13

EATING DISORDERS, GENDER, AND FAT

Theorizing the Fat Body in Feminist Theories of Eating Disorders

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Eating disorders are complex illnesses that result in a plethora of negative impacts for patients. Eating disorders involve a combination of disordered eating behaviors (e.g., self-starvation, self-induced vomiting, excessive exercise, laxative/diet pill abuse, binge behaviors, among others), disordered cognitions (e.g., fear of fat, fear of gaining weight, obsession with body weight or calories), and other bizarre behaviors or experiences ("body checking," obsessive weighing or measuring, involved food rituals), and physical symptoms and consequences (low heart rate, electrolyte disruption, stomach discomfort, esophagus damage, weight changes, headaches, low body temperature, sleep disruption). Some of these symptoms can become life threatening (Arcelus et al. 2011), making eating disorders one of the mental health illnesses with highest mortality (Chesney, Goodwin, and Fazel 2014).

Within the study of eating disorders, anorexia nervosa and bulimia nervosa are the most commonly studied. With anorexia, patients engage in self-starvation, experience significant weight loss, experience fear of fat and weight gain, and experience distortions in their body image and/or how serious their condition is (American Psychiatric Association 2013). Anorexia can also occur in higher weight bodies (e.g., atypical anorexia); additionally, patients with anorexia frequently also struggle with bingeing, purging, and/or compulsive exercise. With bulimia, patients engage in cycles of bingeing and purging (e.g., self-induced vomiting, laxative abuse, overexercise, or fasting), and (similarly to anorexia) experience fear of weight gain, while "over-valuing" their body size and shape (American Psychiatric Association 2013). Other eating disorders include binge eating disorder (in which individuals experience frequent binge eating), among others (American Psychiatric Association 2013).

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Eating disorders are inherently gendered experiences that disproportionately affect women, with studies estimating cisgender women experience eating disorders ten times as often as cis men (American Psychiatric Association 2013). Transgender and nonbinary populations are estimated to experience eating disorders twice as often as cisgender females (Mitchison et al. 2020). While women are at increased risk for eating disorders compared to men (Smink, Van Hoeken, and Hoek 2012; Hudson et al. 2007), all genders suffer with eating disorders, and gender minorities (trans and nonbinary populations) may face additional eating disorder risk factors specific to their unique experiences.

Feminist Discourse in Eating Disorders

Since eating disorders have been traditionally thought of as "women's problems," much of eating disorder research (particularly research dealing with the origin of eating disorders) has drawn from feminist scholars, who focused on feminine ideals of beauty and the ever-present pressures of diet culture as risk factors for eating disorder development (Fallon, Katzman, and Wooley 1994). Feminist scholars have explored gender roles and changing beauty ideals to explain why women are disproportionately impacted by eating disorders, how socialization and social environment contribute to these disorders, and how gender may moderate the experience of these social environments.

Within early feminist theories of eating disorders, most authors centered the experiences of cis women. However, in recent years multiple scholars (particularly in adolescent health) have emphasized the need for eating disorder research to explore trans and nonbinary experiences as well (Parker and Harriger 2020; Avila, Golden, and Aye 2019; Avila 2020; Guss et al. 2016; Diemer et al. 2018; Coelho et al. 2019; Jones et al. 2016; Hartman-Munick et al. 2021).

Feminist thought on eating disorders has evolved significantly over the past several decades. Fallon, Katzman, and Wooley's (1994) important work, *Feminist Perspectives on Eating Disorders*, was one of the first books to compile leading feminist theorists' ideas on the origin and treatment of eating disorders and examine these works through a gendered lens. Among the theories explored in this work, the authors primarily focused on the historical context of eating disorders as a response to the male gaze and control (e.g., how males observe, police, and control female bodies), the influence of media and sociocultural trends toward a deepening thin-centric diet culture, and proposals for various feminist lenses in treatment modalities. Since this work, others have published additional scholarship on feminist approaches to eating disorders, including key books by Garrett (1998), Hepworth (1999), Reindl (2001), Gremillion (2003), Bordo (2004), MacSween (2013), and Lester (2019).

The publication of *Critical Feminist Approaches to Eating Disorders*, edited by Malson and Burns (2009a), marked an important shift in feminist theorizing. This work critiqued earlier feminist thought and shifted focus to new key issues: the

need for theories to address eating disorders in non-Western nations, the need for decentering white-female-cisgender experiences, a critical reflection of potentially problematic and vague terms such as "disorder" and "recovery," an explicit focus on how technological advances (e.g., social media, online communities) affect the landscape of eating disorders, and the need to address and include issues of fatness in the study of eating disorders.

The Current Chapter

This chapter reviews these and other recent ideas in feminist thought on eating disorders, in order to synthesize some of the main developments in feminist thought over the past two decades. Further, this chapter integrates a lens of fat liberation and weight stigma while reviewing this literature. In the following sections, I briefly examine six of the major tensions in this literature: (1) fat acceptance as integral to vs. adjunctive to feminist approaches to eating disorders, (2) anti-fat messaging as health promotion or as a trigger for eating disorders, (3) the need for vs. harm in categorizing, diagnosing, and pathologizing eating problems, (4) eating disorders in non-Western cultures vs. centering white Western experiences, (5) pro-ana and pro-mia sites as spaces of resistance vs. subjugation, and (6) body dysmorphia vs. gender dysphoria and other challenges facing trans eating disorder patients.

Tension 1

Fat Acceptance as Integral to vs. Adjunctive to Feminist Approaches to Eating Disorders

While issues of fatness and fat acceptance may seem to go hand in hand with eating disorders (due to the common focuses on bodies and body image concerns), fatness has largely been ignored in mainstream feminist thought. Generally, eating disorder discourse around fatness has been limited to discussions related to "obesity" or binge eating disorder; similarly, fatness has not been conceived as pertaining to discussions of anorexia, bulimia, or other "restrictive" eating disorders.[1] In traditional eating disorder research, fatness is not believed to be a "problem" for people with anorexia or bulimia (who are presumed to be emaciated or have a "normal weight"), except as in relation to experiences of body dysmorphia (in which patients are presumed to be thin, yet believe themselves to be fat).

Within this viewpoint, body size tends to be viewed as a proxy for eating disorder behaviors, with thin people assumed to restrict and purge (e.g., force themselves to vomit, abuse laxatives, and/or engage in compulsive exercise), and fatter people assumed to uncontrollably eat large amounts of unhealthy food (e.g., a binge) and avoid physical activity. Thus, discussions of fat oppression are (for the most part) thought of as adjunctive or unnecessary to discussions of eating disorders, because eating disorder patients are assumed to be thin. These discourses

ignore the fact that many higher weight people with eating disorders restrict what they eat (e.g., engage in self-starvation), purge, and engage in compulsive exercise. Sadly, body dysmorphia impacts people throughout the weight spectrum (da Luz et al. 2018; Darby et al. 2009; Ekeroth et al. 2013; Dousti et al. 2021), such that fat and thin people alike may see their bodies in distorted ways. These assumptions explain how "obesity" and fatness are understood as important, but separate eating disorder experiences—apart from the "traditional" eating disorder experiences of anorexia and bulimia.

Discussions of fatness are not absent from the eating disorder field. However, these conversations are often riddled with stereotypes and problematic assumptions. For example, in Zerbe's book on eating disorders (1993), discussion of fatness is mostly limited to a chapter near the end on obesity and binge eating disorder, in which she recommends that "obese" people stop "pay[ing] only lip service to the idea of eating less" and stop "deny[ing] what is actually eaten while searching for easy solutions" and instead limit their caloric intake to 1200 calories/day, in three meals and two snacks (311). Not only does this rhetoric further stigmatize those with elevated body mass indices (e.g., people considered "overweight" or "obese" by the medical industry), it also limits discussions of higher weight people with eating disorders to only binge eating disorder, while prescribing behaviors that would be considered problematic in thinner people (Rothblum and Solovay 2009).

Others have attempted to integrate discussions of fat oppression into an understanding of eating disorders (Lebesco 2009), but have struggled with how to integrate the two fields, pointing out their "many points of intersection" but concluding that anorexia and weight stigma ultimately go in "somewhat different directions" (152). Ultimately, as the fields of gender and fat studies continue to explore their role in the study of eating disorders, we have started to see greater integration of these fields, with some arguing for the necessity of all these perspectives when studying eating disorders. For example, some have argued that addressing fat oppression is critical to meaningfully addressing the social problem of eating disorders (Rothblum 1994; Harrop 2018; Harrop 2020) and that feminist lenses are needed to effectively address weight stigma (Calogero, Tylka, and Mensinger 2016).

Though feminist literature has attempted in some ways to integrate issues of fat-acceptance into eating disorder theory (though some resist this), this issue needs to be taken up more fully. For example, addressing fat oppression through the lens of eating disorders draws together two (apparently divergent) streams of feminist thought: (1) the problematic nature of weight stigma (lens of "obesity"), and (2) the problematic nature of eating disorders (lens of the thin ideal). Within these conversations, ethically addressing fat-oppression cannot occur solely in the contexts of "obesity prevention" or discussions of "binge eating disorder" as these conversations inaccurately confound weight with health, and obesity with bingeing, further stigmatizing fatter individuals. Greater awareness that restriction patterns are evident in all eating disorders, regardless of body size, could serve to alleviate some of this stigma.

Fat oppression and fat acceptance are especially salient aspects of feminist theory when considering eating disorders. Eating disorder patients, by definition, experience distress related to body weight, body image, fear of gaining weight, or fear of "fatness." Eating disorder patients who are in higher weight bodies are likely to experience dual discriminations: stigma due to having an eating disorder and stigma due to living in a larger body. One could further argue for the existence of a third stigma: that of having an eating disorder that is likely not recognized (as eating disorder patients are often expected to be thin) or having to defend or explain their diagnosis if it is recognized (Harrop 2018). Beyond these sources of societal discrimination, eating disorder patients also face high levels of *internalized* weight stigma, as they internalize the messages of society about fat bodies (Mensinger, Calogero, and Tylka 2016; Romano, Heron, and Henson 2021). Thus, a weight stigma perspective should be integral to an understanding of the origins (and likely treatment) of eating disorders.

Tension 2

Anti-Fat Messaging as Health Promotion or as a Trigger for Eating Disorders

One overlap between these fields includes research that highlights how anti-obesity rhetoric ameliorates or contributes to the development of eating disorders (Mensinger, Cox, and Henretty 2021). While the "war on obesity" was launched as health promotion, this approach has been widely critiqued by fat scholars and eating disorders scholars alike (O'Hara and Taylor 2018; Bristow et al. 2020; Psalios 2020). Rice (2009) highlights a connection between obesity prevention frameworks and eating disorders, arguing that attempts to reduce obesity may result in disordered eating habits for some girls. She argues that a better approach would be to "adopt a body equity approach that would advocate for greater acceptance of diverse bodies" (107). Similarly, Mensinger and colleagues demonstrate how a significant number of eating disorder patients attributed the onset of their illnesses to anti-fat messaging, and those patients presented with greater symptom severity. This quantitative work has been supported by qualitative patient interviews that report medical messaging around "obesity" and weight loss as triggers for both initiation of eating disorder behaviors and relapses to eating disorders following periods of remission (Harrop 2020).

While some advocate for combined "obesity" and eating disorder prevention programs (Leme et al. 2020), other scholars argue that such approaches are paradoxical, with "obesity prevention" programs necessarily problematizing weight, increasing body dissatisfaction for higher weight populations, increasing fear of fatness, and increasing weight stigma and risk for eating disorders (O'Hara and Taylor 2018), all of which are contraindicated in eating disorder treatment.

Tension 3

The Need for vs. Harm in Categorizing, Diagnosing, and Pathologizing Eating Problems

Feminist scholars are particularly concerned with the power of language, the examination of meaning, and the critical consideration of discriminatory categories (what they are and who gets to make them). Whether reflecting on what "counts" as feminist theory (Ahmed 2000; King 2001) or interrogating the construction of gender and who "counts" as "women" (De Lauretis 1987), this attention to classification and language is integral to critical feminist approaches. Within eating disorders, language and classification can be especially tricky, as eating disorders (i.e., the "pathological") can be conceptualized as excessive or unbalanced extensions of culturally normative behaviors (e.g., dieting, exercise, body image issues). Thus, drawing a line between what may be *normative* (albeit, arguably dysfunctional) and *pathological* is tricky. To wit, Garland-Thomson (2002) argues that anorexia could be viewed as an "exaggerate[d] normative gender role," such that women with anorexia may be simply living into the feminine ideal of being thin, delicate, and self-controlled. In addition, she warns against the potential for over-medicalization of "disabilities" centering on the female body (89), particularly when they interact with cultural gender ideals.

Bordo (1992) similarly laments the "description, classification, and elaboration of 'pathology' [that] has been the motor of virtually all research" (197). Amid other concerns regarding categorization is the potential for placing too much focus on the "pathological individual" as opposed to the systemic regimes that oppress people around food and weight. Similarly, Hepworth (1999) argues against the "dominant psychiatric definition of anorexia" instead favoring an understanding of anorexia that is "socially constructed through discourse" (3). Malson and Burns (2009a) summarize this debate, saying the following:

> The seemingly categorical divide between the normal and the pathological is disrupted and shown to be illusory, such that within critical feminist perspectives "eating disorders" are not so much viewed as individual pathological responses to patriarchal cultures. Rather, eating dis/orders are theorized here as (multiply) constituted within and by the always-gendered discursive contexts in which we live: (individual) "disorder" is re-theorized as part and parcel of the (culturally normative) order of things.
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> *(2)*

While some authors more strongly resist the pathologizing and false dichotomies of imperfect categorization, other authors recognize a certain utilitarian ethic in labeling. For instance, though Garrett (1998) seemingly prefers the term "eating problems" (vs. "anorexia" which she finds problematic, pathologizing, and narrow), she elects to use the term "anorexia" because it has become engendered

with popular, conventionally understood meanings. She further explains that it is important not to do away with diagnostic language altogether as it facilitates treatment access. However, she warns against viewing this term too narrowly at the expense of excluding voices whose experiences deviate from more "typical" anorexia presentations. Her intention is to broaden "anorexia" to include a greater heterogeneity of meaningful experiences (Garrett 1998).

In a health equity and fat liberation lens, categories inherently define who is "in" and who is "out," facilitating access to services and providers for the "in group," and creating barriers for the "out group." Thus, those with formal diagnoses of anorexia and bulimia, for instance, have greater access to treatment compared to those without formal diagnoses. To the extent that the "in" and "out" groups also mirror privileged identities in society (e.g., eating disorder categories that tend to be populated by thin, white, young, upper-class, cis people), these diagnostic categories could further deepen structural inequities in health care.

This attention to language is also important in describing the phenomena commonly described as "recovery" or "remission" processes (Garrett 1998; Tchanturia and Baillie 2015; Espindola and Blay 2013; Bardone-Cone et al. 2010). Here again, feminist scholars challenge the common label of "recovery" insofar as it is predicated on a disease framework (Garrett 1998) and defined differently in different contexts, disciplines, and by different authors (e.g., physicians, therapists, caregivers, patients; Bardone-Cone et al. 2010). Recovery skeptics have also questioned the extent to which concepts of recovery capture meaningful changes in health and quality of life, versus simply reflecting a lessening of eating disorder symptoms, or taking on a more "palatable" and "reassuring" appearance (Engel et al. 2009; Bardone-Cone et al. 2010; Ackard et al. 2014). "Recovery" is also critiqued for its overemphasis on individual effort and choice, at the risk of ignoring the integral elements of social and systemic processes.

Though eating disorder researchers have struggled with how to best define eating disorders, the DSM-5 made important strides in categorizing several symptom profiles that had previously confounded researchers. Prior to the DSM-5 (i.e., a guide book which describes the symptoms and presentation of various psychiatric disorders), up to 75% of eating disorders were assigned the residual eating disorder diagnosis, which signifies disorders that do not neatly fit a preestablished category (Machado et al. 2007; Machado, Gonçalves, and Hoek 2013; Kjelsås, Bjørnstrøm, and Götestam 2004). By establishing binge eating disorder as its own diagnosis, and creating the categories of atypical anorexia and purging disorder (among others), the DSM-5 significantly reduced those in the residual category (Machado, Gonçalves, and Hoek 2013) and created more awareness of "atypical" eating disorders.

The growing recognition of higher weight individuals with eating disorders (Billings, Lebow, and Sim 2013; Lebow, Sim, and Kransdorf 2015; Kennedy et al. 2017; Darby et al. 2009) has caused increasing debates as to what eating disorders actually look like in the population at large. Additionally, this discussion has

pushed an important question to the surface. Which is more salient when defining an eating disorder: an individual's *weight* or their *beliefs, cognitions, emotions, and behaviors*? Such a question has important implications for treatment modalities, both for those with typical disorders and those presenting atypically.

Currently, anorexia is the only psychiatric condition in the DSM-5 that relies on weight for a diagnosis. This dogged insistence on the importance of weight is at the expense of ignoring impairing clinical syndromes in people at higher weights and may point to a level of weight bias in the eating disorders field which could impact bias in research and/or clinical care. Asserting that behaviors are more problematic than weight shifts interventions from a weight-focus to a behavioral focus; similarly, "recovery" definitions shift as well, with remission being characterized by new normalized behaviors and emotions (rather than simply weight restoration or body weight status). An explicit inclusion of higher weight individuals within traditional eating disorders has the potential to expand conceptualizations of what eating disorder illness and remission processes look like, beyond the narrow, more homogenous presentations typically reflected in eating disorder literature.

Tension 4

Eating Disorders in Non-Western Cultures vs. Centering White Western Experiences

The vast majority of research on eating disorders has focused on white, Western, female, cisgender experiences of eating disorders (Bobila 2013). This has led to understandings of eating disorders being primarily focused on white Western culture, contexts, and beliefs, and feminist theories primarily focused on how gendered power imbalances contribute to the development of eating disorders. Similarly, by studying those who present for treatment in Western settings, studies often end up predominated by white, upper-class samples who have more access to treatment resources (Bordo 2013). Indeed, it was previously believed that anorexia was a disease pertaining to *only* upper-class and middle-class white girls, when in fact, it is simply more likely that these women were the most visible patients for society to identify (Bordo 2013). Bordo (2013) explains that the first paradigms for understanding eating problems were "based on populations that were extremely skewed, both in terms of race and in class" (47). These samples were often highly visible, desperate cases that appeared quite salient in their shocking refusal to eat amidst a culture of plenty (Bordo 2013).

Indeed, Malson and Burns (2009b) point out that eating disorders are now a global phenomenon, though they also note that "the expressions of distress are local and nuanced, reflecting the world's ever shifting traditional and modern cultures" (xix). Gremillion (2008) also points out that eating disorder research has been disproportionately focused on gendered differences of power, while lacking an intersectional lens to other identities. She warns that "if we fail to acknowledge that categories of privilege and of marginality are always mutually constructed,

then we risk the Othering of underprivileged social groups" (232). Thompson (1994) summarizes these arguments saying that "the feminist framework is limited, however, by race- and class-specific assertions about female socialization; the privileging of sexism over other oppressions" (358).

Within feminist writing, Lee and Katzman (2002) have pointed out how a cross-cultural feminist approach to eating disorders can deepen conceptualizations of these illnesses. These authors argue that the previous believed

> portrait of disordered eating as an appearance disorder incurred by young women lost in the world of caloric restricting is a belittling stereotype that not only camouflages women's real worries, but also misses the universal power of food refusal as a means of proclaiming needs for self-control.
>
> *(263)*

They go on to argue that accounting for the variety in anorexia presentations is important in order to achieve "polythetic definitions that transcend local variations in the context of the anorexic illness" (263). Here, Lee and Katzman are specifically referencing the need to have "fear of fat" excluded from diagnostic criteria, as this diagnostic criterion is less prevalent transnationally; however, their argument could also apply to the need to expand eating disorder conceptualizations to also include those at higher weights with the same sequelae of symptoms, and those across the weight spectrum presenting with other eating disorder presentations.

This tension about the importance of transnational perspectives highlights the need for eating disorder research to be more inclusive of diverse experiences. Inclusivity should not be limited to only different geographic areas, as these authors also argue for greater attention to racial, ethnic, and class differences *within* countries. This need for diversity should also include a diversity of body presentations, which will necessarily intersect with other marginalized identities, with poorer people and certain racial groups being more likely to have higher body mass indices (Freedman et al. 2006; Ernsberger 2009). The focus on thin white bodies in eating disorders inadvertently elevates the experiences of white upper-class women, who are already multiply-privileged in Western society. This results in measures, treatment modalities, and theories of eating disorder development that privilege Western, white, thin, female, cisgendered experiences, which at best produce interventions that may only benefit a slim portion of anorexia sufferers, and at worst, further stigmatize and marginalize the experiences of other populations.

Tension 5

Pro-Ana and Pro-Mia Sites as Spaces of Resistance vs. Subjugation

With the advent of the technological era, internet spaces have become increasingly a subject of debate in feminist literature. Drawing on the themes of other cyberfeminist studies, feminist eating disorder scholars have begun to explore

pro-ana and pro-mia sites as spaces of both resistance and subjugation for those with eating disorders. Pro-ana and pro-mia sites are social media spaces wherein those with anorexia (pro-ana sites) and bulimia (pro-mia sites), who are usually young females, meet to support each other with their experiences of their eating disorders. These spaces are explicitly not treatment-focused, with the community belief that anorexia and bulimia are lifestyle choices and eating disorder patients should have full autonomy to continue engaging in the behaviors if they so choose.

These sites are seen by some as especially dangerous, because the targets of these groups (usually adolescent girls) are viewed as particularly vulnerable (Dohnt and Tiggemann 2006; Stice, Spangler, and Agras 2001; Griffin and Berry 2003; Christodoulou 2012). Others have argued against this situation of young girls as weak, passive, and victimized (Holmes 2016a, 2016b). Though there has been significant public outcry about the harm (assumed to be) inherent in these spaces, some feminist scholars have celebrated them as sites of embodiment, resistance, autonomy, and support. Others have identified them as a place of further subjugation. These debates have gained increasing relevance in current events due to allegations that Facebook systematically promotes these groups to young people to increase social media engagement.

In her examination of online spaces as sites of resistance, Daniels (2009) argues that pro-ana women engage "with internet technologies in ways that are both motivated by and confirm (extremely thin) embodiment" (113). She argues that these women go online not to "avoid corporeality but rather to engage with others about their bodies via text and image" (113). While I would argue instead that these people advocate for "body-focus" rather than "embodiment," since pro-ana participants actively encourage each other to disconnect from their bodies (i.e., ignoring hunger cues, masking bodily discomforts, promoting a dualist mind/body approach), Daniels highlights attempts of the pro-ana community to affirm some embodied experiences.

Others have pointed out how pro-ana and pro-mia sites can be sites of support and coping, of meeting folks with eating disorders where they are, without necessarily increasing levels of harm or disorder (Mulveen and Hepworth 2006; Dias 2013; Brotsky and Giles 2007). Dias (2013) argues that pro-ana sites are important "safer" places where people with anorexia can "find sanctuary from the surveillance of the public sphere" (31). Similarly, Ferreday (2003) asserts that public outcry against pro-ana groups indicates attempts at bodily censorship, while pro-ana and pro-mia site users are actively resisting censorship and claiming their rights to bodily autonomy and difference.

In general, support for pro-ana and pro-mia sites is generally low; most argue against the representation of pro-ana spaces as sites of resistance, autonomy, support, or empowerment. Boero and Pascoe (2012) argue that rather than being spaces which resist surveillance, pro-ana sites actively perpetuate a culture of body-policing and surveillance through posting body pictures and detailed accounts of their eating disorder behaviors. These researchers point out that pro-ana sites

are "particularly fraught because of tensions over claims to authenticity," because members cannot easily *see* other members to confirm their eligibility for the group (27). While one could hope that these groups would reduce barriers for those in larger bodies to access eating disorder supports, giving them the chance to interact with eating disordered peers without having to "validate" their diagnosis with physical emaciation, pro-ana groups actively discourage membership of higher weight individuals. Pro-ana and pro-mia groups demonstrate frequent anxiety over the "threat of 'wannarexics,'" or individuals who aspire toward the thinness and beauty of people with anorexia, without wholeheartedly adopting the pro-ana lifestyle and "achieving emaciation" (Boero and Pascoe 2012).

To combat the unwanted intrusions of wannarexics, pro-ana sites engage in self-surveillance and policing of each other's bodies (e.g., pressuring members to post pictures of their starving bodies to prove emaciation) in attempts to defend these online "safe spaces" (Boero and Pascoe 2012). Thus, pro-ana sites can be seen to embody the same surveillance and policing they espouse to flout. Similarly, Riley, Rodham and Gavin (2009) argue that pro-ana communities may attempt to reframe disordered behaviors as more normative "health/appearance concerns." However, body-related discourse on these sites shows instead that pro-ana sites are "(re)produce[ing] eating disorder identities" (348) instead. Ironically, these authors argue that this occurs both in pro-ana spaces and in pro-recovery spaces. Within this context, rather than feeling particularly welcomed or at ease in online pro-ana and pro-mia spaces, higher weight patients with eating disorders may rather experience increased levels of social ostracization due to their higher weights.

However, the inclusion of higher weight "wannarexics" in discussions of pro-ana sites highlights the problems associated with the body-policing and surveillance techniques employed by members of these online communities. In their attempts to ward off "wannarexics," pro-ana and pro-mia communities ward off those with legitimate eating disorders, who do not present in typical or expected ways. For example, by claiming that a patient with atypical anorexia (with a larger body) is a "wannarexic" and not a "*real* anorexic," members of these sites further stigmatize higher weight eating disorder patients and contribute to the further isolation and marginalization of atypically presenting individuals. Further, the rhetoric around "wannarexics" harkens back to debates on "how thin is thin enough" (see Tension 3, this chapter), which perpetuates harm, competition, and hierarchy within the eating disorder community.

Tension 6

Body Dysmorphia vs. Gender Dysphoria and Other Challenges Facing Trans Eating Disorder Patients

No discussion of critical feminist approaches to eating disorders would be complete without an examination of how eating problems manifest in trans and

nonbinary populations. As was noted earlier, trans populations often present with higher prevalence of eating disorders compared to their cisgender peers (Coelho et al. 2019). While an in-depth examination of this topic is beyond the scope of this chapter, it is important to note the tension between the body dysmorphia that is often characteristic of eating disorders and the gender dysphoria many trans people experience.

Many trans youth engage in eating disorder behaviors as a means of coping with gender dysphoria, staving off puberty, and manipulating secondary sex characteristics which increase gendered body presentations, from a binary, gender essentialist view (Zamantakis and Lackey 2021; Coelho et al. 2019). In the case of larger-bodied patients with eating disorders, these efforts to suppress gendered sex characteristics may be even more salient, particularly given the thin aesthetic of many agender, nonbinary, androgynous, and genderqueer communities. This overlap of symptoms, behaviors, and motivations makes treating these distressing experiences challenging.

For more androgynous individuals, fatness is often perceived as a barrier to being read as androgynous or genderqueer, leading many to pursue more dangerous dieting and eating disordered behaviors. Author Da'Shawn Harrison, a fat, Black, nonbinary person, interviewed seven other fat, Black, trans and nonbinary persons in their recent book, *Belly of the Beast: The Politics of Anti-Fatness as Anti-Blackness* (Harrison 2021). Within this work, Harrison explains how fatness and antiblackness function to disrupt gender. One interviewee explained simply, "Being fat meant I couldn't be nonbinary" (93). Another echoed this sentiment, "As a fat 'woman' it often feels like androgyny … is denied to you" (95). Thus, dieting and eating disorders (while striving for femininity, masculinity, or androgyny) can become a tool for gender expression within a gendered, binary society. Harrison summarizes these poignant examples as follows, while integrating a racial lens here:

> In so many ways, fatness functions as a gender of its own. Fatness fails, and therefore disrupts, the foundation on which gender is built. This is why the request is made of fat trans people to lose weight before they can be affirmed in their gender, or why little fat boys are often misread as girls, or why fat Black women are often denied access to womanhood.
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> *(102)*

While body dysmorphia, body dissatisfaction, and gender dysphoria can be difficult to disentangle, addressing each of these issues is important for trans mental health (Zamantakis and Lackey 2021). Within therapeutic interventions for gender dysphoria, gender-affirming treatment (including hormonal and surgical affirmation treatment) has been found to reduce mental distress and produce improved long-term outcomes (Almazan and Keuroghlian 2021; Bränström and Pachankis 2020). However, these treatments are often refused to trans and nonbinary people in fat bodies, with some physicians insisting that patients

lose weight prior to receiving care. In so doing, the medical community often unwittingly contributes to disordered eating behaviors in trans and nonbinary patients, by withholding treatment until weight loss. Patients desperate for gender affirmation treatment often fall into eating disorders in an attempt to lose weight quickly and qualify for surgery (Brownstone et al. 2021). Harrison summarizes this unfortunate situation as follows, "Fat trans people … are being forced to engage an inherently anti-Black and anti-fat medical system that uses body mass index as an indicator for whether or not they deserve to be affirmed in their bodies" (103–104).

While some have argued that body dissatisfaction, eating disorder behaviors, and body dysmorphia should be addressed prior to gender-affirming medical care (including hormones, puberty blockers, gender-affirming surgery), Giordano cautions against delaying these potentially life-saving interventions (2017). Similarly, Bray (2015) argues that providers must engage in critical self-reflection to explore why some methods of "body modification" are considered ethically appropriate in trans health care (e.g., gender-affirming surgery, hormones), while other body modification processes (e.g., eating disorder behaviors) are deemed "pathological." Due to the culture's understanding of gendered bodies, gender diverse bodies are constantly under threat of attack (as are fat bodies). Thus, it is unclear why promoting body modification for some is considered "healthy" while for others, body modification is considered "unhealthy." In Harrison's work, they argue that ultimately concepts of gender serve to "further ostracize the Black fat" to such a degree that the only liberatory solution is to "destroy gender" (104). To carry this metaphor further, perhaps the liberatory societal steps include "destroying body ideals" in addition to concepts of gender.

Conclusion: Fattening Feminist Discourses on Eating Disorders

In this chapter I have provided a very brief overview of six of the major tensions in critical feminist and critical fat studies regarding theorizing around eating disorders. Examining higher weight patients with eating disorders brings together the seemingly disparate fields of fat acceptance and eating disorders, showing how these issues cannot, in fact, stay separate. If higher weight individuals are to receive equitable treatment—both in medical settings and society—eating disorders must be studied through an interdisciplinary, intersectional, liberatory lens that integrates weight stigma literature. Societal inequities (e.g., race, ethnicity, gender, class, size, among others) are regularly reproduced in the experiences of diverse patients with eating disorders. By examining these inequities directly, I hope that multidisciplinary scholars can help to expand the study of eating disorders to be more inclusive of the diverse presentations of eating disorders that present within multiple national (and indeed global) settings.

Though largely unexplored in feminist literature, theorizing about higher weight eating disorders adds to the richness of eating disorder theorizing in

multiple ways. It deepens discussions regarding diagnostic cut-offs and the harm (or utility) in categorizations. Conversations about higher weight eating disorder experiences highlight the need for continued focus on the diversity of eating disorder presentations—within various genders, races, ethnicities, nations, and body sizes.

Additionally, explorations of the functions (both therapeutic and disordered) of pro-ana (and other online) spaces could be augmented by exploring how larger-bodied individuals successfully navigate (or not) these spaces. Finally, by exploring the meaning and experiences of gender for higher weight trans eating disorder patients, we gain new insight into how concepts of gender, femininity, masculinity, and androgyny are entangled with issues of body ideals and body image.

As we anticipate more critical feminist theorizing of eating disorders, pressing new issues include: integrating aspects of size diversity and fat politics into eating disorder conceptualization, the exploration of trans and nonbinary experiences, examining nondominant eating disorder discourses (e.g., voices of Black, Indigenous, and people of color, disabled, neurodiverse, fat, queer, older, and non-Western voices), the incorporation of intersectional approaches (Crenshaw 1991), the eating disorder consequences of the growing popularity of weight-loss surgeries, and the treatment and prevention needs facing increasingly diverse eating disorder patient populations.[2]

In closing, the interdisciplinary scholarly community studying eating disorders must come to recognize the reality of higher weight persons struggling with eating disorders if we are to continue to expand and be fully inclusive of all eating disorder experiences. Rather than centering thin, cis, feminine experiences of eating disorders, we must reckon with the need to "fatten" our feminist discourses around eating disorders in order to strive for liberation of all bodies. We can begin this theoretical work by situating higher weight bodies with eating disorders within each of these debates, as I have outlined throughout this chapter. This integration of body and size diversity will necessarily deepen our understanding of eating disorders as gendered experiences, while also lending a greater liberatory, intersectional lens.

Notes

1 "Restrictive eating disorder" has been argued to be a misleading term, as it typically refers to anorexia nervosa and bulimia, while excluding binge eating disorder. However, most eating disorder experts agree that restriction tends to be an important behavioral symptom of all of these disorders (though often overlooked in larger-bodied patients).

2 Please note that it is unclear if more people with marginalized identities are getting eating disorders or if researchers are simply getting better at measuring them (or both).

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