

Disrupting Normative Femininity

Diagnoses of Eating Disorders as Tools of Control

MADELEINE DE WELLES

You don't look like you have an eating disorder. Aren't you supposed to be thin?

This paper discusses representations of two eating disorders—binge eating disorder and anorexia—as they appear the Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition (DSM-V). I discuss how such representations construct disorder, fatness, and cultural expectations of femininity. I suggest that feminist and fat studies, together with disability studies, complicate assumptions of eating disorders and fatness, while revealing how medicine, culture, and society enforce normative expectations of the body and its relationship with society.

Introduction

Eating disorders are represented in particular ways. Our cultural imagination of eating disorders typically depicts a very thin, usually white, female or female-presenting figure. So, what does it mean when someone says “You don’t look like you have an eating disorder? Aren’t you supposed to be thin?” (e.g., Beat, Cut). The subtext here is that whoever “looks” like they don’t have an eating disorder is too fat to have one and therefore deviates from constructions of “ideal” (which is also oppressive and hegemonic) notions of femininity. The aim of this paper is to disrupt such an assumption, and to demonstrate how constructions of eating disorders and fatness appear in women’s lives, and what the consequences of these representations are. In order to focus the scope and aims of this paper, my analysis consists primarily of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)

and its classification of “feeding and eating disorders.”¹ In particular, I focus on how binge eating disorder and anorexia nervosa are classified and defined. In so doing, I attend to the language of fatness where thinness is expected, and how this impacts sociocultural expectations upon the body and femininity.

First, I will consider fatness as an unexpected embodiment, which becomes *very* unexpected in the context of eating disorders. It is so unexpected, in fact, that excessive eating, which often is represented as leading to fatness, often accompanies a diagnosis—binge eating disorder, as noted in the DSM-V. The purpose of this section is to show how diagnosis is a powerful force behind embodiment, as well as what it means to *experience* the body. Second, I turn to the DSM-V’s definition and criteria of anorexia nervosa. Why anorexia? A consideration of anorexia in this paper, and regarding this issue, is surprising. Anorexia is characterized by “an intense fear of gaining weight”—or, an intense fear of becoming fat (Substance Abuse and Mental Health Services Administration). But, what more might be said about the co-construction of fear and fat? I suggest that a consideration of anorexia can tell us about the cultural production of fear of weight gain, as well as the cultural production of the fear of fatness. Such a fear is not something that simply occurs in the body or in the individual. Given the oppression that fat people face on a daily basis, given the expectations that construe “ideal” and normative femininity, and given the ways that society and the medical system treat fat people (Boero; Boero and Thomas 92; Rothblum and Solovay), then the fear of weight gain or the fear of oppression and marginalization should not be attributed to an individual, psychological problem

of the body or mind. The fear of fatness is socioculturally, historically, and politically informed, stemming from systemic and oppressive injustice against fatness and fat bodies (e.g., Rothblum and Solovay). The fear of fat and fatness, and its consequences, must be treated as a social justice issue (Wann *x*)—not a personal, pathologized fear.

Let me be clear and state what this essay is *not* doing. This essay is not suggesting that experiences of anorexia and fatness are the same, nor is it suggesting that fatness and anorexia are constructed in the same ways. The aim of this paper is also not to argue that eating disorders affect fat people too, although the social construction of how eating disorder discourse often excludes fatness is something that should be carefully and critically considered. What this paper *is* suggesting is that by considering the ways in which femininity and bodies are spoken of—such as through the language of weight, size, shape, fatness, and disorder—we might come closer to understanding how fatness is constructed in society, and how fat studies, together with feminist studies, can help to imagine new relationships to the body *and* the body's relationship to society.

Theoretical Frameworks

Before embarking on the main part of my analysis, I will first provide an overview of the theoretical concepts informing this paper—feminist studies and fat studies, and disability studies. To begin, discussing feminism, disability studies scholar Rosemarie Garland-Thomson notes, “Feminism challenges the belief that femaleness is a natural form of physical and mental deficiency or constitutional unruliness” (1557). Following Garland-Thomson, feminist studies blurs and disrupts the borders and boundaries of femininity, and in particular, “ideal” or normative notions of femininity, the female body, and feminine embodiment (Garland-Thomson; Hall; de Beauvoir; Hoskin, 2017; Hoskin and Blair; Taylor). Additionally, Simone de Beauvoir powerfully writes, “. . . the body is not a thing, it is a situation” (46). Femininity, fatness, thinness, eating—these are all situations that occur around the body, encompassing it and informing how we relate to bodies and to each other. Fat studies, as Marilyn Wann suggests, gets to the roots of weight-based oppression. “Fat” can be understood in medical terms, or by medical/political officials who wage a “war on obesity” (Boero 8, 48, 54). On the other hand, media and popular culture representations have us believe that fatness is unquestionably, obviously, ugly and problematic, and that being thin is beautiful (Wann, *x*). The popular cultural, medical versions or understandings of fatness is not at all what fat studies ascribes to, as Wann makes clear. Instead, “Fat studies is a radical field, in the sense that it

gets to the root of weight-related belief systems” (Wann, *x*). Furthermore, “[t]he field of fat studies requires skepticism about weight-related beliefs that are popular, powerful, and prejudicial. This skepticism is currently rare, even taboo. Questioning the received knowledge on weight is socially risky” (Wann, *x*). Questioning *any* sort of taken-for-granted belief is difficult to do—risky, even. Fat studies and feminist studies encourage such risks, for risks allow us to grow, disrupt stereotypes and assumptions, revision fatness and femininity, and ultimately, social change.

Now, I will bring disability studies into the conversation, together with feminist studies and fat studies. Disability studies is related to fat studies in that it too disturbs and disrupts taken-for-granted, normative assumptions about the body (Fahs; Mollow). Like fatness, there are many ways to understand disability. Like fatness, disability is often medicalized and pathologized and understood to be primarily a problem of the body in need of a medical (or rehabilitative) solution (Titchkosky and Michalko; Rothblum and Solovay). Disability studies works against individualistic and medicalized understandings of the body and disability (e.g. Titchkosky and Michalko). For instance, the social model of disability encourages us to see that it is not people who are disabled, but rather, inaccessible environments that disable people and lead to further marginalization and oppression (Finkelstein; Oliver). However, as Elizabeth Barnes states, the medical and social models still position disability as a “problem” (28). As Mitchell and Snyder also write, disability is often understood as negative—as a problem in need of a solution (Mitchell and Snyder, 47). In order for us to have a different relationship with disability or to reimagine it (Titchkosky), we must think about how it is possible *for* disability to be produced as a problem, and this goes for fatness too—how has fatness been produced as a problem? How has fatness been positioned within normative notions of “ideal” femininity, beauty, and health (LeBesco)? I will now address these questions through an exploration of two examples from the DSM-V. Before doing so, however, I want to consider what *controls* our cultural imaginings of anorexia, fatness, and binge eating disorders, as these relate to the varying and intersectional experiences of femininity.

Controlling the Cultural Imagination of Eating Disorders

At this point, I turn to how normative, systemic, and oppressive cultural logics shape our understandings and assumptions about the body, and in particular, eating disorders. To explore this, I draw on the arguments put forward by Nicole Schott in her analysis of “pro-ana/mia culture” and thinspiration, and how it affects black girls

on pro-ana/mia websites. Schott traces the ways in which “thinspiration” consists of “images, slogans, and videos aimed at inspiring the pursuit of extreme thinness” (1029). Schott argues that “...black women’s decision to join thinspiration is not an attempt to become Caucasian, but an act of survival in a social climate that valorizes a Eurocentric thin feminine beauty ideal” (1030). Schott raises a crucial point. The cultural logics of eating disorders and how they represent a desire for control, regulation, and responsibility over oneself are rooted in white, Eurocentric standards of femininity that privilege a thin ideal. Furthermore, Sabrina Strings demonstrates the racist origins of fatphobia and argues that ideals of slenderness and/or thinness are rooted in racism. Therefore, in addition to the importance of an intersectional approach towards fat studies and feminist studies, it is crucial to consider *how* Eurocentric expectations, rooted in whiteness, cis-heteronormativity, and able-bodiedness deeply control cultural assumptions and expectations of eating disorders and femininity, which perpetuate systemic oppression and injustice. Conceptions of eating disorders are *already* controlled through such assumptions, even before a diagnosis of an eating disorder appears. Schott (2017) and Strings (2019) show how notions of thinness, “thinspiration”, and fatness are rooted in a cultural consciousness that is oppressive and systemically unjust, yet remain part of the diagnostic work that goes into anorexia and binge eating disorder, as well as normative expectations of femininity.

The Diagnostic Underpinnings of Binge Eating and Anorexia

Fatness is often constructed within health and political discourse to be a huge problem—the “obesity epidemic” (Boero; Lyons; Rothblum and Solovay; Wann). For instance, the World Health Organization (WHO) states that obesity is on the rise, and has now reached “epidemic proportions” (WHO, n.p.). Now, much of how obesity is discussed, although it makes a huge appearance in medical discourse, is perhaps considered less often in the language of eating disorders. Let us, then, consider “binge eating disorder.” Importantly, any mention of fatness or “obesity” does not exist in the DSM-V classification of binge eating disorder. However, binge eating disorder still has a relationship to fatness, femininity, control, and notions of “disorder”.

Binge eating disorder is a fairly recent addition into the DSM. It was not included in the DSM-IV (the version just prior to its fifth iteration) (Berkman et al.; Cowden n.p.). Binge eating disorder is classified and diagnosed as, “[e]ating, in a discrete period of time (for example, within any two-hour period), an amount of food that is

definitely larger than most people would eat in a similar period of time under similar circumstance” (Berkman et al.). Additionally, I want to highlight two other elements of binge eating disorder that are of particular salience to this analysis: “A sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)”, and “[f]eeling disgusted with oneself, depressed, or very guilty afterwards” (Berkman et al.).

Eating disorders in general have been discussed in relation to control, or the lack of it (e.g., Tiggeman and Raven; De Welles). Also, the idea of feeling disgusted with oneself or guilty are key elements of these diagnostic

PENN KEMP

When Friends Introduced Me

To my future
husband, I looked into sea-green eyes
and an ice floe melted inside.

A thin wire of nerve shivered in
recognition. Was I ready to
relax age-old tension and dissolve?

Would I accept this gentleman’s offering
of which he was apparently unaware?

I knew his gargantuan belly
would soon become my own by
fifty pounds. A trade-off
I took on, fair play for
decades of martial fare.

He took this poor poet out to dinner
and I devoured every morsel.

Penn Kemp has participated in Canadian cultural life for fifty years, writing, editing, and publishing poetry and plays. Her first book of poetry, on labour, Bearing Down, was published by Coach House in 1972. She has published more than thirty books of poetry, prose, and drama; seven plays; and ten CDs. The League of Canadian Poets acclaimed Penn as 2015 Spoken Word Artist. She is the League’s fortieth Life Member. She was London, Ontario’s inaugural Poet Laureate. At Western University, Penn was writer-in-residence, 2009–2010. In 2020, she was presented with the inaugural Joe Rosenblatt (Muttsy) Award for Innovative Creators.

criteria. Diagnosis is typically understood as affecting *the individual body* (Cowden n.p.). But, feelings of guilt or depression, as well as feeling out of control, do not simply “appear” in one’s life, mind, or body. These are socially and culturally constructed. Yet, when these feelings are expressed, they are diagnosed as a problem within an individual. Now, consider another example from the DSM-V—the representation and diagnosis of anorexia nervosa—and one diagnostic criteria in particular.

According to the DSM-V, one of the diagnostic criteria for anorexia is an “[i]ntense fear of gaining weight or becoming fat or persistent behaviour that interferes with weight gain” (Substance Abuse and Mental Health Services Administration). Again, this criterion is a means of diagnosing an *individual* with anorexia. However, the fear of fatness is socioculturally produced—but is still positioned within the individual, and thus, made to be a problem in need of a solution. Additionally, there is an interesting sub-diagnosis of anorexia (or maybe, a diagnosis of a diagnosis)—*atypical anorexia*. Atypical anorexia apparently occurs when all other aspects of anorexia are present, with the exception of low body weight (National Eating Disorders Association, n.p.). Weight, therefore, still controls anorexia, or perhaps “ideal” anorexia. That is, weight defines what *atypical* anorexia is, differentiating it from a *typical* anorexia.

This discussion of anorexia, binge eating disorder, and fatness raises another point—the relationship between what is considered “normal” and what is considered “abnormal,” which also tells us about the relationship between disability and non-disability, as well as fatness and thinness. For instance, Lennard J. Davis, writing about disability and sex addiction, makes an important point related to the one I am teasing out here:

Sex addiction hovers between a popular interest in obsessive behaviour and a clinical suspicion of an addiction to something as ‘normal’ as sexuality. Yet after the idea of sexual addiction permeated the popular press, practitioners began to apply it to their patients (Davis 319).²

Although sex addiction is not the topic in question in this paper, Davis nevertheless brings up an important relationship between the cultural conundrums and contradictions present when fatness and thinness are represented.

Davis also gestures towards how fat studies and feminist studies, queer studies, and disability studies can be considered together. To explain, the idea of becoming addicted to something “normal” (like food) is extremely interesting, and further illustrates how far-reaching medicalization can be, as well as how significant its effects are on cultural

understandings of the body. Eating disorders—such as binge eating disorder and anorexia—are represented as an abnormal relationship to something that is considered normal—eating. People with anorexia, for instance, are often represented as abnormal, or as deviating from the norm because they don’t eat enough—and then, their bodies become either too much or not enough—or perhaps both. To explain, disability studies scholar Rod Michalko, discussing the construction of the “excessive appearance of disability,” comments on how disability is so often represented as too much and not enough (66). This is similarly the case for eating disorders. With anorexia, for instance, there is too much control or obsession or fixation on food—but not enough of the body. But ironically, the disappearing body makes a *huge* appearance. In a similar way, so does fatness (De Welles).³ For instance, Gailey writes of the hyper(in)visibility of fat women, noting how the bodies of fat women are ridiculed and put on display, while the feeling, emotions, and sociocultural oppression placed on the bodies of fat women are made to disappear completely (13). Similarly, Christina Fisman also describes the ways in which women with PCOS (Polycystic Ovarian Syndrome), often characterized by “obesity” have “... highly visible bodies but are coded by normative femininity as invisible” (106). Here, the ways in which idealized versions of femininity appear and disappear (or are rendered visible and invisible) happen in a variety of ways. There is the hypervisibility of the disappearing body and the hyper(in)visibility of the fat body (Gailey), yet normative femininity is what dictates these appearances and disappearances—it is what drives normative notions of femininity.

Importantly, the reflections in this paper do not necessarily tell us more about the body or more about femininity. However, these considerations of eating disorders (commonly associated with femininity, or experiences of femininity) *do* tell us about how constructions of the body and of normative femininity can reveal broader expectations of culture and society—such as how diagnoses of the body reveal systemic oppression of fatness, or how notions of control shape the ways in which the body governs itself, or is *expected* to govern itself.

Consider an example: “On Being a Fat Person with Anorexia” by Zoey Jordan Salsbury is an interesting application of how anorexia and binge eating are spoken of together, shaping the experience of eating, the body, and what is often *expected* of the body and femininity. Salsbury begins at the beginning of her life—her childhood. She recalls how her doctor first mentioned her weight when she was eleven years old. She recalls hiding food as a child and eating it in private. She recalls starting Weight Watchers in middle school and trying

out numerous diet apps. All of these experiences—being weighed, eating secretly, and the pressures to try diet apps—are examples of how what is perceived to be out-of-control (i.e., binge eating or anorexia) is controlled through medicine and culture (and medicine is a huge part of culture and society). This adds another layer within relations of control. Binge eating and anorexia are represented as disorders that apparently seek control, yet in so doing, are represented as out of control—all while being controlled by the cultures of medicine and dieting! That is complicated, but we must attend to these complex relations of control, especially if we are to carefully and critically consider the ways in which femininity, the body, and lives are governed.

Ultimately, a feminist and fat studies analysis of anorexia and binge eating disorders helps to crystalize culture (Bordo). Feminist and fat studies reveal the ways in which fatness, especially in relation to femininity, is represented; so too do these fields reveal how diagnosis is never just something that people “have”—rather, there is a real cultural production of diagnosis, which impacts how the body is represented and perceived.

Conclusion

“You don’t look like you have an eating disorder. Aren’t you supposed to be thin?”

I have heard these words many times. Sometimes, I think to myself *how could anyone say that?* The purpose of this essay is, in part, to think about precisely this—how we think we know, so readily and easily, what an eating disorder is, how it manifests itself, and who it affects. Fat studies and feminist studies, together with disability studies, have gotten us closer to the cultural production of eating disorders in order to disrupt, reimagine, and revision normative notions and expectations of femininity. Through an analysis of the diagnoses of binge eating disorders and anorexia nervosa in the DSM-V, as well as a brief discussion of Zoey Jordan Salisbury’s experiences as a fat anorexic woman, this paper considers the ways that the language of fatness and thinness come together and how both can reveal the normative expectations placed upon femininity. In addition, this paper considers how control manifests in discourses of eating disorders, as well as the cultural tensions, paradoxes, and conundrums within the complex relations and manifestations of control. Definitions of fatness, thinness, and eating disorders are, therefore, not indications of what is done or is not done in order to achieve a sense of control. Rather, fatness, thinness, and eating disorders are tools of culture that are involved in the governance and control of the body, embodiment, and notions of femininity.

Madeleine (Maddy) De Welles is a PhD candidate at the Ontario Institute for Studies in Education (OISE/UT). She studies disability studies and childhood studies. Her dissertation is about how a diagnosis of Down syndrome is communicated to parents before, at, and following the birth of a baby with Down syndrome. In particular, she looks at how narratives of sorrow often accompany such a diagnosis. Madeleine is also very interested in sociocultural representations of eating disorders—and how such depictions shape normative notions of food, eating, control, and the body.

Endnotes

¹Please note that the examples I reference in relation to the DSM-V do not come directly from the DSM-V itself, but rather, are referenced in other sources. I cite these sources both in-text and in the reference list.

²This discussion of sex addiction and normalcy originated in a guest lecture I gave at Toronto Metropolitan University’s DST605 class in Winter 2021.

³Personal communication with Tanya Titchkosky, 2019.

References

- Arendt, Hannah. *The Human Condition*. 2nd ed., University of Chicago Press, 1998.
- Barnes, Elizabeth. *The Minority Body: A Theory of Disability*. Oxford University Press, 2016.
- Beat. “You Don’t Look Like You Have an Eating Disorder.” <https://www.beateatingdisorders.org.uk/your-stories/dont-look-like-you-have-eating-disorder>. Accessed March 1, 2021.
- Berkman, N.D., Brownley, K.A., Peat, C.M. et al. “Management and Outcomes of Binge-Eating Disorder.” *Comparative Effectiveness Reviews*, No. 160, 2015. *Agency for Healthcare Research and Quality*.
- Boero, Natalie. *Killer Fat: Media, Medicine, and Morals in the American “Obesity Epidemic.”* Rutgers University Press, 2016.
- Bordo, Susan. “Anorexia Nervosa: Psychopathy as the Crystallization of Culture.” *Food and Culture: A Reader*, edited by Carole Counihan and Penny Van Esterik, Routledge, pp.226–250.
- Cut. [Cut]. “You Don’t Look Like... People with Eating Disorders / One Word / Cut”. *YouTube*, 2016, Feb. 24. <https://www.youtube.com/watch?v=hOZ7-H3cVcI>. Accessed March 2, 2021.
- Davis, Lennard J. “An Excess of Sex: Sex addiction as disability”. *Sex and Disability*, edited by Robert McRuer and Anna Mollow, Duke University Press, 2013, pp.313–330.
- de Beauvoir, Simone. *The Second Sex*. Translated by Constance Borde and Sheila Malovany-Chevallier, Vintage Books, 2011.

- DeWelles, Madeleine. "Between Peace and Disturbance: Anorexia, Control, and Embodiment." *Encounters in Disability Studies*, edited by Tanya Titchkosky, Elaine Cagulada, and Madeleine DeWelles with Efrat Gold, 2022, pp.71–81.
- Fahs, Breanne. "Twenty Two: A Tale of Three Classrooms: Fat Studies and Its Intellectual Allies." *Counterpoints (New York, N.Y.)*, vol. 467, 2016, pp. 221–29.
- Fisanick, Christina. "Fatness (In)visible: Polycystic Ovarian Syndrome and the Rhetoric of Normative Femininity." *The Fat Studies Reader*, edited by Esther Rothblum and Sondra Solovay. New York University Press, 2009, p. 106–109.
- Garland-Thomson, Rosemarie. "Feminist Disability Studies." *Signs: Journal of Women in Culture and Society*, vol. 30, no. 2, 2005, pp. 1557–87, DOI: <https://doi.org/10.1086/423352>.
- Gailey, Jeannine A. *The Hyper(in)visible Fat Woman Weight and Gender Discourse in Contemporary Society*. Palgrave Macmillan, 2014.
- Hall, Kim. Q. *Feminist Disability Studies*. Indiana University Press, 2011.
- Hoskin, R.A. 2017. Femme Theory: Refocusing the Intersectional Lens. *Atlantis*, 38(1), 95–109. Accessed February 27, 2021 from, https://static1.squarespace.com/static/589741ed3e00be25e11ff113/t/59eb8d87f43b55d5a6ff08af/1508609416393/Femme_Theory_Refocusing_the_Intersection.pdf
- Hoskin, Rhea Ashley, and Karen L. Blair. "Critical Femininities: a 'New' Approach to Gender Theory." *Psychology and Sexuality*, vol. 13, no. 1, 2022, pp. 1–8.
- LeBesco, Kathleen. *Revolt Bodies? The Struggle to Redefine Fat Identities*. University of Massachusetts Press, 2004.
- Lyons, Pat. "Prescription for Harm: Diet Industry Influence, Public Health Policy, and the 'Obesity Epidemic'". *The Fat Studies Reader*, edited by Esther Rothblum and Sondra Solovay. New York University Press, 2010, pp.75–87.
- Michalko, Rod. "The Excessive Appearance of Disability." *International Journal of Qualitative Studies in Education*, vol. 22, no. 1, 2009, pp. 65–74
- Mollow, Anna. "Disability Studies Gets Fat." *Hypatia*, vol. 30, no. 1, 2015, pp. 199–216. DOI <https://doi.org/10.1111/hypa.12126>.
- National Eating Disorders Association. *Other Specified Feeding or Eating Disorders*, 2018. <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/osfed>. Accessed March 3, 2021.
- Oliver, M. *The Politics of Disablement*. Macmillan, 1990.
- Rothblum, Esther D., and Sondra Solovay. *The Fat Studies Reader*. New York University Press, 2009.
- Salsbury, Zoey Jordan. *On Being a Fat Person with Anorexia. Human Parts*. 2019. Accessed March 5, 2021.
- Schott, Nicole Danielle. "Race, Online Space and the Feminine: Unmapping 'Black Girl Thinspiration.'" *Critical Sociology*, vol. 43, no. 7–8, 2017, pp. 1029–43, <https://doi.org/10.1177/0896920516652456>.
- Strings, Sabrina. *Fearing the Black Body: The racial origins of fat phobia*. New York University Press, 2019.
- Substance Abuse and Mental Health Services Administration (US). (2016). Table 19, DSM-IV to DSM-5 Anorexia Nervosa Comparison. <https://www.ncbi.nlm.nih.gov/books/NBK519712/table>. Accessed March 12, 2021.
- Taylor, Allison. "'But Where Are the Dates?' Dating as a Central Site of Fat Femme Marginalisation in Queer Communities." *Psychology and Sexuality*, vol. 13, no. 1, 2022, pp. 57–68, <https://doi.org/10.1080/19419899.2020.1822429>.
- Tiggemann, Marika, and Melissa Raven. "Dimensions of Control in Bulimia and Anorexia Nervosa: Internal Control, Desire for Control, or Fear of Losing Self-Control?" *Eating*, vol. 6, no. 1, 1998, pp. 65–71. DOI: <https://doi.org/10.1080/10640269808249248>.
- Titchkosky, Tanya. "Disability Studies: The Old and the New." *Canadian Journal of Sociology*, 25, no. 2, 2000, pp. 197–224. DOI: <https://doi.org/10.2307/3341823>.
- Titchkosky, Tanya. "Disability Images and the Art of Theorizing Normality." *International Journal of Qualitative Studies in Education*, vol. 22, no. 1, 2009, pp. 75–84. DOI: <https://doi.org/10.1080/09518390802581893>.
- Titchkosky, Tanya. *The Question of Access: Disability, Space, Meaning*. University of Toronto Press, 2011.
- Titchkosky, Tanya, and Michalko, Rod. *Rethinking Normalcy: A Disability Studies Reader*. Canadian Scholars' Press, 2009.
- Wann, Marilyn. "Foreword: Fat Studies: An Invitation to Revolution." *The Fat Studies Reader*, edited by Esther Rothblum and Sondra Solovay. New York University Press, 2009, pp. ix–xxvi.
- World Health Organization (WHO). *Obesity: Overview*. https://www.who.int/health-topics/obesity#tab=tab_1. Accessed March 7, 2021.