

Transgressing Professional Boundaries through Fat and Disabled Embodiments

CARLA RICE, MEREDITH BESSEY, KALEY ROOSEN, AND ANDREA KIRKHAM

We mine our experiences of fatness and disability to argue that professional doctrines function as professional biopedagogies: implicit and explicit instructions that teach us all how to manage our (professional) bodies through morally “right” behaviours. Analyzing our bodily transgressions leads to new insights about ways those in the “caring” professions might re-imagine our work, ourselves, and our practices.

Introduction

We come together as a group of four non-normatively embodied health-care professionals invested in exploring personally and politically charged relationalities with the “professional body.” We use this term to refer to both our professional bodies (organizations, standards) and our professional embodiments (embodied norms of professional practice), especially during critical moments of entering, practicing, and exiting the health-care professions. We draw on our narrative accounts to show how the doctrines of professionalization function as *professional biopedagogies*: implicit and explicit instructions that teach us how to manage our bodies and beings (e.g., LaMarre et al. 241). These instructions are conveyed via both the official professional standards to which we must adhere as well as the unofficial messages about what constitutes professional appearance and behaviour to which we must adapt. These biopedagogies work to delimit both the professional body and the bodies/embodied practices of ourselves as health-care professionals—edging out those of us who are fat, disabled, disordered, mad, racialized, and otherwise rendered non-normative. Our definition of disability is broad-based and “en-

compasses mobility and sensory disabilities, chronic illness, madness/mental health issues, and facial and physical differences,” as well as other age-related, emotional, and cognitive non-normativities (“Project Re•Vision” 514). Putting under question professional standards of autonomy, detachment/disembodiment, and control, we argue that professionals who experience non-belonging due to embodied difference are both “exposed by” and “exposing of” their profession and of the process of professionalization itself. We suggest that analyzing transgressions of the professional body leads to new insights about how those in the “caring” professions might re-imagine and re-frame our work, our selves, and our interactions with the communities we serve.

Notions of what constitutes health in Anglo-western mainstream health care are rooted in the “mythical norm” of liberal human embodiment, i.e., the rational, autonomous subject who is also typically white, male, able-bodied, bounded, propertied, and educated (Viscardis et al. 1287). People constantly confront criteria for how to “look and be healthy” through biopedagogies—those body management instructions that teach us what behaviours are morally “right,” and which sorts of bodies have value (LaMarre et al. 241; Rail & Jette 328; “Becoming the Fat Girl” 163–4; “Becoming Women” 122). The normative idea of the healthy human influences who we collectively imagine as “professional” and, importantly, look to as “experts.” Any deviation from this standard, whether due to fatness, disability, racial difference, etc., carries with it the potential to edge out candidates from the professions. This is especially true of feminized professions that our culture codes as specializing in bodily self-care

and health management (e.g., psychology, dietetics). In these roles, the professional's embodiment is often looked to for "proof" of their legitimacy and expertise—as evidence that they have succeeded in sufficiently managing their bodily selves to be credible (e.g., Rochefort et al. 152–157). A regulatory regime thus operates via professional biopedagogies, which comprise the official rules, normative representations, and everyday judgements that teach professionals how they should be embodied and when they fail to do so.

profession), we draw from the Foucauldian notion of sovereign power to suggest that prior to modernity, central authorities representing the church and state governed the training and practice of the professions. Over time, this supported the formation of homogenous and hegemonic professional bodies designed to regulate a lay public—those who professionals perceived as passive receivers of benefits rather than as moral agents (Shildrick 167).

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Thickening Professionalization. From the Middle Ages onwards, practitioners in the clergy, medicine, and law gradually and unevenly established “the professions” across Europe through creating protected vocational designations that limited membership to those who undertook prolonged training, attained specific qualifications, and adopted group codes of conduct (Pekkola et al. 125). Informed by religious practices, becoming professional meant that one learned to profess specialist knowledge (as opposed to doing a trade), to apply such knowledge in order to serve communal interests, and to carry out one's professional calling fairly, impartially, and ethically. Here, the moral professional, though conceived as “an ideal, abstract, quasi-transcendent, non-gendered person” . . . [was] in practice invariably gendered as [white] male because the necessary features of western concepts of personhood were also markers of the white masculine standard (Shildrick 146). Unsurprisingly, key features of ideal personhood aligned with key features of the professional, who might be unmarked in theory but in practice was made to match the (white, nondisabled) masculinist ideal and its disciplinary standards of bodily control. Not all humans were imagined as capable of mastering such standards and, under patriarchal feudalism and later racial-colonial industrial capitalism, only white propertied men needed apply. Even women-dominated occupations such as midwifery were not considered professions until men entered and “elevated” the practice by stressing their apparent scientific mastery over its intellectual and technological foundations (Wilson 161). Whilst it is beyond this article's scope to offer a detailed history of professionalization (which occurred at different times and in diverse ways depending on the

women began to push for reform of the professions. To manage resistance to their entrance into a professional world defined by masculinist norms, they engaged in the “meta-work” (Choroszewicz & Adams 1) of modifying their “bodies and souls, thoughts, conduct, and way of being” (Foucault qtd. in Nilson 97) in order to make themselves “fit.” With massive social shapeshifting spurred on by revolution, industrialization, and colonization in Europe and the Americas, sovereign power gave way to new forms of governance. Rather than solely relying on central authorities, local systems of surveillance emerged to take hold of and direct the life force or “biopower” of individuals and populations in an effort to create strong, competitive nations. Since these new forms of governance more overtly focused on bodies and health, professionals became increasingly important agents in expanding surveillance networks by turning their gaze on themselves, and on their publics, to advise and urge conformity to politically, economically, and socially desired norms. Paradoxically, these moves also revealed the gendering (and the racing) of the category of professional itself. Privileged white women who led the charge purposely adopted white masculinist professionalization techniques (e.g., overvaluing reason, objectivity, and cure, undervaluing emotion, relationality, and care) in a bid to gain entry into male-dominated professions and to build the status of their newly minted ones, the so-called “semi-professions” of nursing, social work, dietetics, etc. (Abbott & Meerabeau 2). In working to shore up the feminized professions, leaders increasingly centred white liberal values of charity, civility, neutrality, moral superiority, and politesse, conflating white with good, right, and just ways of being, and masking the on-

going classism, racism, colonialism, and sexism that have continued to shape semi-professional practice standards (e.g., by prioritizing being client-centred over addressing racism, see Badwall 2).

From an intersectional perspective, the body has come into professional spaces in a multitude of complex ways beyond the entrance of privileged white women. As people of diverse sizes, abilities, races, and sexualities become professionals, what does this mean for constructs of body-absent detached professionalism? For bodies

“obesity” prevention efforts within families (“Thickening Fat” 1–10), public school settings (e.g., “Revisioning Fat” 419), and health-care education and practice (e.g., Bessey & Brady 52; “Difference-Attuned Witnessing” 346), and in eating disorder recovery and prevention (e.g., LaMarre et al. 242). For example, assignments that require dietetic students to calculate their body fat (body mass index, waist-to-hip circumference, etc.) and compare these measurements against established norms set a standard for how trainees “should” look before entering dietetics

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marked with difference, and especially fat and visibly disabled bodies that are more noticed and on display within normative culture, what struggles, challenges, and possibilities emerge? Although the professionalization literature has characterized professional socialization as “a complex and interactive process” that entails learning one’s professional’s role *and* incorporating that profession’s values into one’s occupational identity (Goldenberg and Iwasiw 4), it tends to elide how professionalization is also an embodied, relational process. Further, sociology of professions literatures often narrowly focuses on stratified professional groups and knowledge bases (e.g., dietitians, nurses), without acknowledging that expertise bleeds across and exists outside of these groupings, and that expertise is often relationally generated (Brady 123). Performances of “professional” expertise are also cognitive, making “practicing professional” an activity through which we train our bodies, affects, and cognitions to become and relate to people in certain ways. If doctrines of professionalism teach apprentices that they can control, manage, and measure others and their own bodyminds, then how do bodyminds that will not fit with normative standards “be professional”?

Performing Professional. To deepen our analysis of professionalization processes, we draw on Bernstein’s concept of the “totally pedagogised society,” where (bio)pedagogies infiltrate all aspects of our lives and teach us to become “hyperflexible learners” to feed neoliberalism’s insatiable appetite for a hyperflexible workforce (“Pedagogical Possibilities” 666). In a totally pedagogised society, biopedagogies circulate in every social sphere, including in so-called

(Bessey et al. 189). Psychotherapy students likewise learn that their “suitability” to practice hinges on bodily self-restraint; should they engage in “disruptive, rude or disrespectful behaviour” in their professional or private lives, the regulating body can suspend them (“Suitability to Practice Policy” 1). However, biopedagogies have yet to be extended to the context of professional socialization/regulation—specifically, how representations of professionals intersecting with standards and norms that govern professional life might function as biopedagogies in teaching apprentices how to professionalize their bodily selves and work lives.

Professional regulatory bodies (e.g., College of Dietitians of Ontario and College of Psychologists of Ontario), and related in/formal regulations and practices, amplify each other to serve as professional biopedagogies that manage the bodies of professionals *vis a vis* messages, instruction, and advice about how a “good professional” should look and behave. As an example, to apply to the College of Dietitians of Ontario, a candidate must confirm that they do not “suffer from any physical or mental condition or disorder that affects [their] ability to perform the duties of a Registered Dietitian safely” (College of Dietitians of Ontario 3). While this may reflect a desire to protect the public, the impact of this statement on professionals who embody difference appears unacknowledged and unconsidered. Similarly, the College of Psychotherapists of Ontario requires that candidates maintain “personal physical, psychological, cognitive and emotional fitness to practice” as well as “personal hygiene and appropriate professional presentation,” which may

similarly exclude those who do not fit into normative standards of “fitness” (College of Psychotherapists of Ontario 5). The College of Psychologists standards of practice emphasize the value of objectivity in its standard that members should not engage in practice if their “personal, scientific, professional...interests could impair their objectivity, competence or effectiveness” (College of Psychologists of Ontario 13), which inadvertently prioritizes experiences/knowledge deemed to be more professional and objective (i.e., those from white able-bodied men, “hard” sciences, etc.). Professional biopedagogies circulate not only in training and doctrines of our professional organizations but also (perhaps more so) in the everyday activities of our professions (our research, position statements, practices, prejudices, values, and affect) that together problematize othered bodies and teach that we cannot inhabit othered bodyminds and *be* professional.

Our performative understanding does not orient to professionalization as a top-down process; rather, it implicates

professionals in the “doing” of our embodied subjectivities as we adopt, adapt to, and resist professional standards and norms by engaging in specialized/accepted acts repeatedly to secure our professional identities and status even as we bring our own personal-political values and ethics into our work. In this context, we might consider non-normatively embodied health professionals as “bio-operatives” in how we possess authority required to enact biopedagogies on others but also become targets of our profession’s biopedagogies (Bessey & Brady 59). How those of us inhabiting unruly—fat, disabled, mad, neurodivergent—bodies and minds that do not conform to white, masculinist norms survive and sometimes thrive in environments that promote implicit and explicit standards of professionalism is the critical question that drives our inquiry.

In what follows, we disrupt the normative figure of the disembodied rational-minded professional through narrating the troubling moments of professional practice that highlight tensions and contradictions we encounter when our non-normativities clash with professional norms

ILONA MARTONFI

To Go to Donaustauf

To go to Donaustauf. Which wild sorrel grows by the Danube river? Raspberries, blackberries, and blueberries of the Bavarian Forest. Mauve violets after the spring snowmelt. Dandelions to braid a necklace. Bur-reed and purple thistle to make doll furniture. In rain and wild pink roses. The snails, the shells and stones, the dunes. You play with Ida and Christl and make mud pies. Play ball, play hide-and-seek. Pigtailed Magyar war refugee girl Ilka. To pack, to leave Budapest in March or April.

And you learn German at the farm village school in Schwabelweiss. You have head lice in first grade. You count the military jeeps racing by on the highway. Rifle-toting soldiers behind a barbed wire fence guard the US Allied-occupied army base across from your Baracke. You buy rye bread and lard at the grocery store. Grandmother Mariska plants a vegetable garden. Raises a goose. Keeps a goat for milk. Chains the mongrel Benó to the doghouse. She cooks palacsinta, a thin crepe, filled with cottage cheese and rolls them up. You dream in Magyar and write your homework in German on a black slate. Your father József drinks dark lager at the Hofbräuhaus under the tall chestnut trees by the railroad tracks and yells at your mother Magda in Magyar. You pray the Holy Mary in German and grandmother spansks you with a wooden spoon in Magyar, “Téged még elvisz az ördög!” The devil will take you away! Ilka, eat your goulash! You throw the meat behind a bench when she is not looking.

There was always too little of Budapest. The avenues, the fogs, the acacia.

Children pull your Zöpfe, “Ausländer!” they shout. Foreigner! Shove you to the ground. Then there is your plump four-year-old sister Éva. Animal names: Fette Sau! Fette Kuh! Fatso. Fat cow.

and standards. Bringing our differences into the frame, we write together as four current and former health-care professionals who claim multiple non-normativities including fat, formerly fat, fluctuating-between-fat-and-not-fat, eating and body distressed, as well as femme, queer, disabled, neurodivergent, and mad, and who all identify as white. Drawing on tensions between and among these embodiments, otherings, and belongings, and the pressures and desires we have faced and felt to constitute our bodily selves as professional, we reflect on the biopower that operates at group and individual levels in and through “professional bodies”: the professional “organizational” bodies that govern our areas of practice, and the professional pedagogies that shape the (un)professionalized bodies that we sculpt, live, and practice in. We analyze moments or events when being professional conflicts with being embodied differently—when our bodyminds do not fit. We argue that theorizing these rubs gives us clues as to how we might reimagine the figure and work of the professional. We take up body-becoming pedagogies, in contrast to normalizing biopedagogies, to move toward more open-ended, responsive, and improvisational ways of imagining professional bodies (“Rethinking Fat” 387; “Pedagogical Possibilities” 669) that better align with and advance social justice agendas. Through our reflections and analysis, we explore open-ended possibilities for what professional bodies could be, become, and do.

Methodology

We use a polyethnographic methodology in writing and reflecting on our embodied experiences as professionals, where we systematically explored and analyzed our personal (as political) experiences to extend our understanding of professionalization (Jackson et al. 171). Typically, in polyethnography, a group of more than three researchers share personal experience with one another, through a recorded conversation or reflexive writing, and then engage in analysis and reflection together (Arthur et al. 1397; Jackson et al. 172; Olt and Teman 147). An extension of duoethnography, polyethnography allows researchers to explore their relationalities to a given phenomenon, and their shared or divergent experiences as insider-outsiders in a given space (Arthur et al. 1396, 1398; Pasyk et al. 97). In this polyethnography, we position ourselves as “site[s] of research” (Olt and Teman 147) as a means of exploring our shared and unique experiences as diversely embodied professionals in medicalized and professional educational settings. In keeping with this approach, we do not seek to uncover prior meaning but rather to work with meanings emerging through the doing of our research, and the sharing of our reflections with one another (Pasyk et

al. 97). We take up polyethnography’s invitation for us to reflect on our insider-outsider status and our relationships with forms of power to make change, while grappling with our feelings of not fitting (Jackson et al. 180). Unlike other reflective methods, such as autoethnography, which sometimes emphasize the individual in isolation, polyethnography allows us to emphasize the collaborative and intersubjective nature of our experiential thinking/writing (Arthur et al. 1397).

To facilitate this collaborative process, we first met in Fall 2020 and shared our experiences as embodied professionals at various stages in our careers. We began our exploration of professional embodiment with the question of how fat and fatness as well as other axes of difference (e.g., disability, gender, sexuality) interacted with our intra-psycho and interpersonal identities and roles as professionals. After each author wrote reflectively in response to that question, we met again to debrief the process and identify topics of further interest. We each then wrote on themes of vulnerability and expertise as professionals who struggle with very human issues similarly to the service users/clients/patients/consumers (acknowledging the fraught histories of all of these terms) whom we see and support in our work. Applying thematic analysis to draw out meaning (see Braun & Clarke for a detailed description), we collaboratively explored how we might group our experiences into themes prior to deciding on the final themes presented below.

We are four cis women who work/have worked in medical, teaching, research, and public and private organizational settings in psychology and dietetics. Andrea is a 51-year-old white, fat, able-bodied, cis woman who is a mother of three children, is living with cancer, and has had a lifelong preoccupation with her body size. She has practiced as a dietitian for 23 years and works as a nutrition education consultant, is a co-founder of an organization that provides nutrition education support to children’s educators and is in the second year of her PhD. Meredith is a 32-year-old white, thin, cis woman who identifies as neurodivergent, and who has a complex and shifting history with disordered eating and movement. She is a recently licensed dietitian who is completing the second year of her PhD, and is interested in how principles of fat activism and fat liberation can be taken up in the health system to provide more equitable and socially-just care. Kaley is a 36-year-old white, cis woman who is a fat, chronically ill and disabled mother. She uses a power-wheelchair full-time and relies on other humans for support around any form of movement or care. Kaley is a clinical health psychologist who has worked in academic and hospital settings and now works in private practice, specifically with those with eating disorders

and disordered eating. Carla carries professional and political experiences as a fat activist and former therapist who worked with stories of body distress and mobilized feminist narrative methods to support diversely sized women in rewriting cultural scripts. Travelling through the world for almost 60 years as a fat/not-fat/fat again, mad, queer femme, she yearns for spaces to tell messy and truthful—that is, neither politically congruent nor correct—stories of fat bodies and fat-on-bodies that hold possibilities for resistance and joy.

experiences along five themes: 1) invisible, neutral expert, 2) dilemmas of coming out, 3) internalized body shame, 4) space invader, and 5) existing in the contradictions.

Invisible, Neutral Expert. Our first theme ties in with paradoxical expectations that to be professional, one must embody the disembodied idea(l) of expert. This idea(l) has its roots in Cartesian dualism, which in configuring the mind as interior and superior and the body as exterior and inferior, places those assumed to be more of

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Results and Discussion

The overall theme, *Transgressing Professional Boundaries*, emerged when we reflected on our bodily presence and experience as professionals. We identified professional boundaries as the normative rules that govern acceptable and non-acceptable forms of embodiment and practice, which in turn shape the narrative realities permitted by those professionals serve. The theme also refers to the ways our bodies misbehave by existing outside the confines set by our professions, and how our bodies are seemingly both present and absent in differing ways in the professional spaces we inhabit. Bodies, although corporeal, take shape relationally through the culturally generated affects and associated judgements that circulate in interactions—creating acknowledgement and validation in some cases and dismissiveness and hyper/in/visibility in others. Fatness, visible disability, and other differences are often perceived as weaknesses and antonyms of professional expertise. Yet as our accounts show, misbehaving embodiments can also represent areas of connection with other marginalized persons, offer opportunities for social justice work, and model acts of resistance within spaces. Misbehaving pushes us beyond the neutral expert mold of a professional to that of the partial and particular place of an always-entangled human who exists within an unjust world that prioritizes some embodiments (e.g., white, cis, thin, able-bodied, male) and punishes others. Our bodies are the so-called cracks in fat-hating, ableist, heteropatriarchal, white supremacist colonial systems that cannot imagine expertise in the figure of a fat, disabled, racialized, or mad woman. This tension manifested through our exploration of our

the former (white men) above those presumed to be of the latter—women, the disabled, and so on. With that division comes the expectation that experts must strive for neutrality and erase any particularities—or marks of difference—perceived to create bias. In this context, fat, feminized, chronically ill, and neurodivergent professionals must render our differences invisible or make efforts to nullify them whilst foregrounding parts of ourselves that engender “normalcy” in order to align with power. As Andrea describes it, enforced professionalism comes at a cost: “My first experiences of my profession’s body was as controlled, scientific, and medical. She did not show her heart.” Similarly for Kaley the costs of counterbalancing and disguising her differences in an effort to fit in have adversely impacted her health and well-being: “Becoming a successful doctor in many ways was my escape from being pitied and excluded as a disabled woman. Trying to be thin was also a part of that journey.”

The lack of safety in conventional professional spaces leaves non-normative, messy, complicated professionals feeling disconnected and alienated from their fields and themselves. It further edges out professionals living with the so-called conditions they are meant to “treat.” Meredith describes how carrying a history of disordered eating in dietetics translates into an ongoing “struggle to find my place in this profession.” Finding a place in our professions often means finding a way to fit ourselves into the idea of being professional; yet, ironically, we each have articulated how we chose our professions because we have a passion to push against the very forces that still keep us inside professionalism’s boundaries. As Carla summarizes it: “I wanted to both be accepted by and rail against all those

arrogant white-coated white men who in having control over the facts seemed to have control over everything else.”

Dilemmas of Coming Out. Our second theme captures how we each have grappled with what it means to come out as fat, as disabled, as mad—to pridefully inhabit differences that remain devalued and even despised in our professional fields. What does it mean to break out (or be edged out) of normative bodily existences and inhabit the space of “other”? As we storied the extreme vulnerability involved in coming out and our resolve to do so to initiate change, we identified a cascade of emotions, both feelings of relief and empowerment as well as terror and regret. Andrea describes her struggle with putting her fat body on display in her profession:

Who would I be? As my body grew larger, I knew that respect for my professional self would shrink... But being preoccupied with my body size for so long and then finally, and terrifyingly, being fat, has also given me a lot. While it contributed to discomfort with my “otherness,” it also informed me and being undeniably fat felt like permission to explore what this could offer.

Kaley shares how coming out as fat felt like giving up power and privilege even as she had started to reconcile being disabled *and* professional.

As I write this, I am aware of the conflicted feelings I have about coming out as fat. I go back to when I was 13-years-old and newly disabled. Marked with difference, pitied and othered, no one looked to me for advice or wisdom.

As a dietitian who holds thin privilege, Meredith describes the risks and possible harms of coming out in support of fat people, given that this move might have the unintended effect of further silencing fat voices: “I don’t want to be the centre-point of this work. How do I show up in an embodied way as an ally to this movement, while recognizing my thin privilege?” She layers this concern with the knowledge that health care’s hostile relationship with fatness means that non-fat dietitians need to do fat liberation work but simultaneously wonders whether speaking out about harmful discourses as a minoritized voice in a minoritized semi-profession can actually contribute to systemic change: “If all the fat affirming, non-diet dietitians feel uncomfortable and incapable of changing things within the health care system, who is left to push back against these harmful norms?”

KAT CAMERON

Weapons of a Warrior

*Viking skeleton, Bj.581
Birka, c. AD 1000*

Viking warrior buried in Birka
with two horses
a sword
two spears
a quiver of two dozen arrows
a knife
tassels of a cap made in Kiev
What it means to be a warrior

Weapons of a grave
excavated in the nineteenth century
beer-swilling giants
bearded explorers
marauders
What it means to be a Viking

Twentieth-century genomics show
a slender humerus
short tibia
two X chromosomes
suddenly the grave is not of a warrior
What it means to be a woman

Carla reflects on how coming out as fat/not fat/fat again, and as disordered and distressed has comprised not an erstwhile event but an ongoing process, one whose terms have changed dramatically since she has transitioned from a professional to an educational space:

Leaving professional practice was like finally letting out a long held-in breath. I had far more room in which to move—to acknowledge, explore, interrogate the hidden parts of me that professionalization disallowed. *Coming out* in this new context unleashed the energies required to *come into* once rejected parts of myself.

Despite the differences in our professional contexts, we recognize that the ongoing, uneasy process of coming out as other (fat, disabled, femme, sick, mad) can challenge the positivistic narrative of professionalism even as it carries its own psychic costs and benefits.

Internalized Body Shame. This theme refers to the affective, embodied toll of working in healthcare spaces that code non-normative bodies as problems and professionals as fixers. Psychically, costs include managing oftentimes intense feelings of shame for failing to fix or disguise our problem bodies enough to perform professionally. Andrea describes it thusly:

My experience of my professional body is mostly of discomfort and tension. I often feel like a failure. I

I recall instances where my clients with eating disorders verbalize what is so threatening about gaining weight: it is almost always me. A fat woman who is so fat she cannot move around. She is disabled. I feel shame when I hear these comments. I feel as if everyone knows that I haven't figured it out yet. I have somehow failed. I have been found out.

We are seen as failing as professionals if we cannot live up to the straight-sized, able-bodied, white male standards. The

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am aware that I am everything that my profession is trying to prevent. Even with all that I know about fatness, and all I have learned from it, it would be easier for me to NOT be fat.

For Andrea, knowing that her body is not the problem offers little by way of comfort or protection from the shame tethered to anti-fat logics that permeate spaces of professionalism. "I sometimes apply dietetic discourses that position weight and personal control as markers of health to myself while knowing they are wrong. I try to resist but they live inside me. They still have so much power over me."

Fat-hostile narratives also impact professionals, like Meredith, with a history of disordered eating in spaces that demote lived experiences as partial in comparison to positivistic "objectivity." Confronting the possibility that one's history might be considered a "condition or disorder" that may affect one's ability to practice is affronting and unsettling (College of Dietitians of Ontario 3), and left Meredith feeling disembodied and detached:

I was devastated when I showed up in dietetics education only to be told that if you had a history of disordered eating you probably shouldn't work in that area of practice. I was forced to forget my own history with my body to make it through, to survive.

Since the shaming of non-normative bodies occurs far beyond professional spaces, these affect-tinged judgments come into professional encounters from multiple directions. Kaley describes the emotional impacts of being physically present with therapy clients as they disclose their worst fear: having a body like hers.

body shame that circulates in and beyond our workspaces and that "sticks" to our transgressive bodies reproduces professional norms and standards by persuading us to stay silent, body-focused, and self-contained, and dissuading us from connecting, questioning, and changemaking.

Space Invader. We landed on this theme to capture what happens when a professional's embodied difference remains unsupported and unwelcomed by their profession's doctrines. If professionals are supposed to be normalized experts, enacting the profession's ideals, what are the impacts when professionals don't fit? Andrea tells of receiving multiple, conflicting messages about not fitting into her chosen, or for that matter, any profession: "My father initially wanted me to 'get married and settle down.' I felt like an imposter in my profession already. Being fat adds to this feeling and made it more visible." Similarly for Kaley, feelings of being an imposter can show up in the therapeutic relationship, often through the very cultural hostilities that lead people to seek out help in the first place: "As an eating disorder therapist, people expect that I somehow embody the ideal relationship with my body. But it's hard to love your body when it is the object of so much hate and disgust outside of the office."

In addition to producing an imposter sensibility, space invading can create an appetite for resistance. For instance, being read as, but not truly embodying, the figure of a normative professional can carry disruptive potential, as Meredith suggests:

I'm a double agent. I'm a space invader. I am read as normative—white, thin, cisgender, straight, able-bodied, university educated. And while I do experience difference, in terms of my experiences of distressed eating, mental health, and neurodiver-

gence, that difference is not visible, it is not readable on my body.

Yet the embodied affective work of being a double agent comes with its own costs. Meredith wonders whether she will be able to remain in her profession given the difficult emotional labour involved in “walking the line of using my privilege to make change without bowing to pressure to embody the ‘perfect, thin dietitian.’” Ultimately, our accounts indicate that space invaders may become trapped and sapped by the affect-charged struggles we confront. For even as we invade spaces not meant for us, we are invaded by the normative expectations and pressures that we entered our professions, in part, to disrupt. Upon our arrival into coveted positions that we believed would come with power to make change, we instead find that we must work extra hard to hold the harm at bay.

Existing In the Contradictions. Our final theme refers to the sense we each expressed, albeit in differing ways and to differing degrees, around finding acceptance with and through ever-present contradictions and tensions we confront at work. That such contradictions co-exist itself signifies our resistance to an oppressive, professional model of disembodied care. Andrea expresses some of the mundane ways that we, as non-normatively embodied professionals, come to embody the contradiction of being caught in and challenging of systems—both in our careers and ourselves.

I have moments, especially as I become a fat and food inclusive activist, where I think I can and must accept my fatness but then I will be confronted by its otherness. I see my fat reflection and then my internalized fatmisia [fat hate, see Rinaldi et al. 37] responds. Or someone yells a fat slur at me from a car. Or new obesity guidelines are released that tell me I am a disease and a burden. Or a patient tells me it looks like I’ve never missed a meal. And then I have to recover and re-assemble myself...all while smiling and nodding.

Similarly, as Kaley describes it, the upshot of failing to gain expertise through losing weight, though futile for her, can open psychic space for letting go both of professional strictures and infallibility. “After a failed diet, I am forced to navigate this complex relationship. In some ways, accepting my body as it is, fat, means letting go of the idea that I am an expert in all things.”

Coming to a place of acceptance, and even peace, does not happen on its own. For some of us, this takes community. For example, it was only when Meredith discovered a community of critical dietitians that, “it felt safe to say that I struggled; I wasn’t perfect. To admit that this profession that I want to succeed in has contributed and

continues to contribute to the very issues that I had dealt with.” Similarly, Kaley describes the role of community in finding some solace, noting that community requires only an N of two.

Another part of me finds peace and solace in the complexities. I am a fat, disabled provider. My very presence with clients signifies that yes, you can be fat and successful. I’ve given up the idea that I am some sort of ideal expert and in that acceptance, I’ve found true spaces of healing. Two humans occupying a time and space where our bodies are acceptable.

Perhaps Carla sums it up most comprehensively in a co-authored article where she describes “dwelling affirmatively in the contradictions” (“A High-Risk Body” 9) which for her means reclaiming her embodied being rather than of recovering from a problem-saturated one.

I think about recovery and resolution as impossible or at least very difficult in the current socio-cultural context. I now place higher value on reclamation, which for me differs from recovery in *not* requiring me to fix the harms done and departs from resolution in *not* requiring me to reach a problem-free state. Through reclamation, I acknowledge that I might fail to resolve my traumas in a cultural atmosphere dense with loathing, yet still find acceptance and even joy through dwelling affirmatively in the contradictions.

Conclusion

Taken together, our accounts highlight the ways in which fat, disabled, and other non-normativities infiltrate and transgress professional boundaries. At the same time, biopedagogies that teach us how we should exist in our bodies, working in conjunction with the shame that “sticks” to our transgressive embodiments, propel us to re-inscribe the boundaries under the guise of being “professional.” As non-normatively embodied people who adopt, adapt to, and resist professional biopedagogies, we encounter ongoing psychological stress, internal conflict, social disparagement, peer judgement, and impossible standards to uphold as supposed experts in our fields. We also receive immense benefit when we pass as professional, privileges which may be difficult, if not impossible, to refuse particularly given the precarity of our marginalized, misbehaving bodily selves. Claiming or aligning with fatness and disability within professions that aim to expunge our embodied differences feels dangerous, yet we have also found ways to navigate the harms through finding and creating possibility in collaboration and advocacy.

We have found one space of possibility in critical theory/praxis, in imagining beyond biopedagogies that send moralizing, affect-marinated messages about what our bodyminds should be. By moving away from enforcing canned standards and norms, “becoming” pedagogies invite people to experiment with their own unique embodiments and to explore more expansive possibilities for what their bodies can be and do (“Rethinking Fat” 387; “Revisioning Fat” 433). This kind of pedagogy flattens traditional expertise and values embodied and experiential knowledge—or people’s sensed understandings of their bodily existences, quirks, and capacities—as much as the profession’s conventional knowledge in discovering improvisational practices and stances that might work for them (“Difference-Attuned Witnessing” 348). Through inviting ourselves and others to embody alterity in open-ended, improvisational ways, including proudly and joyfully, we contribute to transforming broader social scripts about normativities and differences.

On the margins, in countercultures, amidst activist groups, and elsewhere, our stories point to other places where we can think, be, and do differently, bringing us to our second space of possibility: community. Community can be as micro as two people coming together to affirm difference in a clinical or social encounter; as mezzo as groups of professionals creating or joining communities of practice where they collectively re-vision their role and work; and as macro as professionals and former professionals moving into post-secondary educational spaces to build new inter- and transdisciplinary fields such as fat, disability, and mad studies and activism that value the knowledge and wisdom we bring. At all these levels, we have witnessed, joined with, and propelled professional sociocultural change; and in addition, through our own coming out and coming in, we have encouraged colleagues to engage otherwise with their non-normative professional bodies. Although our stories give glimpses into the struggle to come out as other *and* to maintain power and presence in our selected fields of practice, they also surface the hope, possibility, and generativity that emerges from connecting and moving with other non-normatively embodied people, professionals and nonprofessionals, to remake knowledge of difference. That we largely found these affirming and well-being promoting communities *outside* of traditional healthcare settings is highly significant. Fostering these communities *inside* health-care settings may be paramount in enacting large-scale social transformation towards care for fat, disabled, and other non-normative bodies.

References

Abbott, Pamela, and Liz Meerabeau. “Professionals, Professionalization and the Caring Professions.” *The*

- Sociology of the Caring Professions*, edited by Pamela Abbott and Liz Meerabeau, Routledge, 1998, 19 pages.
- Arthur, Nancy, et al. “Employing Polyethnography to Navigate Researcher Positionality on Weight Bias.” *The Qualitative Report*, vol. 22, no. 5, 2017, pp. 1395–1416. doi: 10.46743/2160-3715/2017.2558.
- Badwall, Harjeet Kaur. “Colonial Encounters: Racialized Social Workers Negotiating Professional Scripts of Whiteness.” *Intersectionalities*, vol. 3, no. 1, 2014, pp. 1–23.
- Bessey, Meredith, and Jennifer Brady. “‘God Forbid You Bring a Cupcake’: Theorizing Biopedagogies as Professional Socialization in Dietetics Education.” *Weight Bias in Health Education: Critical Perspectives for Pedagogy and Practice*, edited by Heather A. Brown and Nancy Ellis-Ordway, Routledge, 2021, pp. 51–62.
- Bessey, Meredith, et al. “This is What You’re Supposed to Do’: Weight Stigma in Dietetics Education.” *Fat Studies*, vol. 10, no. 2, 2021, pp. 184–196. <https://www.tandfonline.com/doi/full/10.1080/21604851.2020.1859078>
- Brady, Jennifer. “Toward a Critical, Feminist Sociology of Expertise.” *Journal of Professions and Organization*, vol. 5, no. 2, 2018, pp. 123–138. doi: 10.1093/jpo/joy004.
- Braun, Virginia, and Victoria Clarke. “Using Thematic Analysis in Psychology.” *Qualitative Research in Psychology*, vol. 3, no. 6, 2006, pp. 77–101.
- Choroszewicz, Marta, and Tracey L. Adams. “Gender and Age in the Professions: Intersectionality, Meta-Work, and Social Change.” *Professions and Professionalism*, vol. 9, no. 2, 2019. <https://doi.org/10.7577/pp.3432>.
- College of Dietitians of Ontario. “Application for Registration – Accredited Programs.” <https://www.collegeofdietitians.org/resources/registration/application-form/application-form-accredited-program.aspx>. Accessed 23 May 2022.
- College of Registered Psychotherapists of Ontario. “Entry-to-Practice Competency Profile for Registered Psychotherapists.” <https://www.crpo.ca/wp-content/uploads/2017/08/RP-Competency-Profile.pdf>. Accessed 23 May 2022.
- College of Registered Psychotherapists of Ontario. “Suitability to Practise Policy.” <https://www.crpo.ca/wp-content/uploads/2019/11/FINAL-Suitability-to-Practise-Policy-May2622.pdf>.
- College of Psychologists of Ontario. “Standards of Professional Conduct 2017.” <https://cpo.on.ca/members/professional-practice/standards-of-professional-conduct/>. Accessed 27 May 2022.
- Friedman, May, et al., eds. *Thickening Fat*. Routledge, 2019.
- Friedman, May, et al. “A High-Risk Body for Whom?” *Feminist Encounters*, vol. 4, no. 2, 2020. <https://doi.org/10.20897/femenc/8524>.

- Goldenberg, Dolly, and Carroll Iwasiw. "Professional Socialization of Nursing Students as an Outcome of a Senior Clinical Preceptorship Experience." *Nurse Education Today*, vol. 13, no. 1, 1993, pp. 3–15.
- Jackson, Kelly, et al. "'Complicating My Place': Multiracial Women Faculty Navigating Monocentricity in Higher Education—A Polyethnography." *Race Ethnicity and Education*, vol. 24, no. 2, 2021, pp. 167–185. doi: 10.1080/13613324.2020.1753679.
- LaMarre, Andrea, et al. "Eating Disorder Prevention as Biopedagogy." *Fat Studies*, vol. 6, no. 3, 2017, pp. 241–254. doi: 10.1080/21604851.2017.1286906.
- Nilson, Herman. *Michel Foucault and the Games of Truth*. Palgrave MacMillan, 1998.
- Olt, Phillip Allen, and Eric D. Teman. "Un[bracketed]: Phenomenological Polyethnography." *Qualitative Research Journal*, vol. 19, no. 2, 2019, pp. 146–55. doi: 10.1108/QRJ-12-2018-0001.
- Pasyk, Victoria Summer, et al. "Growth During a Global Pandemic: A Polyethnography Among Doctoral Counselling Psychology Students." *Training and Education in Professional Psychology*, vol. 16, no. 1, 2022, pp. 95–107. doi: 10.1037/tep0000372.
- Pekkola, Elias, et al. "The Sociology of Professions and The Study of the Academic Profession." *Theoretical and Methodological Perspectives on Higher Education Management and Transformation*, edited by Elias Pekkola, et al., 2018, pp. 121–150.
- Rail, Genevieve, and Shannon Jette. "Reflections on Biopedagogies and/of Public Health: On Bio-Others, Rescue Missions, and Social Justice." *Cultural Studies <-> Critical Methodologies*, vol. 15, no. 5, 2015, pp. 327–36.
- Rice, Carla. "Becoming the Fat Girl." *Women's Studies International Forum*, vol. 30, no. 2, 2007, pp. 158–74. <https://doi.org/10.1016/j.wsif.2007.01.001>.
- Rice, Carla. *Becoming Women: The Embodied Self in Image Culture*. University of Toronto Press, 2014.
- Rice, Carla. "Rethinking Fat: From Bio- to Body-Becoming Pedagogies." *Cultural Studies <-> Critical Methodologies*, vol. 15, no. 5, 2015, pp. 387–97.
- Rice, Carla. "Revisioning Fat: From Enforcing Norms to Exploring Possibilities Unique to Different Bodies." *Obesity in Canada: Historical and Critical Perspectives*, edited by Wendy Mitchinson, Jenny Ellison, and Deborah McPhail, University of Toronto Press, 2016, pp. 419–440.
- Rice, Carla, et al. "Project ReVision: Disability at the Edges of Representation." *Disability & Society*, vol. 30, no. 4, 2015, pp. 513–527. <http://dx.doi.org/10.1080/09687599.2015.1037950>.
- Rice, Carla, et al. "Pedagogical Possibilities for Unruly Bodies." *Gender & Education*, vol. 30, no. 5, 2018, pp. 663–682. doi: 10.1080/09540253.2016.1247947.
- Rice, Carla, et al. "Difference-Attuned Witnessing: Risks and Potentialities of Arts-Based Research." *Feminism & Psychology*, vol. 31, no. 3, 2021, pp. 345–365. <https://doi.org/10.1177/0959353520955142>.
- Rinaldi, Jen, et al. "Mapping the Circulation of Fat Hatred." *Fat Studies*, vol. 9, no. 1, 2020, pp. 37–50. <https://doi.org/10.1080/21604851.2019.1592949>.
- Rocheffort, Julie E., et al. "Spoon Fed: Learning about 'Obesity' in Dietetics." *Obesity in Canada: Historical and Critical Perspectives*, edited by Wendy Mitchinson, Jenny Ellison, and Deborah McPhail, University of Toronto Press, 2016, pp. 148–174.
- Shildrick, Margrit. *Leaky Bodies and Boundaries*. Routledge, 1997.
- Viscardis, Katharine, et al. "Difference Within and Without: Health Care Providers' Engagement with Disability Arts." *Qualitative Health Research*, vol. 29, no. 9, 2019, pp. 1287–98.
- Wilson, Adrian. *The Making of Man-Midwifery: Childbirth in England, 1660–1770*. 1995. Routledge, 2020.

Carla Rice is professor and Tier I Canada Research Chair in Feminist Studies and Social Practice at the University of Guelph specializing in embodiment studies and in creative methodologies. She founded the Re•Vision Centre for Art and Social Justice as an arts-informed research centre with a mandate to foster inclusive communities, and social well-being, equity, and justice. Rice has written on embodied difference, intersectionality, non-normative cultures, and accessibility and inclusion.

Meredith Bessey is a PhD candidate at the University of Guelph in Applied Human Nutrition, and a Registered Dietitian. Her research interests revolve around critical perspectives on food, eating, bodies, and fitness.

Kaley Roosen is a clinical psychologist working in community and private practice. Her scholarly work combines traditional health psychology with critical disability approaches to fatness and eating disorders.

Andrea Kirkham is a registered dietitian, consultant, and PhD student at the University of Guelph in Applied Human Nutrition. Her research interests are discourses and practices around children's eating and bodies.