve learned that I need deadlines, even if I’m not great at keeping to them, and that stickers have the same motivating effect as they did when I was a toddler. I’ve learned so fucking much. Opaskwayak Cree researcher Shawn Wilson (2008) says that “if research doesn’t change you as a person, then you haven’t done it right” (p. 135). Based on that metric, I think I’ve done alright.

That said, there are for sure limitations and gaps in this work: I’m just one person, with one person’s experiences. I’m a small fat person, a nonbinary person who doesn’t face transmisogyny

(Gill-Peterson, 2024), a white settler person, a person who's been able to access professionalised care, a person who's spent most of the past 14 years in university – basically, I've had a shit ton of privilege in the way I've moved through all the stories I shared on this podcast. I've done my best to incorporate the perspectives of lots of different folks, and tried to critically analyse my own experiences as much as possible, but ultimately we won't be able to come to consensus around the ideas I've raised in this podcast until many, many more folks have the opportunity to share and analyse their own experiences too. That brings me to where I'd love to take this research from here: I've been dreaming for months about a second season of this podcast, a kind of open peer review (Llinares, 2021; McMenamy, 2019) of this thesis project, where I talk to friends and colleagues about their experiences with fatness and transness and complicated relationships with food and eating. I would also love to read and listen to research by other folks about depathologisation, deprofessionalisation, harm reduction, and abolitionist social work in the contexts of complicated relationships with food and eating, fatness, and transness. I think the field of social work has a lot to learn about this complex assemblage of topics. That goes beyond social work, too. I think we *all* have a lot to learn.

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

Acknowledgments

Lots of folks have said smart things about acknowledgments, but two quotes in particular have shaped how I think about saying thank you in this project. First, in an interview marking the 10th anniversary of her book *Terrorist Assemblages: Homonationalism in Queer Times*, Jasbir Puar mused: "I'm not sure I actually understand why acknowledgements are typically at the beginning of any text, given that they are meant to refract the thick culmination of a complex voyage" (Sircar, 2020, p. 339). Second, Audre Lorde (1988/2017) emphasised the importance of "acknowledg[ing] all those intricate connections between us by which we sustain and empower each other" (p. 97). With these ideas of complexity and connection in mind, this podcast would not have ever come to be without the support of a *lot* of different folks. (Let's see if I can get through this section without crying.)

[Theme music starts playing in the background] Mehmoona turned my world upside down when she taught me about border thinking in her Transnational Social Work course. She believed in my half-baked ideas and commitment to podcasting from the start, encouraged me to go further in my analysis, provided nuanced feedback and gentle teasing, and helped me find funding. Nate went through my work with a fine-toothed comb and made thoughtful connections with other scholars and scholarship. Gaben helped me think through autoethnography with care and provided grounded critique. This project wouldn't have happened without you three. Thank you.

Anu, thank you for sharing your knowledge of anti-racism, disability justice, and queer organising with me, sending memes back and forth, gentle check-ins, co-working, and introducing me to Harmeet. I love you, pal. Harmeet, thank you for your friendship and for collaborating with me on the podcast artwork, translating my thoughts into a visual that is so, so beautiful and meaningful. Everyone, hire Harmeet to do illustration work. Their info is linked in the show notes.

Many friends and loved ones lent their voices to this podcast project. Anu read the line about aloneness – thank you for always modelling community. My dearest pal Laura read for the dietician – thank you for seeing me, and teaching me to see myself, with so much care and compassion. Ro, who mentored me in anti-racist thought and action as a student and has since become a dear pal, read the English translation of Fanon – thank you for showing me that friendship across great distance is possible. My friend and colleague Kéka read for María Lugones – thank you for consistently demonstrating how to be principled and soft in a world that is painfully hard. Nahomi, my wonderful friend, read for Audre Lorde – thank you for your beautiful voice notes, showing me the power of rest, and sending pictures of Newman. Jenn, thank you for reading for Roxana Ng, for your gorgeous laugh, and for introducing me to piping plovers. My parents both read painful words and helped them not sting as much anymore. My sister Claire read the words I wrote about the cabin *at* the cabin. All of this care helped this thesis become a community effort and a real catharsis for me. Thank you all so much. I love you.

I'm so honoured that so many folks sent in voice recordings of their work: Eli Clare, Chelsea Vowel, Clarissa Rojas, Cameron Awkward-Rich, Sasha Khan, Fady Shanouda, Adryan Corcione, Ed Wong, Tony Adams, Autumn Asher BlackDeer, Hannah McGregor, Sami Schalk, Penny Haulotte, Anna Mollow, and May Friedman. I will always remember this generosity.

My sibling M coached me through audio shit and made this podcast sound beautiful. I always love collaborating with you. Everyone should go check out their rad solo project, adella, and their rad band, worrywart. Both are, if I haven't been clear, fucking rad. Both are linked in the show notes.

I met with and talked to lots of folks who helped me figure out this whole grad school thing over the past three years. Alyx, Aman, and all the students in my classes and cohort, thank you. Ed, Ivan, Jenn, Sadie, Seán, thanks for welcoming me and Viv into the Civilising pRocess reAding grouP, affectionately known as CRAP, and always expanding my thinking. Isaac, thanks for co-working and commiserating with me, and for not giving up when my texting is the flakiest.

To my chosen family who I haven't mentioned already – god I'm so lucky to love and be loved by you. Laura, Jamie, Marlow – you cutie snacks mean the world to me. Amy and Tom, thank you for looking out for me in the months Viv was away last year, commiserating about writing, cheering me on, and welcoming me and Viv to the neighbourhood. Vicki and Erin and Maureen – thank you for listening to me flail and loving me through all the nonsense. Meagan – I don't even know where to start, I just love you so fucking much. Julie – our conversations about grief informed so much of this work, and I deeply appreciate you pushing my thinking further with such care. Nicole – thank you for seeing me through early grief, many, many hours of band practice, fucked up relationships with food, coming to celebrate my queerness and transness, and figuring out neurodivergence. I love you.

Jade, I wish I had had some of this language when you were still here. I miss you.

To my bio family, thank you for variously listening to me vent, cry, procrastinate, goof around, and info dump. Claire, Liam, and Tilly too, thanks for letting me crash at your place and talk incessantly about my project when I attended the Moving Trans History Forward conference last year. M and River, thanks for letting me crash at yours for Summit. Mum and Dad, thank you for taking my random questions seriously. Thank you all for negotiating time differences, for reading my work, for cheering me on, for all of it. I love you.

And last, but anything but least: Viv, my love, thank you for reading one of my favourite Andrea Gibson quotes, for encouraging me, seeing me, sending me so many memes, refilling my pill box, surviving my intermittent musical theatre obsession, implementing sticker time, and making me laugh every day of the last eleven years even and especially when things are really hard going. This thesis would truly never have happened without your love and support. (And Louie's.) I love you. I love you I love you I love you.

[Background music transitions to demo version of "3am"]

Closing

Thanks so much for listening to this final 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: Hannah McGregor, Anna Mollow, May Friedman, and

Chelsea Vowel. My sister Claire and my pals Anu and Laura did some voice acting for us this episode; thanks so much for lending your voices to this project, friends.

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, Professor Gaben Sanchez and Dr. Nathan Lachowsky, 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]