TRANS FATS:
A White Trans Social Worker's Podcasted Autoethnography

by

Kaitlin (Katie) Rosemary O'Brien

Bachelor of Arts, University of Calgary, 2016
Diploma of Social Work, Mount Royal University, 2018
Bachelor of Social Work, University of Manitoba, 2022

A Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of

MASTER OF SOCIAL WORK

in the School of Social Work

University of Victoria

We acknowledge and respect the Ləkʷəŋən (Songhees and Xʷsepsəm/Esquimalt) Peoples on whose territory the university stands, and the Ləkʷəŋən and W̱SÁNEĆ Peoples whose historical relationships with the land continue to this day.

TRANS FATS:
A White Trans Social Worker's Podcasted Autoethnography

by

Kaitlin (Katie) Rosemary O'Brien

Bachelor of Arts, University of Calgary, 2016
Diploma of Social Work, Mount Royal University, 2018
Bachelor of Social Work, University of Manitoba, 2022

Supervisory Committee

Dr. Mehmoona Moosa-Mitha, Supervisor
School of Social Work

Prof. Gaben Sanchez, Departmental Member
School of Social Work

Dr. Nathan Lachowsky, Outside Member
School of Public Health and Social Policy

Abstract

My podcasted, autoethnographic thesis ruminates on the question: how is my experience of transgender corporeality mediated by pathologising logics? Drawing on decolonial feminism and disability justice, I review the pathologising ways that transness, fatness, and eating disorders are normatively framed, and connect this pathologisation with the ongoing colonial project. I then explore stories about existing in my small fat, nonbinary trans, white settler body, ultimately arguing that the normative (pathologising) story of fat trans folks with complicated relationships with food and eating does colonial violence to trans people. Along the way, I refuse straightforward answers, remaining critical, uncertain, and curious about how my experiences of systemic marginalisation and privilege always overlap. I conclude by imagining a social work context that is abolitionist and deprofessionalised, centred on principles of harm reduction and community care.

Keywords: transness, fatness, whiteness, autoethnography, scholarly podcasting, decolonial feminism, disability justice, lived experience, depathologisation, abolitionist social work

Table of Contents

List of Figures

Dedication

Our possibilities for liberation come to life in our collective praxis, in our cocreating new waterways of knowledge against alienation … In these new waterways, we carry our knowledge but we also carry each other. We center our relationships with decolonial love.

(Atallah & Dutta, 2023, p. 81)

I love you.

This is for us.

Episode 0: Introducing TRANS FATS[1]

Hi, friends. Welcome to my thesis.

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

If you’re here because you know me in real life, you’ll know the drill. If you *don’t* know me in real life, well… hi! I’m Katie, I use they/them pronouns, and I’m a white settler small fat nonbinary social worker with a complicated relationship with food and eating. In this podcast, I’m going to unpack pretty much all of that with you to try and figure out **how my experience of existing in my trans body comes up against pathologisation.** Pathologisation is a jargony academic word for something becoming understood as a medical problem (Sholl, 2017)[2]. To give everything away in the first minute of this trailer, over the course of the next four episodes, I come to the understanding that pathologisation is a colonial tool that violently impacts trans people’s perceiving and witnessing of our own bodies. With this critical awareness unlocked, I also try to think up some ways to make social work… better.

In Episode 1, we’ll deep dive into the theoretical roots of this work – some frameworks called decolonial feminism and disability justice. In Episode 2, we’ll talk about how I’m doing the work, or the methodology I’m using – namely autoethnography and podcasting. (My non-social-worker wife Viv (love you Viv) tells me Episode 2 is the episode that’s most challenging to get through if you’re not a big social work research nerd like I am, but I promise I tried my best to make it approachable!) In Episodes 3 and 4, we wander around in stories from my life to try to understand fat trans quote-unquote ‘eating disorder’ experiences more broadly. I talk a bunch about professionalised care and argue that we should probably burn it all down. Then, we’ll wrap up with some of my reflections on the whole process, and a whole bunch of thank yous.

---

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

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

As you can imagine, I talk about a bunch of things in this podcast that have the potential to bring up a lot of shit for a lot of people. Listening to my stories might be evocative and activating of your own stories, so please take care while listening. In his book *Brilliant Imperfection: Grappling with Cure*, white disabled genderqueer writer Eli Clare (2017) describes trigger warnings – what I call content notes – as "tools for self-care and collective care"[3] (p. xx). Actually, he does a beautiful job describing what that means in practical terms. Let's let him take it away for a second:

> Let me remind [listeners] that you can stop listening to [this podcast]. You can [listen to] it fast or slow. You can [listen to] it out loud with your sister, partner, neighbor across the street. You can yell, type, breathe. Sign, sing, drink tea. Connect with your dog, cat, hamster, favorite tree. Call, text, Skype, Facebook, FaceTime with your friends. Lie in bed, roll, walk, dance, run. ... Do whatever works to ground yourself in the present.[4] (Clare, 2017, p. xx)

If you want or need more detail about the topics I talk about in each episode, there are content notes in the show notes, and I also specifically let you know before I talk about my relationship with food and eating in case you want to skip those parts. When I talk about images, I include them in the show notes along with image descriptions, and transcripts and reference lists are available for every episode. I know this project won't be accessible to everyone, which is a huge bummer – if you have suggestions for how I can do this better, I'd love to hear them! You can find my contact information in the show notes of this trailer (see Appendix A).

Also, I swear a bunch.

Stoked to have you along for the ride.

[Background music swells before ending]

---

[3] Green text indicates a typing sound plays underneath the spoken words in the recorded episode.
[4] Read by Eli Clare (personal communication, September 3, 2025).

Episode 1: What's Going On?

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

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

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

That brings us to this podcast. [Theme music, "3am," starts playing in the background] I'm Katie O'Brien, and you're listening to TRANS FATS, my podcasted thesis. This podcast will explore the research question: **How is my experience of trans corporeality mediated by pathologising logics?** Let's break that down a bit. [Theme music fades out] 'Corporeality' is the state of being or having a body (Oxford English Dictionary [OED], 2024a). In the book *Queer Embodiment*, white trans scholar Hil Malatino (2019) defines 'queer corporealities' as "bodies that don't cohere according to cis-centric, sexually dimorphic, ableist conceptions of somatic normalcy" (p. 2).

That's a lot of academic jargon, too, so I put together a glossary in the show notes (see Appendix B, note 1) that you can check out if you're interested. Essentially, Malatino's concept of 'queer corporealities' describes the state of having or being a body that comes up against the violent assumption that all bodies should be cisgender and easily understood as either male or female. Malatino focuses mainly on intersex bodies in this particular book, but I'm not, as far as I know, intersex. I'm interested in exploring the ways I understand my *own* corporeality in a pathologising world – this is why I'm specifically using the term '*trans* corporeality' in my research question, with 'trans' being always already queer. I've dumped the term 'pathologising' on you twice now without a definition: it means to think of something as medically or psychologically abnormal (OED, 2024b). Malatino describes this impulse as ableist, which is a term and concept we'll unpack a bit later this episode.

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

I also called this thing a 'podcasted thesis'. I started working on my Master of Social Work degree at the University of Victoria in so-called Canada in the fall of 2022. This is my final project for that degree. Writing a thesis is a little different from other university projects. Instead of summarising the work of others, I get to do my *own* research, which I hope will better social work practice, social policy, and activist work. Now, my dad and his mum both did grad studies. I grew up looking at their bound theses on the bookshelf, so I kind of thought all thesis work had to be a hundred-plus-page Book. You'll notice I didn't say I grew up *reading* their theses. I'll talk about this more in the next episode, but I really want my work to be accessible to other trans folks – not collecting dust on a shelf $^{\text{(sorry Nanny, sorry Dad)}}$. Here's hoping that podcasting helps!

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

(Some quick definitions: When I say something is 'constructed' or a 'construct', these are fancy ways of saying 'this thing is made up by humans, but still has real-world implications'. The construct of capitalism, for example, is a way of organising the world based on exploiting labour and land. The construct of race is a way of organising people in order to pretend that our violent social hierarchy is in some way innate. Both are completely made up. Both have real, significant, tangible impacts on some groups of people more than others. Both were and are "central to maintaining colonial control first in the Americas, and then elsewhere" (Maldonado-Torres, 2007, p. 243).)

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

Even while I was grappling with this more complex understanding of gender, my own nonbinary gender identity helped me to wrap my brain around decolonial feminism. In a conversation with a dear friend of mine a couple years ago (love you Meagan), they shared that in order to understand their own gender as nonbinary, they first had to get rid of the colonial idea that gender is a binary at all (Simpson, 2017). The gender binary is another construct. It argues there are only two genders: you can either be a man, which is a good thing, or a woman, which is… not. Why is this idea colonial? Well, remember that thing where coloniality normalises ideas of "superior/inferior, good/bad, and normal/abnormal" (Wada and Fellner, in press, p. 4)? Coloniality depends on and is sustained by the creation of these kinds of hierarchical binaries (Mignolo & Schwiy, 2002), putting everything into one of only two boxes. The trouble with binaries is that things are very rarely simple enough to split into only two options, *and* they have hierarchy built into them: one option is always constructed to be better than the other. Kwagu'ł Two-Spirit activist scholar Tłaliłila'ogwa and white queer settler scholar Cindy Holmes (2015) argue that decolonial frameworks "embrac[e] a 'both/and' conceptual and political stance for understanding contexts, spaces, identities, and multiple forms of interlocking oppressions and violence as a way of resisting the 'either/or' dichotomous thinking of colonial ... paradigms" (p. 160). Put otherwise, breaking down binaries is a fundamental part of decolonial frameworks. Both the nonbinary thinking of decolonial feminism, and its analysis of the ways in which our experience of our bodies is always shaped by racist, capitalist, and other oppressive systems, have opened up the ways I think about my thesis project.

In her essay on transness and disability, queer Sikh scholar Jasbir Puar (2014) asks "How might we assemble trans and disability such that rather than cohering as new transnormativities, they do not strive to manifest wholeness or to invest in the self as coherent and thereby reproduce liberal norms of being?" (p. 81). I'm obsessed with this quote, but I know it's dense. The first piece to unpack is 'transnormativities'. Malatino (2019) can help us here: he defines 'transnormative' as trans subjects who, aside from their transness, fit into the mainstream. You can check out the show notes (see Appendix B, note 2) for his full definition. When I read Puar's (2014) quote, I think she's saying: trying to fit ourselves into these norms, into the mainstream, doesn't help us reach liberation. Her question has really been driving the way that I think about my thesis work: the last thing I want to do in this podcast is to come up with some kind of idealised, coherent, normative idea of what trans corporeality *should* look like. Instead, the idea of trans corporeality as an assemblage, a coming together of multiple, maybe incoherent, parts, feels exciting to me.

In Lugones' (2020b) last published paper before her death of lung cancer in the early months of the COVID-19 pandemic, she critiqued the urge to translate words that are culturally specific and untranslatable into colonial languages. Instead, Lugones (2020b) argued "I want to stay in the uncertainty of not having a name for what I want to point to, to reject the sense that I know what it is that I cannot name, and to avoid singling something out by pointing, instead of seeking a larger web of meaning"[5] (p. 31). This idea of the untranslatable rings true for my work. I don't think there's a simple answer to the research question I'm asking. I want to dig into the larger web of meaning around my experience of trans corporeality, pathologisation, and anti-fatness and play around in the uncertainty. With Lugones and other decolonial feminist scholars as my guides, I'm excited to bring you along for the ride.

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

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

Territory Acknowledgment

I've done most of my thinking, writing, and recording for this project in Kjipuktuk. This Mi'kmaw or L'nui'sin word means the great harbour, and names the area currently occupied by the city of Halifax, Nova Scotia. More specifically, I live near the end of We'kwaltijk, the bay without a river coming in, just off the peninsula that currently houses downtown Halifax. This area is part of the Sipekne'katik district, the area of wild potatoes, in Mi'kma'ki, the ancestral and unceded homelands and homewaters of the Mi'kmaq people. Mi'kma'ki is also home to over 52 land-based communities of African Nova Scotians, a distinct people who have lived in the region for over 400 years, and who trouble the binary of Indigenous and non-Indigenous. I didn't grow up here. I'm a newcomer to this territory, and one of the first things I sought out when I moved here was how to do a land acknowledgment. Acknowledging the land is, in part, Indigenous protocol, but in recent years settlers like me have often co-opted the practice as a way to feel like we've relieved our

---

[5] Read by Kéka (M. Guerrero-Quintana, personal communication, September 11, 2025).

settler guilt: to paraphrase brown trans artist Vivek Shraya (2016), we acknowledge that we took the land, and we acknowledge that we'll keep it. Tuck and Yang (2012) might describe this as a "settler move to innocence" (p. 9). In talking to and learning from many folks more knowledgeable than me, particularly my Northern Tutchone and Tlingit colleague Martin Morberg, I've started trying to unpack how to think about and acknowledge land, water, and Indigenous nations without it being hollow or performative. This feels particularly important for this project, where I'm thinking in many ways about the fraughtness of feeling at home in my trans body. As a white settler, feeling home on this land is also fraught.

White settler scholar Hannah McGregor offers one model for how to do a more honest land acknowledgment in their book *A Sentimental Education*. She opens this feminist autotheoretical memoir with a meditation on land "not just as a kind of ritualised gesture, but as a personal and political question: what is my relationship to this land? How did I get here, and what am I doing with my presence?"[6] (McGregor, 2022, p. xiv). In this vein, I would like to spend some time thinking with you about how I got here.

My mother's family are Smiths and Vaters and Browns, white settlers who have lived on the island colonially known as Newfoundland for generations after coming over, most likely, from England. My grandfather was born on Bell Island before Newfoundland joined Canadian confederation, and lived inside a 30-kilometre radius his whole life. As a kid, when I first learned that my Poppy was literally born in a different country than the one he currently lived in without having moved anywhere, I remember having my first inkling that something about this whole concept of borders seemed pretty made up. I was born in the same hospital as my mum before me, in St. John's, the easternmost colonial city on Turtle Island, or so-called North America. St. John's occupies unceded Beothuk territory. I grew up first not knowing about the Beothuk at all, and then

---

[6] Audio from McGregor (2022).

knowing only that they were an Indigenous nation genocided out of existence by, likely, my ancestors. I’ve since learned that this is in large part colonial mythology, an inaccurate and disrespectful telling of a history where Mi’kmaq communities on and off the island offered Beothuk survivors refuge from settler violence. After all, the island has always been part of Mi’kma’ki, too, known as Ktaqmkuk in L’nui’sin, meaning ‘across the waves’. It was in Ktaqmkuk where I first started to internalise diet culture in my Gran’s kitchen.

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

My dad is a geophysicist who worked in oil and gas for decades. In the mid-90s, Alberta was one of the places to be if you were in that industry, which meant our family moved to Calgary for my dad’s work when I was four. Calgary is a young settler city occupying the place where the Bow and Elbow Rivers meet, on the traditional territories of the Niitsitapi of the Blackfoot Confederacy (comprising the Siksika, Piikani, and Kainai Nations), the Dene people of the Tsuut’ina Nation, and the Îethka Nakoda Wîcastabi (comprising the Chiniki, Bearspaw, and Goodstoney Nations), all signatories of Treaty 7. The place where the rivers meet is also part of the historic Northwest Métis homeland, governed by the Otipemisiwak Métis Government (Districts 5 and 6). The name for this place in Niitsipowahsin is Mohkinstsis; the Nakoda know it as Wîchîspa, and the Tsuut’ina know it as Guts’ists’i. I went to grade school, did my first degree, went to eating disorder treatment, met and married my wife $^{\text{(love you Viv)}}$, began understanding myself as trans, and became a social worker in

Treaty 7 territory. Even though I now live over 4500 kilometres away, I'll always have a relationship with the lands and peoples there.

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

The Master of Social Work program at the University of Victoria is designed to be delivered at distance, other than a one-week in-person residency at the beginning of the program. Because of the COVID-19 pandemic, though, my residency week took place online. For a long time, my sister lived in Victoria (love you Claire), so I have at least visited the Coast Salish lands and waters that UVic occupies, but I did most of my learning in this program from Mi'kma'ki. Engaging at distance felt particularly complicated when the Zionist entity escalated its genocide (Amnesty International, 2024; Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel, 2025; United Nations, 2024) and scholasticide (Dader et al., 2024; Hajir & Qato, 2025) against Palestinians in Gaza at the end of 2023. If you want to know more about why I'm intentionally using the term genocide here, please check out the Amnesty International and United Nations reports I've linked in the show notes (see Appendix B, note 3). I wanted to be in-person with my fellow students at the pro-Palestine encampment on UVic's campus so badly, but was on the other side of Turtle Island. Instead, I visited Al Zeitoun University, the pro-Palestine encampment in Kjipuktuk established by an autonomous coalition of students from Dalhousie University, Saint Mary's University, the University of King's College, the Nova Scotia College of Art and Design, and Mount Saint Vincent University. Months later, I visited UVic's campus for the first time in the fall of 2024, and took a picture where the words 'UVic divest from genocide' had been written on the walking path. Someone had tried to wash them away, but the words were still clearly legible. You can see the photo for yourself in the show notes (see Appendix B, note 4). It was a tangible reminder to me that solidarity is possible and necessary across and despite academic affiliations and colonial, provincial borders: posters with essentially the same call to action were all over Al Zeitoun University back in Kjipuktuk.

That brings us back to where I'm currently recording, in Mi'kma'ki. In 1726, Mi'kmaq, Wolastoqiyik, and Peskotomuhkati Nations first signed the Peace and Friendship Treaties with the British Crown. These Indigenous nations, along with the Penobscot and Abenaki Nations whose territories cross the 49th parallel, make up the Wabanaki Confederacy, meaning peoples of the dawn. Peace and Friendship Treaties recognised Indigenous hunting, fishing, and farming rights, enshrined Mi'kmaq and Wolastoqiyik title in Western law, and laid out what the relationships between Indigenous nations and settlers *should* have looked like on these lands moving forward. Obviously, these treaty promises and relationships have been broken time and time again over the centuries, and simply reciting that they exist in a land acknowledgment is not enough to repair those harms. Métis scholar and activist Chelsea Vowel (2016) reminds us that “moving beyond territorial acknowledgments means asking hard questions ... It requires that we remain uncomfortable, and it means making concrete, disruptive change. How can you be in good relationship with Indigenous peoples, with non-human beings, with the land and water?”[7] (para. 46). I invite you to continue thinking with me about being in good relationship with lands, waters, and peoples throughout this podcast.

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

Literature Review

Prevalence of Eating Disorders Among Trans Folks

I am, by far, not the only trans person with an eating disorder. There isn’t a lot of eating disorder research out there specifically about trans folks’ experiences, but there is some. Trans adults and youth are more likely to report disordered eating behaviours than cisgender, or cis, adults and youth (Parker & Harriger, 2020). In one 2019 study of American college students, 18% of trans participants reported accessing treatment for anorexia or bulimia in the year leading up to data collection, compared with 2% of cis women participants and less than 1% of cis men participants (Duffy et al., 2019). On top of that, while 2–12% of trans and gender diverse people on Turtle Island have received a diagnosis of an eating disorder, about 20–50% of us report engaging in disordered eating behaviours (Keski-Rahkonen, 2023).

---

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

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

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

> Medicine arrived in the Americas, and throughout the world, as an integral arm of European colonial invasion: land grants were given to doctors who settle[d] areas and develop[ed] medical institutions [including psychiatric hospitals. These institutions] … served as sites where indigenous communities were actively subordinated, regulated, tracked, and counted.[8] (p. 183)

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

The objective of the DSM is to establish a common language among professionals, including psychologists, psychiatrists, social workers, "clinicians, researchers, health insurance companies, and the pharmaceutical industry" (Khoury et al., 2014, p. 1). Even though these are distinct professions, and with some conflict between them, they're each part of the medical-industrial complex that is built on a foundation of ableism/sanism (Smith, 2020). Ableism/sanism is "a system of oppression targeting disability, Madness, and neurodivergence … [that] reifies the ideal bodymind of the settler colonial imaginary" (Johnk & Khan, 2019, p. 26). Okay, I know, again with the jargon. Let me try to explain: You know how coloniality creates binaries? These binaries come together to paint an ableist/sanist picture that there is a quote-unquote 'right' way to have a body. This is why the idea of 'somatic normalcy' we talked about at the beginning of the episode is ableist/sanist: it's saying that there's a 'normal' way to have a body. The DSM defines what behaviours are 'normal' and which are 'abnormal' in order to police the experiences of anyone whose bodymind is *not* ideal according to settler coloniality. It's *fundamentally* ableist/sanist. And that term, 'bodymind'? It's an idea coming out of feminist disability studies arguing that our minds

---

[8] Read by Clarissa Rojas (A. C. Rojas Durazo, personal communication, September 3, 2025).

are inseparable from our bodies (Price, 2015). On that note, let's take a detour to talk about the second framework I'm using to think about this project: disability justice.

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

Disability Justice

Disability justice is a movement that was developed by disabled queer women activists of colour in 2005 as a response to the disability rights movement, which largely thought about disability in a vacuum and tended to centre white settler voices (Berne, 2015). Brown nonbinary disabled and autistic writer Leah Lakshmi Piepzna-Samarasinha (2018) says that "disability justice asserts that ableism helps make racism, christian supremacy, sexism, and queer- and transphobia possible, and that all those systems of oppression are locked up tight"[9] (p. 22). We'll unpack that quote together in a minute, but first, you might have noticed that Piepzna-Samarasinha uses 'ableism' in their description of disability justice, while I've used the combined term 'ableism/sanism' so far in this episode. Ableism is kind of the bigger umbrella term for assigning value to bodies and minds based on colonial ideas of normalcy, like we talked about earlier, but is sometimes used only to talk about physical disabilities. Sanism focuses specifically on assigning value to people's minds. Now, folks who have been oppressed specifically because of sanism, including people who are psychiatric survivors, service users and consumers, ex-patients, and folks labelled as 'mentally ill', sometimes describe our cultural experiences collectively as capital-M Madness (Sharma, 2023). This use of the term Mad, capital-M, is a reclaiming of a word used to harm us, kind of like the reclaiming of the term 'queer'. Mad folks do not all consider ourselves disabled, which is why I think it's important to identify ableism *and* sanism together. All that said, disability justice takes the umbrella approach to ableism, recognising the "legacies of resilience

---

[9] Audio from Piepzna-Samarasinha (2018).

and resistance which are the inheritance of all of us whose bodies *or minds* [emphasis added] will not conform" (Berne, 2015, para. 25). These words were written ten years ago by Patty Berne, a Japanese-Haitian queer auntie and primary architect of the disability justice movement, who passed away as I was writing this thesis. You can learn more about their life and legacy at the link in the show notes (see Appendix B, note 5).

When Piepzna-Samarasinha (2018) says "ableism helps make racism, christian supremacy, sexism, and queer- and transphobia possible"[10] (p. 22), I think about how the medical-industrial complex is a tool that enforces coloniality. And when they say that "all those systems of oppression are locked up tight"[9] (p. 22), I think about the coloniality of gender. Remember when I said that learning about the coloniality of gender helped me realise my gender could only be understood through the lens of my whiteness and my middle class-ness? The shift from a disability rights framework to disability justice feels like it does the same thing, acknowledging that disability can only be understood through the lenses of race, gender, and other oppressive forces. In this way, disability justice is aligned with fat, Black, queer, disabled scholar Sami Schalk and disabled bisexual Korean American scholar Jina Kim's feminist-of-colour disability analysis, which emphasises the vital insights of "feminists of color, [... who] have been writing for decades about disability, illness, and health" (Schalk & Kim, 2020, p. 31) and draws attention to the often-unacknowledged whiteness of the field of disability studies. Disability justice feels intimately decolonial to me – we could maybe think of disability justice as decolonial feminism with a particular attunement toward ableism/sanism. But if this is the case, why am I insisting on naming disability justice as an additional framework for this podcast? Well, it has a lot to do with the ways trans and disabled folks have historically been positioned against each other.

---

[10] Audio from Piepzna-Samarasinha (2018).

Black trans scholar and poet Cameron Awkward-Rich (2022) warns us that "although freeing transgender identities from the grasp of medical regulation and the stigma of pathology ha[s] long been a goal of transgender activism" (p. 1), one commonly-used tactic to accomplish this goal has been to reaffirm the health, sanity, and able-bodiedness of trans people. The mainstream acceptability of transness "seems to hinge on whether it can be effectively decoupled from pathology, mental illness, and feeling bad" (p. 4). In fact, Awkward-Rich reminds us that the strategy of intentional distancing from Madness and disability is a "recurring ableist conceit of progressive movements and thought" (p. 4). While I follow the lead of so many trans community members before me in rejecting pathologisation, I want to be intentional about distancing from pathologising logics *without* distancing from disability, Madness, and neurodivergence. I feel strongly that this is possible if I hold disability justice close in this work. Awkward-Rich's argument that "knowing from a trans position ought to obligate us to take seriously phenomena not (yet) witnessed, which *requires* taking seriously orders of sense and ways of knowing usually cordoned off as mad"[11] (p. 59, emphasis in original) makes inherent sense to me as a Mad trans person.

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

---

[11] Read by Cameron Awkward-Rich (personal communication, September 5, 2025).

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

Pathologisation of Eating Disorders

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

> There are three essential features of anorexia nervosa: persistent energy intake restriction; intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain; and a disturbance in self-perceived weight or shape. The individual maintains a body weight that is below a minimally normal level for age, sex, developmental trajectory, and physical health (Criterion A). Criterion A requires that the individual’s weight be significantly low (i.e., less than minimally normal or, for children and adolescents, less than that minimally expected). … Body mass index ([or] BMI; calculated as weight in kilograms [divided by] height in meters^2) is a useful measure to assess body weight for height.[12] (APA, 2022, p. 382)

Woof. First of all, this description explicitly points to the “intense fear of gaining weight or of becoming fat” (p. 382) as the reason the asshole brain is telling the person not to eat, rather than some causeless lack of appetite. But more than that, the primary diagnostic criterion requires that

---

[12] All direct APA quotes are read in a robotic voice, indicated by dark blue text.

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

Let’s keep digging into those diagnostic criteria for anorexia nervosa for a minute. According to the DSM, one essential feature of anorexia nervosa is “a disturbance in self-perceived weight or shape” (APA, 2022, p. 382). If this preoccupation with the self-perceived flaws in the physical body is ‘too’ obsessive, it can lurch into another diagnosis that shows up in the DSM’s pages: body dysmorphic disorder. However, many folks in eating disorder communities use the term ‘dysmorphia’ as a shorthand for that “disturbance in self-perceived weight or shape” (APA, 2022, p. 382; see Corcione, 2021; Fisher et al., 2024; Villines, 2023). For me, this shows up as rarely having a firm understanding of what my physical body looks like, which makes me anxious. That anxiety results in body checking behaviours (Cusack & Galupo, 2021) like seeking out my reflection in glass doors or car windows to assess for 'normalcy'. But the idea that there's a 'normal' or 'good' body is just ableism/sanism talking! Thinking about Puar's (2014) warning against "reproduc[ing] liberal norms of being" (p. 81) in this context is leading me toward the beginnings of an argument: **the normative story of fat trans folks with eating disorders does colonial violence to trans people. Decolonial feminism and disability justice challenge this by telling different stories about our bodies.** So, what are these different stories?

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

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

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

Transness and Eating Disorders

Let's backtrack to those prevalence stats for a minute. Why do so many trans folks have complicated relationships with food and eating? I think some of the answer lies in that "disturbance in self-perceived ... shape" (APA, 2022, p. 382) line in the DSM description of anorexia nervosa. This isn't the only eating disorder in the DSM where shape is brought up: an essential feature of bulimia nervosa is "self-evaluation that is unduly influenced by body shape" (p. 388). According to the DSM, one of the triggers of binge-eating disorder is "negative feelings related to ... body shape" (p. 394). Purging disorder describes "recurrent purging behavior to influence ... shape" (p. 396). In the DSM, body shape is usually paired with body weight, but I think there's something gendered here, too. Cis women, and trans folks taking estrogen, tend to store fat in their butts, hips, and thighs, while cis men, and trans folks taking testosterone, tend to store fat in their bellies

(Klaver et al., 2018). Socially, we gender fat distribution (White, 2019), just like we gender other parts of the body: genitals, yes, but also secondary sex characteristics like hairiness and breast development. Because gender is a construct, there's nothing inherently gendered about these parts of our bodies: they're *socially* gendered. The expectation of how a body should look, whether that's what parts a person 'should' have or how fat 'should' show up on their body, is a gendered expectation.

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

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

This is a shift from the previous edition of the DSM, which categorised transness as 'gender identity disorder' – a shift which identifies dysphoria as the problem, rather than the identity of transness itself (Lev, 2013). Still, gender dysphoria being present in the Diagnostic and Statistical Manual *of Mental Disorders* at all continues to place a common part of trans experience firmly within the category of a diagnosable medical problem.

Pathologisation is the name for the process by which something becomes understood as medically problematic (Sholl, 2017). That might seem innocuous, but in understanding something as medically problematic, that thing becomes part of the medical-industrial complex. As part of this colonial tool, “pathologization is one eugenic tactic that constructs and polices bodyminds along the intersections of race, sexuality, gender, class, nationality, language, disability, Madness, and neurodivergence”[13] (Johnk and Khan, 2019, p. 27). To try to define transness through some kind of pathologised, diagnosable measure like gender dysphoria reduces trans folks to our interactions with the medical-industrial complex. This is, in a word, crap. The very term ‘trans’ is a political, ever-shifting term coming out of community organising by a vast constellation of folks whose gender identities and/or expressions come up against what white trans scholar Dean Spade (2003) calls “a coercive binary gender system” (p. 16) and what Lugones (2007) termed “the colonial/modern gender system” (p. 187). We’ll talk more about these ideas in Episode 3, but for now, I just want to say that personally, I’ve had a complicated relationship with the idea of dysphoria defining my transness (noticing a pattern yet?). As a nonbinary human, binary ideas of what surgeries I ‘should’ be longing for or what parts of my body ‘must’ be causing me distress have never mapped neatly onto my experience.

White disabled genderqueer writer Eli Clare (2017) reminds us that “in spite of what the medical-industrial complex tells us, diagnosis is a tool rather than a fact, an action rather than a state of being, one story among many”[14] (p. 45). In a similar vein, white trans sociologist Austin Johnson (2019) argues that while many trans folks reject a medical model for transness – we don’t see ourselves, our identities, our transness as a problem to be fixed – we do “strategically reintroduce medical logics and embrace medical authority in order to facilitate medical and social recognition” (p. 517). Even though many trans folks disagree with the idea of transness being a medical problem, we can use a diagnosis as a tool to access medical procedures we may want or

---

[13] Read by Sasha Khan (personal communication, September 8, 2025).
[14] Read by Eli Clare (personal communication, September 3, 2025).

need for our transitions. The strategy makes sense to me. It's not that I don't want or need medical procedures, but I don't want or need my access to them to be based on a coercive, colonial understanding of transness. I want to be able to choose.

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

Anti-Fatness

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

> The term 'obese' is derived from the Latin *obesus*, meaning 'having eaten oneself fat,' inherently blaming fat people for our bodies. A growing number of fat activists consider the term to be a slur, and many avoid it altogether. The term 'overweight' implies that there is an objectively, externally determined correct weight for every body. Both terms are derived from a medical model that considers fat bodies as deviations in need of correction.[15] (p. xix)

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

---

[15] Audio from Gordon (2023).

> Fat activists and their allies have moved away from using … fatphobia because of its medicalizing and psychiatrizing nature. Phobias can be distressing, fear-filled experiences and people who are 'fatphobic' don't fear fat people; rather they hold deep seated prejudices towards fat people that are a consequence of living in an anti-fat world.[16] (p. 185)

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

Anti-fatness is rooted in colonialism (Robinson, 2019). As early as the mid-1500s, European artists personified the so-called 'New World' as a fat Indigenous woman (Robinson, 2019). Bisexual and Two-Spirit Mi'kmaw scholar Margaret Robinson (2019) argues that these propagandic images "trained Settlers to perceive Indigenous bodies and land as requiring domination" (pp. 15–16). Anti-fatness is also rooted in racism, specifically anti-Black racism (Harrison, 2021; Strings, 2019). In *Fearing the Black Body*, Black sociologist Sabrina Strings (2019) details how, before European nations embarked on their colonial projects, they found fatness desirable and a marker of prosperity. It was only when European colonisers started to interpret some African bodies as fat that these colonisers started to equate fatness with being 'lazy', 'barbarous', 'immoral', 'greedy', and 'Other'. As such, Black nonbinary scholar Da'Shaun Harrison (2021) argues that "fatness is formed as a coherent ideology through the creation of (anti-)Blackness and therefore does not intersect with Blackness, but exists with Blackness itself"[17] (p. 18).

I mentioned earlier that we'd come back to the BMI, and here's where I make good on that promise. If you're interested in an hour-long discussion of the history of this anti-fat, anti-Black, and ascientific measurement tool, I've linked to a *Maintenance Phase* episode (Gordon & Hobbes,

---

[16] Read by Fady Shanouda (personal communication, August 31, 2025).

[17] Audio from Harrison (2021).

2021) about it in the show notes (see Appendix B, note 6). The short version is that the BMI formula was developed by a Belgian mathematician in the early 1800s to measure population-level weights – it was never meant to be used for individual people, has no basis in even 200-year-old medical thought, and was developed using the weight data of exclusively white European adult men (Gordon, 2023). Unsurprisingly, a tool built by a white mathematician to describe the weight of a population of white men that he saw as the social ideal has a racial bias against Black folks (Strings, 2019). The reason we use the BMI on an individual level today is a long and infuriating story. In short, the life insurance industry decided to use this shoddy statistical tool to charge fat folks more for insurance starting in the ‘80s, and the medical industry took it up in the ‘90s because the life insurance industry was using it (Strings, 2019). Remember that whole thing about coloniality hinging upon both racism and capitalism? Yeah. The BMI is *super* colonial.

As I mentioned at the top of this episode, acknowledging anti-fat messaging has meant a lot to me in figuring out how to have a healthier relationship with food and eating. However, before starting this thesis work, my whiteness shielded me from having to learn about the racist and colonial roots of anti-fatness. I had been struggling with how to bring my white settler body into this analysis of anti-fatness, but listening to an *Unsolicited: Fatties Talk Back* podcast episode (Mercedes et al., 2022) helped me to start understanding anti-fatness as anti-Blackness at an embodied level. In the episode, the hosts dissect a Dear Prudence-style question from a woman whose fiancé is using her weight gain as an excuse to emotionally abuse her. In thinking through this expression of anti-fatness, Da’Shaun Harrison explains “even if this writer is a white woman, what she’s experiencing is the residue of anti-Black violence that her body helps to sustain, and that means that there is no way of undoing this for her unless she’s also, unless we are also undoing the violence of anti-Blackness. … Because there is no anti-fat violence without Black bodies"[18] (1:07:42). The residue of anti-Black violence gets on all of us, and it's all our jobs – and particularly the job of white settler folks like me – to name it, understand it, and work to clean up the violent source of the mess together.

White trans writer Adryan Corcione (2021) notes, in their article on the impact of eating disorders in queer and trans communities, "systemic violence can impact how queer and trans people perceive and witness [our] own bodies through extremely gendered beauty standards based in binaries"[19] (para. 3). The systemic violence Corcione is referring to in this case is the interaction between anti-fatness and anti-transness, but I'm arguing that **the normative story constructed by *all* pathologising logics, including anti-fatness, anti-Blackness, anti-transness, ableism/sanism, eating disorder narratives, and coloniality linking all of these together, violently impacts trans people's perceiving and witnessing of our own bodies.** This links directly to the work I'll be doing in the rest of this podcast series, tracing how I've witnessed my body in the past and how I'm learning to tell a less harmful, more decolonial story now.

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

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

Closing

Thanks so much for listening to this first episode of TRANS FATS, a podcasted thesis submitted in partial fulfilment of the requirements for the degree of Master of Social Work in the School of Social Work at the University of Victoria. Many thanks to the folks who sent in voice recordings of their work for this episode: Chelsea Vowel, Clarissa Rojas, Cameron Awkward-Rich,

---

[18] Audio from Mercedes et al. (2022).

[19] Read by Adryan Corcione (personal communication, August 31, 2025).

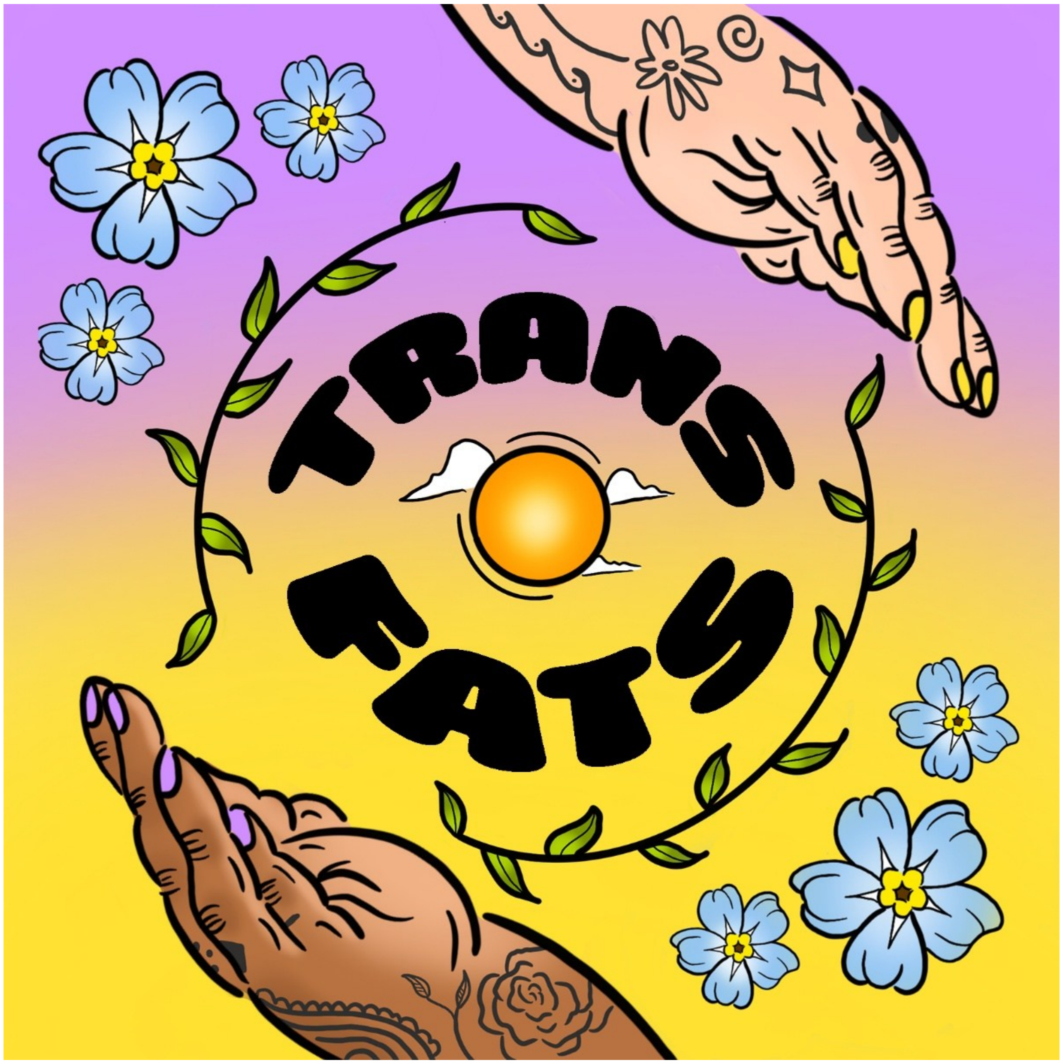
Sasha Khan, Eli Clare, Fady Shanouda, and Adryan Corcione. My pal Kéka read the María Lugones quote; thanks so much for lending your voice to this project, friend.

TRANS FATS was recorded at the Halifax Central Library in Mi'kma'ki. My sibling M helped with audio mixing and sound design and wrote the theme music; thank you love you miss you! Podcast artwork (Figure 1) is by my friend Harmeet Rehal; thank you so much for your beautiful work. Many thanks also to my supervisor, Dr. Mehmoona Moosa-Mitha, and my committee members, Dr. Nathan Lachowsky and Professor Gaben Sanchez, for your support and guidance. And thanks to you, for listening! I'm super honoured that you spent time with my voice in your ears today.

[Background music swells before ending]

Figure 1

Podcast Artwork by Harmeet Rehal



Note. The TRANS FATS podcast artwork features an illustration of two fat tattooed hands reaching toward each other. One hand is white with yellow nail polish, and the other is brown with purple nail polish. The podcast title, TRANS FATS, is written between the two hands in a thick typeface in black. There is a sun with small white clouds in the middle of the image, and delicate leafy vines around the title. The image is decorated with light blue forget-me-not flowers, and the background is a purple-to-yellow gradient evoking the nonbinary flag.

Episode 2: Memes and Methodologies

[Cold open, preceding the title of Episode 2] Mehmoona: “Okay. Katie. So, thesis work.”

Katie: “Yes.”

Mehmoona: “Means you can’t disappear.”[20] (M. Moosa-Mitha, personal communication, September 6, 2024) [Cold open ends]

When I was in eighth grade, I kept a journal.

[Background drone fades in]

I was the kind of kid who loved notebooks and who’d started a million journals before. I would earnestly write entries every day for about a week, until I got distracted, and I’d forget to write for a day or two. Frustrated by screwing up my self-imposed writing schedule, I’d then abandon my journal completely. Or, I’d spell something wrong and have to scratch it out, making my beautiful new notebook ugly in the process. Again, I’d end up abandoning my journal. Sometimes I’d try to start fresh by ripping out the spoiled pages, but I could never get the magic of a new notebook back.

My eighth-grade journal was different. I wrote with a dying gel pen on a collection of loose-leaf pages in the back of a binder – no overwhelming new notebook pressure. I didn’t write down dates or stick to a schedule, instead writing whenever I felt like it. I scratched things out, I intentionally misspelled words, I wrote upside down and sideways.

In a lot of ways, the content of this journal was exactly what you’d expect of an eighth grader. The first page sports a warning that the journal “iz [*sic*] 4 MY EYES ONLY! (except if i gave u special permission 2 read it!)”[21]. I wrote about my favourite bands, what I wanted for my birthday,

---

[20] Read by Mehmoona (M. Moosa-Mitha, personal communication, September 6, 2024).

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

my infatuation with a now-cringeworthy actor, interactions with my friends and classmates. In a particularly junior high school entry, I wrote about a cute guy in my class looking at me, only to realise afterwards that I had snot on my face. The entries are equal parts charming and nightmarish, the way anything to do with childhood might make you feel nostalgic and also horrified. In the middle of all these entries detailing boy-crushes and awkward preteen feelings, though, there's one entry that I find fascinating in a different way. In a tiny passage at the bottom of one page, I wrote: "i'm not a homophobic [*sic*], but i'm scared i might be a lesbian? is that bad?"

[Background drone fades out]

I read aloud from this journal at an event called Queer Folks Read Things They Wrote in the Closet a few years back. I chose to share these entries at the time because I found the awkward, earnest baby-queerness very silly, and very endearing. I'm sharing these entries now because I'm interested in what I *didn't* write on those pages. The only reason I knew the term 'lesbian' in eighth grade was because classmates kept anonymously telling me online that I was one. After some frantic researching on the family computer, secretly, late at night, Wikipedia told me that the term 'lesbian' referred to women who are romantically or sexually attracted to other women. I decided the word wasn't for me, although I couldn't put my finger on why. After all, journal performances of straightness aside, I was *definitely* into women. It would take me another decade to realise that the word 'lesbian' chafes a bit because I'm not one. A woman, that is.

In the end, my eighth-grade journal flamed out after ten pages or so, just like the journals I'd started before and have started since. But I'm still fascinated by the stories we tell ourselves, and share with one another, about our lives. That's what brings us to this podcast. [Theme music, "3am," starts playing in the background] I'm Katie O'Brien, and you're listening to TRANS FATS, a podcasted thesis exploring the research question: **How is my experience of trans corporeality mediated by pathologising logics?** Last episode, we talked about decolonial feminism and disability justice, the theoretical frameworks I'm using for this project. If you haven't listened to that episode first, I'd super recommend you start there! This episode, I'll be sharing a bit about my hopes and dreams for this work, and then we'll deep dive into my research strategy. In academic speak, this is an episode all about methodology. [Theme music ends]

Research Methodology

Research methodology describes how a research project is put together, including its broader politics and goals (Smith, 2012). Research *methods* are the specific techniques used to gather data. Methodology "is important because it frames the questions being asked, determines the set of instruments and methods to be employed, and shapes the analyses" (Smith, 2012, p. 144). We kind of did the whole framing thing last episode when we talked about decolonial feminism and disability justice, but we haven't talked about my research objectives yet. Let's touch on that now.

Objectives and Implications for Social Work

Community organisers Craig Fortier, who's white and nonbinary, and Edward Hon-Sing Wong, who's Chinese, argue that "as non-Indigenous activists and social workers we must work through the process of unsettling through the dismantling of narratives, institutions, practices, and positions that structure the settler colonial project"[22] (Fortier & Wong, 2024, p. 122). In the last episode, we talked about how pathologising anti-trans and anti-fat narratives are rooted in coloniality.

(Super speedy recap from last episode: we defined 'coloniality' as the ongoing legacy of colonialism that makes settler ways of being and doing seem natural (Moosa-Mitha, 2022; Wada &

---

[22] Read by Ed Wong (personal communication, September 8, 2025).

Fellner, in press). Anti-trans narratives are colonial because they're rooted in the idea of the gender binary as natural, when actually it's a super settler way of understanding gender (Lugones, 2007). Anti-fat narratives are colonial (Robinson, 2019) and specifically anti-Black (Harrison, 2021; Strings, 2019) because they're rooted in the idea of the thin white settler body as the 'right' kind of body, emblematic of moral superiority. And pathologisation more broadly, the idea of something becoming understood as a problem for the medical-industrial complex to solve (Sholl, 2017), is colonial because it "negat[es] indigenous knowledges of the body, health, and healing" (Rojas Durazo, 2016, p. 184). Okay, back to the episode.)

My goal for this project is to start the work of dismantling anti-trans and anti-fat narratives. I'm hoping that in taking apart those kinds of harmful stories, this project will help create a social work context where cis social workers can better understand how to effectively support trans folks accessing care. More importantly, I hope this project helps create a social work context where trans social workers and service users who are trans (recognising there's often a big overlap between those categories) can see and know ourselves. This kind of greater awareness ideally reduces gatekeeping of services, leading to increased care access. I would love to see this work leading to increased healthcare and community care access for trans and nonbinary communities, particularly fat trans and nonbinary folks who have complicated relationships with food and eating.

Now, I touched on Eve Tuck and Wayne Yang's (2012) work on the violence of settler colonialism last episode, but I think it might be helpful to chat some more about their article "Decolonization is Not a Metaphor" for a minute to explain how I'm using some terms. In this foundational article, Tuck and Yang remind us that decolonisation refers very specifically to the project of abolishing settler states and de-occupying land, also known as Land Back (Yellowhead Institute, 2019). When the term 'decolonisation' is used to refer to anything other than returning land to Indigenous peoples, Tuck and Yang argue that this makes decolonisation into a metaphor.

"When metaphor invades decolonization," they write, "it kills the very possibility of decolonization; it recenters whiteness, it resettles theory, it extends innocence to the settler, it entertains a settler future" (p. 3). This podcast can't do much in the way of land back – that is, decoloni*sation*. I'm hopeful, though, that this podcast can speak toward decoloni*ality* in beginning to dismantle pathologising anti-trans and anti-fat stories, which we framed as colonial narratives last episode. I'm careful to describe my work in this podcast as decolonial, rather than decolonising, for this reason.

Okay, so if those are my goals for this project, how am I trying to accomplish them? Well, I'm combining two methods: autoethnography and podcasting. Let's chat autoethnography first.

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

Autoethnography

Autoethnography is a complicated word that can be broken down into three simple parts (Ellis et al., 2011). The beginning, *auto*, means the research describes and analyses personal experience. The middle, *ethno*, points to the research trying to understand cultural experience. The ending, *graphy*, means this method takes a specific approach to writing. Put them together, and autoethnography refers to research describing and analysing personal experience in order to understand cultural experience. In this project, I'm compiling and analysing stories about my own fat trans body to understand fat trans experience more broadly.

One of the reasons I feel drawn to autoethnography is that it explicitly treats the personal as political (Ellis et al., 2011). This classic feminist slogan has made inherent sense to me since I first started understanding myself as queer in eighth grade, around the same time as the settler Canadian state was legalising same-sex marriage (Lenon, 2008). Black disabled lesbian feminist Audre Lorde (1982) described this understanding so beautifully in her biomythography *Zami: A New Spelling of My Name*, when she wrote "I didn't know how I was going to bring my personal and political vision together, but I knew it had to be possible because I felt them both too strongly, and knew how much I needed them both to survive"[23] (p. 197). In treating personal story as political story, academic narrative as personal and political, autoethnography is a queer method: it refuses categorisation (Holman Jones & Adams, 2010). White queer autoethnographers Stacy Holman Jones and Tony Adams (2010) say that:

> autoethnography, as method, allows a person to document perpetual journeys of self-understanding, allows [them] to produce queer texts. A queer autoethnography also encourages us to think through and out of our categories for interaction and to take advantage of language's failure to capture or contain 'selves', ways of relating and subjugated knowledges.[24] (p. 207)

Thinking back to reading and reflecting on that journal I kept in eighth grade, it feels clear to me that I've been circling towards autoethnography far before I knew the word for it.

When I first started this thesis work, I thought about marrying an autoethnographic approach with community interviews. I figured that the only way to produce rigorous work would be to incorporate the perspectives of other participants. One of my first moves toward a decolonial approach to this project was recognising, with my supervisor Dr. Mehmoona Moosa-Mitha's guidance, that this thought process was rooted in a colonial, positivist critique of autoethnography (Bhimji, 2024; Dutta, 2017; Sharma, 2023). Māori scholar Linda Tuhiwai Smith (2012) describes positivism as "the notion of research as an objective, value-free and scientific process for observing and making sense of human realities" (p. 166). It's a way of knowing that comes out of Western Europe that "colonized the intellectual world" (Murea & Josan, 2014, p. 82) and dismisses other, Indigenous ways of knowing as 'less than' (Barreiros & Moreira, 2019; Murea & Josan, 2014;

---

[23] Read by Nahomi (N. Amberber, personal communication, September 11, 2025).

[24] Read by Tony Adams (personal communication, September 2, 2025).

Smith, 2012). As an example of positivism in action, those of you who went to grade school on Turtle Island may remember learning about the scientific method. The scientific method is a step-based process where you start out with a question based on something you've observed, then you make a hypothesis about what the answer to your question will be. After that, you come up with an experiment to test your hypothesis, analyse your data to figure out whether your hypothesis was correct, and communicate your results to other people. Ideally, after that, you get other folks to do the same experiment to check whether they get the same results as you – this is called 'replicability'. Scientists argue that if an experiment is replicable, that often means the results of that experiment are more rigorous, meaning they're less likely to come from a biased perspective. In other words, the scientific method – and positivism more generally – has the idea of objectivity baked into it. This approach to research isn't universal, though. As Black Portuguese artist Grada Kilomba (2015) emphasises,

> we all speak from a specific time and place, from a specific reality and history. There are no neutral discourses. When *white* scholars claim to have a neutral and objective discourse, they are not acknowledging that they too, write from a specific place, which of course, is neither neutral nor objective or universal, but dominant. They write, from a place of power. (pp. 7–8, emphasis in original)

Okay, so after all that, you might have an inkling of what critique positivism throws at autoethnography. To put it plainly, autoethnography as a method makes positivists grumpy because it's unabashed in its subjectivity, instead of pretending to be objective. When I brought up this positivist critique of autoethnography to Mehmoona, she delightfully replied, "To hell with that critique. There is a decolonial embracing of autoethnography"[25] (Green & Carafell, 2021; M. Moosa-Mitha, personal communication, September 6, 2024).

---

[25] Read by Mehmoona (M. Moosa-Mitha, personal communication, September 6, 2024).

Indigiqueer and disabled scholar-activist Autumn Asher BlackDeer (2023), from the Southern Cheyenne Nation, argues that "decolonial feminism challenges positivism through both critical reflexivity and positionality, beyond upfront statements of privilege but true critical reflection and application to the work"[26] (p. 623). Reflexivity in this case means being self-aware and open to challenge or critique (Smith, 2012), and it's fundamental to autoethnography (Varela, 2022). For me, approaching this research in an explicitly decolonial way means moving beyond just saying I'm a white settler researcher trying not to cause harm, toward being in meaningful solidarity with colonised folks and people of the global majority. For more about this term, check out Black-Biracial antiracist educator Britt Hawthorne's (2023) blog post, linked in the show notes (see Appendix C, note 1). I don't want to pretend my whiteness and settlerness isn't influencing this research, but I also don't want to just name my whiteness and settlerness as a way out of the complicated work of digging into *how* and *why* it's showing up (Gani & Khan, 2024; Gregory, 2020; Thambinathan & Kinsella, 2021). I'm constantly and intentionally learning in this space. If you remember from last episode, I talked about wanting to dig into the larger web of meaning around my experience of trans corporeality, pathologisation, and anti-fatness, and play around in the uncertainty – recognising that there's not going to be a simple answer to the research question I'm asking. Reflexivity asks me to lean into this questioning, learning space, instead of rushing toward answers (Thambinathan & Kinsella, 2021).

It feels really hard to bring myself so explicitly into this project, particularly after having been trained to disappear myself in academic writing for years before starting thesis work. Part of the challenge is ditching the colonial, positivist, academic fuckery I learned somewhere along the way that says sharing about my experiences isn't scholarly or valid knowledge (Varela, 2022). Another part of the challenge is unlearning the overly formal academic voice I've developed in my

---

[26] Read by Autumn Asher BlackDeer (personal communication, September 15, 2025).

decade-plus in university and figuring out what *my* voice actually sounds like. At this point, I hope the reason I included the snippet of conversation with Mehmoona at the beginning of this episode is starting to become clear. I can't, and don't want to, disappear in this work.

For this project, I assembled a few different sources of autoethnographic data. First, I collected some of my poetry referencing transness, food and eating, and my body. I've been writing poetry since I was a preteen, and these poems feel like a pretty transparent peek into how I was feeling when I wrote them. In her essay "Poetry is Not a Luxury," Audre Lorde (1984) posited "it is through poetry that we give name to those ideas which are, until the poem, nameless and formless – about to be birthed, but already felt"[27] (p. 36).

[Overlapping audio of poetic artifacts with underlying drone]

I used these 'poetic artifacts' (Sharma, 2023) to help me remember and map out experiences in my life that I thought might be relevant to this project. You can read more about why I use the term 'artifacts' in the show notes (see Appendix C, note 2). I captured this remembering process through audio journalling, making voice memos on my phone. Often, I journaled while walking my tiny senior rescue dog, Louie, around our neighbourhood. This journalling practice called on remembered conversations with bio family members about eating disorder lineages and gender pieces, and experiences with chosen family members who supported me through my eating disorder recovery and coming to understand myself as nonbinary and trans. For folks who haven't heard these terms before, 'bio family' refers to my family of origin: my parents, siblings, grandparents, aunts, uncles, cousins. 'Chosen family' is a queer term referring to the friends I've made intentional relationships with based on mutual trust, love, care, and commitment. The term 'chosen family' emerged out of the HIV/AIDS crisis beginning in the 1980s (Jackson Levin et al., 2020). Many bio families rejected their family members with HIV/AIDS, while other queer folks

---

[27] Read by Nahomi (N. Amberber, personal communication, September 11, 2025).

cared for their terminally ill queer siblings (Jackson Levin et al., 2020). The experience of bio family rejection is still common among queer folks today (DeChants et al., 2022; Robinson, 2018). I feel very lucky to have strong relationships with both bio and chosen family (see Huang, 2022 for a reimagination of this split), and I reflected on these relationships in my audio journal entries.

[Overlapping audio from journal entries with underlying drone]

Thematic Analysis

The stories you've heard so far in this podcast, and the stories you'll hear in the remaining two episodes, are the result of these poetic and audio journalling practices. But how did I figure out which stories to tell, and how to group them together and analyse them? To be honest, this was the part where I felt a bit like that Pepe Silvia (2017) meme of the guy ranting about a conspiracy theory while standing in front of a wildly chaotic evidence board. You can check out the meme in the show notes (see Appendix C, note 3) if you have no idea what I'm talking about. To keep track of the poetic artifacts and story snippets I was starting to piece together in my journalling practice, I kept a list of them on my computer. After a while, though, I felt like I needed to have something more tangible to play with. I printed off my list, chopped it up, and pasted all the items onto sticky notes. After that, I was able to group them in different ways, and start understanding how they related to each other. The initial story groupings that emerged using this method were stories about gender, stories about anti-fatness, and stories about access to services. You can take a look at the mapped sticky notes in the show notes (see Appendix C, note 4). In a recent Instagram post, Two-Spirit Oji-Cree writer Joshua Whitehead noted that "the funny thing about stories [is] they're never vacuumed, never siloed, and aplenty in their relations" (King's Co-op Bookstore, 2025). I really started to notice these overlapping relations through this mapping method.

In qualitative research like this, the process of analysing data is "always emergent, unpredictable, and unfinished" (Denzin & Lincoln, 1994, as cited in Sharma, 2023, p. 46). The two theoretical frameworks I talked about last episode, decolonial feminism and disability justice, guided me in deciding where to put each story. The nonbinary thinking of decolonial feminism helped me to recognise the importance of stories that fit into multiple possible groupings, and that story, reflection, and analysis aren't easily split apart. Disability justice, which "valu[es] the teachings of our lives and understand[s] … our embodied experience as a critical guide and reference pointing us toward justice and liberation" (Berne, 2015, para. 20), helped me to recognise when my embodied experience was pointing me towards including or deepening particular stories. I decided to use my poetic artifacts to name these grouped stories and reflections to reflect these emerging processes – listen for them in the next two episodes. Using poetic artifacts in this way – keeping them poetic, instead of over-explaining the links – also lets you, the listener, imagine and reflect on connections for yourself!

Grappling With Coloniality

Now, when I was in the beginning stages of figuring out how to do this project, I thought all these practices might not be… good enough. I thought about trying to access case notes from my doctor, dietitian, and therapists. I felt like these external validations of my experience would back up the memory work. Mehmoona helped me realise that this impulse was also rooted in coloniality: positivism generally demands that the researcher is an outsider, as it figures only outsiders can be objective and neutral (Smith, 2012). But we've already established that objectivity and neutrality isn't something I'm going for in this project. Subjectivity is kind of the point. On top of this decolonial critique, when I was digging into the literature about the medical-industrial complex for the last episode, I came across some pretty brilliant critiques about case noting from disability justice activists. In particular, I love the way Eli Clare (2017) writes about medical notetaking, so please forgive me for quoting him at length here:

> Sometimes all the medical-industrial complex leaves behind are case files – that scramble of charts, letters, clinical notes, diagnoses, photographs, birth and death certificates, and court orders used to track people's lives through medical care and confinement. In the era before electronic records, these files reduced countless body-minds to paper and ink, stored in vaults, drawers, and boxes upon boxes. Now the same reduction happens in bits and bytes, stored on computers. These files, whatever form they take, possess power. They document, prove, and defend treatment and cure. They transform people into diagnoses and 'expert opinions'. Tellingly they are called case files, not personal files, personhood itself receding. Thousands of stories vanish beneath their authority. … Case files will never provide the answers. Instead they tell stories entirely distorted, filtered through diagnosis, treatment, and cure; stories that flatten body-minds onto paper and computer screens, reduced to fit into vaults and servers. They lay claim to the truth. They lie.[28] (pp. 112–115)

Reading these critiques brought me back into some critical conversations about case noting I've had as a social worker. Social workers are often tasked with taking case notes about the clients we work with. There are lots of different schools of thought on how to do this ethically, and if ethical case noting is even possible. As a social worker, I haven't worked one-on-one with people all that often, but when I have, I've always felt uncomfortable taking case notes. I know that as a professional, I'll never get folks' stories quite right, which has the potential to cause violence. If that sounds like I'm overstating things, I promise I'm not: case notes are often provided to law enforcement and medical professionals, informing the way folks are treated by carceral systems. By 'carceral system,' I mean any "system that confines, entraps, and incapacitates, whether that be through the criminal legal system or by other means" (Hackett & Turk, 2017, para. 5). Case notes are part of what Edward Hon-Sin Wong (2024) describes as "the constellation of coercive

---

[28] Read by Eli Clare (personal communication, September 3, 2025).

apparatuses that involve the direct collaboration between mental health workers and the police" (pp. 42–43). All of these conversations, readings, and reflections helped me feel more secure in my decision not to engage with any case notes about me in this project.

Rigour

Just because I'm throwing positivism out the window doesn't mean this work isn't rigorous. In qualitative research, "researchers develop credibility by engaging over extended periods, observing persistently, and using triangulation" (Ahmed, 2024, p. 1). I've made my research as credible (Hernandez et al., 2015) as possible by using a bunch of different kinds of data, putting my experiences into context with the literature we explored in the last episode, engaging in reflexive analysis, and talking the whole thing through with my thesis committee and community. The goals of autoethnography are to encourage conversation, to work toward justice, and to produce research that's evocative, creative, and accessible (Ellis & Bochner, 2000). More than that, the queerness of autoethnography asks us to leave space for ambiguity, to advocate for trouble (Holman Jones & Adams, 2010). It asks us to be playful, which is a queer tactic of resistance (DeChaine, 1997; Holman Jones & Adams, 2010). All of these goals led me to my second method: podcasting.

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

Podcasting as Method

I feel like I got on the podcast train a bit late in the game. Podcasts have been around since the early 2000s, but only really hit the mainstream in the mid-2010s (McGregor, 2022). I had friends who were early podcast listeners, but whenever I tried to listen to a show or episode they'd recommended, I found it super hard to focus on an audio-only medium. That changed for me in March 2020. My wife Viv is a passionate gardener (love you Viv), and when the COVID-19 pandemic hit, I started weeding in her garden as a way to get into my body. I found that when I was weeding, I could listen to and focus on podcasts in a way I hadn't been able to before. The first podcast that I got super hooked on was a show called *Witch, Please* (McGregor & Kosman, n.d.). *Witch, Please* was a critical Harry Potter podcast, and listening to the show grapple with J. K. Rowling's rampant anti-transness in real time was really meaningful to me. The hosts, Hannah McGregor and Marcelle Kosman, both white queer feminist scholars, demonstrated a commitment to learning in public (McGregor & Kosman, n.d.) in their podcast that helped me start thinking about doing my own public learning, this thesis, in podcast form too.

Podcasting is both a popular way to consume media and an increasingly accepted form of academic publishing (Beckstead et al., 2024). McGregor (McGregor et al., 2025) describes their scholarly podcasting as

> gay shit disturb[ing]—gay in the sense of 'be gay, do crime,' in the sense of a political queerness and a queer politics, in the sense of rejecting the status quo and demanding that we imagine how things might be otherwise.[29] (para. 27)

I've been interested in the research part of a thesis project for a long time, but like I mentioned last episode, the idea of putting together a traditional written thesis that none of my friends would ever read has never been all that compelling to me. It's important to me that the knowledge I've compiled in this project is accessible to my community, particularly other trans folks. Podcasting has helped me imagine the thesis process otherwise and centre community accessibility, rather than treating it as an afterthought (Chandler et al., 2023; Ho et al., 2025).

I've been trying to figure out how to explain why this access piece is so important to me. I think it's tied with disability justice and the relational ethic driving this project: after all, "to make something accessible is to invite the audience into the work" (Jones et al., 2021, p. 36). Disability

---

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

justice cares deeply about accessibility because – as disabled Asian American organisers Sandy Ho, Mia Mingus, and Alice Wong assert – access is an act of love (Ho et al., 2025). Podcasting helped me prioritise access in a few different ways in this project. First, once I figured out which stories I wanted to include, I thought carefully about how to structure my episodes so they made sense to you, the listener. Then, I had to learn how to write for the ear (Wilson, 2020). I spent a lot of time reading draft scripts out loud to Viv and asking, "does that even make sense?" to which her answer was often, "uhh… try again?". I also tried to centre accessibility in this project by including content notes and image descriptions in the show notes, and by making transcripts and reference lists available for each episode. I know I won't have succeeded in making this project accessible to everyone. If you have suggestions for how I can do better, I'd sincerely love to hear them – you can find my contact information in the show notes (see Appendix C)!

Scholarly podcasting also has the opportunity to do something interesting when it comes to what knowledge counts. White anti-racist educator Tema Okun (2025), in collaboration with Black organiser and educator Kenneth Jackson Jones, has argued that one of the characteristics of white supremacy culture is the worship of the written word. To combat this, she suggests we

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

In an early draft of this episode script, my supervisor Mehmoona commented that "written work can hide behind the writing"[30] (M. Moosa-Mitha, personal communication, March 28, 2025). I want to challenge myself not to hide in the creation of this podcasted thesis, to register emotion, and to

---

[30] Read by Mehmoona (M. Moosa-Mitha, personal communication, September 29, 2025).

practice listening – both to the oral knowledges that the academy doesn't 'count', and also to my body.

This leads me to the other reason I'm using podcasting as method. Podcasting brings the body into the work by engaging with the voice. McGregor notes that "our voices bring our bodies with them, in a way that our writing doesn't necessarily … and there's an opportunity, if we want to let it, for podcasting to also put feeling and affect back into our scholarship"[31] (Llinares, 2020, 30:06). Colonial perspectives on knowledge only care about the body because that's where our brains live (Ng, 2018). In contrast, decolonial feminists care deeply about the body, which is always a target of colonial practices of violence, as a site of knowledge (see Moosa-Mitha et al., in press). Disability justice advocates also reject the idea that we can, or should, meaningfully separate our minds from our bodies. The term 'bodymind' highlights this rejection (Clare, 2017; Price, 2015; Schalk, 2018).

On top of the feelings angle, engaging with the voice can be both important and complicated for trans folks specifically (Gumble, 2020; Stryker et al., 2025; Zimman, 2018). Remember that whole thing about gendering from last episode? In our cisnormative society, we often assume folks with lower voices are men, and folks with higher voices are women – and other aspects of the voice are gendered, too, like vocal fry (Chao & Bursten, 2021). You might not think you're participating in anything particularly radical by listening to this podcast, and maybe you're not. But in listening to my nonbinary trans voice tell my nonbinary trans stories, I'm hoping some of those gendered assumptions based on the qualities of my voice crumble a bit.

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

---

[31] Audio from Llinares (2020).

Relational Ethics

So far, I've presented autoethnography and podcasting as pretty revolutionary methods, and I really believe they can be. That said, autoethnography can also be a navel-gazing and individualistic exercise (Ellis et al., 2011), and there's a stereotype of the podcaster as a lone white guy (McGregor, 2022) yelling into a mic in his basement with no care for contextualising or historicising his work for a reason. As an antidote to this potential pull towards individualism, or thinking of myself as the sole truth teller in this work, I'm grounding myself in relational ethics (Ellis, 2007).

Even though I decided not to incorporate community interviews in this project, I'm not the only person present in this research. You've heard me draw on work by other academics, activists, and artists throughout this episode and the last one; that's one way this work is in community with others. I've also explicitly cited my supervisor Mehmoona's input, and comments from my committee members – I don't know if that's super common in thesis projects, but their guidance has deeply influenced the way this thesis has come to be, and I'm not interested in pretending it hasn't. Importantly, the stories I share feature chosen and bio family members – I'll talk more about how I thought through the ethics around this in a minute. I think placing my work in conversation with other folks' has always been important to me. There's a story my mum likes to tell from when I was a little kid. Before I even knew how to write, I would narrate stories to her, which she would write down (love you Mum). I'd illustrate the stories, turning them into homemade picture books – and then I'd insist we create library labels for the books so that they could live in the library with their friends.

I've been thinking a lot about my "relational responsibilities to ... the unnamed, unwitting participants who are implicated in [my] self-stories" (Hernandez et al., 2015, p. 537). The idea of relational ethics, a practice which "recognizes and values mutual respect, dignity, and connectedness between researcher and researched, and between researchers and the communities in which they live and work" (Ellis, 2007, p. 4), has helped me think this through. Disability justice highlights relationality through its principles of solidarity, collective access, and collective liberation (Sins Invalid, n.d.). Decolonial thinkers are constantly thinking of relationality, too: María Lugones (2010) argued that

> One does not resist the coloniality of gender alone. One resists it from within a way of understanding the world and living in it that is shared and that can understand one's actions, thus providing recognition. Communities rather than individuals enable the doing; one does with someone else, not in individualist isolation.[32] (p. 754)

In a decolonial framework, relationality and reciprocity goes beyond a commitment to report back to the community (Smith, 2012; Thambinathan & Kinsella, 2021). For this project, it meant thinking about how to ask for feedback from my community members and bringing in their perspectives into the work, making their words count. I did this by submitting a research ethics application to the Human Research Ethics Board, or REB, at UVic for this project (see Appendix D).

This REB is a group of UVic faculty, grad students, and community members who review all proposed research involving humans at UVic to make sure it meets their ethical standards. Submitting a research ethics application to the REB is required for graduate student theses engaging in research with humans. As my committee member Nate commented on a draft of this episode, "it's an interesting experience that our institutions require such application and approval, which reflect both the academic power you have critiqued above but also (ongoing) histories of research as violence"[33] (N. Lachowsky, personal communication, May 17, 2025). Now, it was a bit… complicated to do an ethics application for an autoethnographic project. The system is mostly

---

[32] Read by Kéka (M. Guerrero-Quintana, personal communication, September 11, 2025).
[33] Read by Nate (N. Lachowsky, personal communication, September 14, 2025).

set up for outsider research instead of self-reflection, and it cares more about individual and institutional risk than respectful and caring relationships (Thambinathan & Kinsella, 2021). However, given that my stories always exist in a context and environment that includes other folks (Ellis, 2004), going through the REB process helped me to articulate some of my relational responsibilities to the folks involved in these stories. I've included links to my ethics application and consent forms (see Appendix E) in the show notes (see Appendix C, note 5) to make this part of my research process transparent to other folks who might want to do autoethnographic work. In short, once I decided which stories would be included in my thesis and had written the podcast scripts, I reached out to my bio and chosen family members who featured in these stories for their feedback (see Appendix F), to make sure they felt comfortable with how they were portrayed in these stories. I sent over the entire episode script so my community members understood the context in which the stories were presented, with the stories I wanted feedback on highlighted. Then, we worked together to make sure the stories were presented well. I only recorded episodes once everyone felt comfortable with the way stories were presented.

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

Self-Care

Autoethnography can be kind of emotionally risky for a researcher: specifically, thinking back through painful stories can be… well, painful (Denshire, 2014). I don't mean this as a metaphor, either. In a posthumously published chapter about embodied learning, Chinese-Canadian decolonial feminist Roxana Ng (2018) talked about the physical impacts of intellectual, emotional, or spiritual work:

> I came to the realization of this inextricable connectedness during my doctoral studies. The pains, discomfort, and other persistent … ailments I experienced during this intense period of intellectual concentration not only reminded me of the body's inevitable presence in our

> every endeavour; it also awakened me to the fact that if we ignore its presence, there can be consequences.[34] (p. 41)

With this in mind, I figured it would be helpful to think a bit about how to take care of my bodymind while doing this whole thesis thing. It would be easy to just say I took Louie for walks and made myself a playlist, and leave it at that. (I *did* make a playlist – it's linked in the show notes (see Appendix C, note 6).) After all, that's kind of how we think about self-care these days. However, I think there's a disability justice perspective on self-care that's more helpful here.

In an essay made up of journal entries about her experience living with cancer as a Black lesbian, Audre Lorde (1988/2017) wrote that "caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare"[35] (p. 130). More than 30 years after her death, this phrase is basically everywhere online – but it's also been defanged, with few people talking about how Lorde's race, gender, disability, or sexuality informed her thinking (Schalk and Kim, 2021). I know lots of white folks in particular have used this quote as permission to unplug from community responsibilities and political conversations, focusing instead on individualistic and capitalist ideas of care. Sami Schalk and Jina Kim (2021) take up Lorde's theorising and bring a disability justice lens back to her words:

> Lorde understood self-care to be: physical and mental, thoughtful, purposeful, necessary, political, and resistant to normative, capitalist approaches to time that stand in opposition to wellness for marginalized people. In concrete terms, Lorde described her self-care as thoughtfully taking care of herself to ensure both quantity and quality of her remaining time. This included things we would associate with self-care today ... but it also meant educating

---

[34] Read by Jenn (J. Lau, personal communication, September 11, 2025).

[35] Read by Nahomi (N. Amberber, personal communication, September 11, 2025).

> one's self in order to make informed, conscious decisions about one's health and life.[36] (pp. 329)

I'm not about to call this podcast in and of itself a form of self-care, but this piece about education is helpful in understanding why it's felt so vital and healing to do this thesis work. Don't get me wrong – it's also been really, really hard. That's where this other part of Schalk and Kim's (2021) article comes into play for me:

> for Lorde caring for one's self was never about the individual self alone but, rather, ... about caring for the self in order to do one's political work of change, including involving others in the work of care through networks of support. In other words, the self for Lorde was never about the individual, bounded body but about how the self exists in relation to and in support of other bodies.[36] (p. 339)

It took me about a year to write and record this podcasted thesis, all while I was working full-time. I wouldn't have been able to finish it without leaning on my community for support. I'll say more about the specific ways my loved ones supported me in Episode 4, but for now, I'll just name that going for coffee dates and walks, coworking together in person and online, commiserating through gifs and memes, sending snail mail encouragements, and body doubling were some of the ways that my community cared for me this year. As my committee member Gaben commented, this was "a beautiful reminder that nothing we produce is done in isolation. We are always part of a larger web, and that is something to celebrate and carry forward"[37] (G. Sanchez, personal communication, May 30, 2025).

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

---

[36] Read by Sami Schalk (personal communication, September 3, 2025).

[37] Read by Gaben (G. Sanchez, personal communication, September 16, 2025).

Closing

Thanks so much for listening to this episode of TRANS FATS, a podcasted thesis submitted in partial fulfilment of the requirements for the degree of Master of Social Work in the School of Social Work at the University of Victoria. Many thanks to the folks who sent in voice recordings of their work for this episode: Ed Wong, Tony Adams, Autumn Asher BlackDeer, Eli Clare, Hannah McGregor, and Sami Schalk. My pals Kéka, Nahomi, and Jenn read the María Lugones, Audre Lorde, and Roxana Ng quotes; thanks so much for lending your voices to this project, friends.

TRANS FATS was recorded at the Halifax Central Library in Mi'kma'ki. My sibling M helped with audio mixing and sound design and wrote the theme music; thank you love you miss you! Podcast artwork (Figure 1) is by my friend Harmeet Rehal; thank you so much for your beautiful work. Many thanks also to my supervisor, Dr. Mehmoona Moosa-Mitha, and my committee members, Professor Gaben Sanchez and Dr. Nathan Lachowsky, for your support and guidance. And thanks to you, for listening! I'm super honoured that you spent time with my voice in your ears today.

[Background music swells before ending]

Episode 3: Learning to Do the Almost Impossible

[Alternative take of “3am” starts playing before title]

The window in my parents’ kitchen is above the sink, looking out into the backyard. [Music fades into a drone] On the windowsill, my mum keeps a photo of my great-great-grandmother in *her* kitchen, Nan Vater grinning at the camera while washing up after what I assume was a big family meal. Growing up, I spent a lot of time in kitchens. My mum is the cook in our family – although my dad makes deadly pancakes – and my family ate most of our meals together at the kitchen island. We had pizza with family friends in the kitchen every Friday night. All of my memories of going home to St. John’s take place in kitchens, too: sneaking lemon tarts from my great-Nan’s fridge with my cousins before the dessert was ready to go out, drinking tea with aunts aplenty, the women in my family prepping meals together while the men played darts in the basement.

When I think about my family’s relationship with food and eating, it feels… complicated. I have all of these warm, cozy memories in kitchens, and I also remember my Gran’s WeightWatchers® materials living on her kitchen counter. (WeightWatchers® is a registered trademark of WW International, and the name of a diet that assigns a number value to everything you eat. There’s a great *Maintenance Phase* episode about it (Gordon & Hobbes, 2021) that I’ve linked in the show notes (see Appendix G, note 1) if you want to know more.) I remember scales in every bathroom. I remember my Nanny O’Brien, who had gained a lot of weight after her kidney transplant, making negative comments about her body and other fat bodies. I don’t remember any of my family members explicitly saying *my* body was wrong, or that *I* needed to change how *I* was eating, but I definitely felt like they were saying that to themselves. I internalised these messages. How could I not?

I don’t think I realised that my family’s relationship with food and eating was so gendered until writing this thesis. When I listed these kitchen memories, the omnipresence of women – my mum, aunts, grandmothers, great-grandmothers, even great-great-grandmothers – jumped out at me. [Background drone fades out] Until very recently, the act of feeding others has been rigidly gendered as a woman's role in white Western society (Bordo, 1993/2003; McLean, 2013). White food scholars Patricia Allen and Carolyn Sachs (2007) have described feeding others as women's socio-cultural relationship to food, and feeding themselves as women's corporeal relationship to food. These relationships can feel at odds with one another, given that "although women bear responsibility for nourishing others, they often do not adequately nourish themselves" (Allen & Sachs, 2007, p. 1). Citing white cultural historian Susan Bordo, Allen and Sachs note that "the restriction of food and denial of hunger serve as central features of the construction of femininity" (p. 2). I feel like this conflict is part of that complicated feeling I pointed out before – I feel nourished when thinking about the socio-cultural relationship women in my family have with food, but uneasy when thinking about their corporeal relationship with eating.

I'm going to introduce a concept here that I think will be helpful in understanding that corporeal relationship: diet culture. It's a complex concept, but let's break it down together. White health sociologists Natalie Jovanovski and Tess Jaeger (2022) have defined diet culture as having three parts. The first part of diet culture is made up of "moralising, medicalised discourses about what constitutes [quote-unquote] 'healthy' bodies and eating behaviours" (p. 4). This means that diet culture tells a lot of stories about what healthy looks like, including the ideas that lower weight equals better health, and that we should feed ourselves according to external rules rather than listening to our bodies. These stories are biased because they buy into the idea that our health says something fundamental about our character – this is a social construct called healthism, which we'll come back to later on in the episode. They also buy into the idea that we can tell how quote-unquote 'healthy' someone is by their body size, which isn't true. These stories are also violent, meaning they cause harm, because they mean we have our bodies constantly policed by every person and every system that buys into diet culture.

The second part of diet culture is "a moral hierarchy of bodies, which preferences an elusive thin-ideal that often masks a fear of fatness" (Jovanovski & Jaeger, 2022, p. 8). By 'moral hierarchy of bodies', Jovanovski and Jaeger mean that diet culture ranks the acceptability of body size, with thinness thought of as virtuous and fatness thought to indicate some kind of moral deficiency. If you feel like you've heard this kind of thing before on this podcast, you're right! This part of diet culture is plain old anti-fatness, which we talked about in Episode 1:

[Rewind sound, prefacing the following quoted section from Episode 1] Anti-fatness is rooted in colonialism (Robinson, 2019). As early as the mid-1500s, European artists personified the so-called 'New World' as a fat Indigenous woman (Robinson, 2019). Bisexual and Two-Spirit Mi'kmaw scholar Margaret Robinson (2019) argues that these propagandic images "trained Settlers to perceive Indigenous bodies and land as requiring domination" (pp. 15–16). Anti-fatness is also rooted in racism, specifically anti-Black racism (Harrison, 2021; Strings, 2019). In *Fearing the Black Body*, Black sociologist Sabrina Strings (2019) details how, before European nations embarked on their colonial projects, they found fatness desirable and a marker of prosperity. It was only when European colonisers started to interpret some African bodies as fat that these colonisers started to equate fatness with being 'lazy', 'barbarous', 'immoral', 'greedy', and 'Other'. As such, Black nonbinary scholar Da'Shaun Harrison (2021) argues that "fatness is formed as a coherent ideology through the creation of (anti-)Blackness and therefore does not intersect with Blackness, but exists with Blackness itself"[38] (p. 18). [Sound of a tape being ejected, marking the end of the quoted section]

---

[38] Audio from Harrison (2021).

This brings us into the third part of diet culture. According to Jovanovski and Jaeger's (2022) definition, diet culture is "driven by intersecting patriarchal, racist, and capitalist systems and structures, through industries that reinforce dieting, beauty, sexualisation, and ideas about [quote-unquote] 'health'" (p. 8). I feel like this is something we've talked about already, too: it puts diet culture inside of the medical-industrial complex (Clare, 2017), that fancy term for the practice of medicine under capitalism (Johnk & Khan, 2019) and the state (Rojas Durazo, 2016). [Rewind sound, prefacing the following quoted section from Episode 1] The medical-industrial complex "is a system about profit, first and foremost, rather than [quote-unquote] 'health,' wellbeing and care" (Mingus, 2015, para. 3). The state comes in as a buyer and regulator of medical services. Chicana decolonial feminist Clarissa Rojas (Rojas Durazo, 2016) describes how the medical-industrial complex enforces coloniality:

> Medicine arrived in the Americas, and throughout the world, as an integral arm of European colonial invasion: land grants were given to doctors who settle[d] areas and develop[ed] medical institutions [including psychiatric hospitals. These institutions] … served as sites where indigenous communities were actively subordinated, regulated, tracked, and counted.[39] (p. 183)

Through to the present day, the medical-industrial complex violently imposes colonial values from diagnosis through treatment (Rojas Durazo, 2016). Under this system, "Indigenous … approaches to healing are debased as barbaric and dangerous, whilst the violence inherent to neo-colonial psychiatry remains obscured" (LeFrançois & Diamond, 2014, pp. 40–41). [Sound of a tape being ejected, marking the end of the quoted section]

So, to sum up, diet culture is made up of three parts: healthist stories about body size and eating behaviours; the anti-fat assignment of moral value to bodies based on size and shape; and

---

[39] Read by Clarissa Rojas (A. C. Rojas Durazo, personal communication, September 3, 2025).

racist, colonial systems and structures like the medical-industrial complex supporting and spreading these violent stories and hierarchies.

Growing up in the early 2000s was kind of a nightmare in terms of diet culture and our societal expectations of what bodies should look like. Following the medical industry getting on the body mass index train in the ‘90s (Strings, 2019) – we talked about this in the first episode, too! – the Centres for Disease Control and Prevention published a shoddy report with bad numbers that became the basis for declaring the quote-unquote ‘Obesity Epidemic’ in 2004 (Harrison, 2021). Da’Shaun Harrison (2021) shares that “The diet industry, at the time, was already well over a century old. … But with this war waged on obesity, the early-to-mid 2000s are a pivotal moment in history for the creation of this modern diet industrial complex”[40] (p. 73). They define the diet industrial complex as “the written and unwritten pact between food, medical, and health care industries and billionaires with a vested interest in building and sustaining a socioeconomic system under which fat people are stolen from and harmed through dieting”[40] (p. 40). This cesspool of anti-fatness is the backdrop for my whole childhood.

I’ve started with stories of my family’s relationship with food and eating because they were among the hardest to write. I feel so much love for my family members, who are also just trying to navigate this cesspool of diet culture in the only ways they know how, and so much responsibility to present our stories with nuance and care. In a recent visit, my parents and I chatted about my thesis project. Even though we’re close, I couldn’t talk to my parents about food and gender and fatness for a long time. I didn’t have the language, I didn’t feel comfortable, and my family didn’t talk about a lot of hard things growing up. Even though family members accessed eating disorder treatment, no-one ever talked about it. Writing this thesis gave us permission to talk about these challenging topics in a slightly more removed way, trying to figure them out together instead of just

---

[40] Audio from Harrison (2021).

having big feelings with no way to understand them. [Background drone fades in] Over patio coffees on a sunny spring day, my parents and I talked openly about how diet culture impacted our family for maybe the first time. My mum apologised for not having more open conversations about food and eating when I was younger (love you Mum). I told her that she had nothing to apologise for – that having these conversations now was making all the difference.

Remember my Gran's WeightWatchers® materials, and my Nanny O'Brien's comments about fat bodies? I wish I could say that I had these kinds of restorative conversations with my grandmothers, too. Unfortunately, that wasn't possible. My Gran died when I was 15 years old. She was 67. The following year, my Nanny O'Brien died, at 70. When I had that conversation with my parents over coffee, I felt a fresh surge of grief about my grandmothers dying so young. In *A Sentimental Education*, Hannah McGregor reflects on her relationship with her mother, who died when McGregor was a teenager. [Background drone fades out] They note, "it's so unfair how someone, once dead, is frozen in their opinions. She would have changed her mind a thousand times by now, I am certain"[41] (McGregor, 2022, p. 32). I wish Gran and Nanny had had the opportunity to have changed their minds, too.

[Theme music, "3am," starts playing in the background] I'm Katie O'Brien, and you're listening to TRANS FATS, a podcasted thesis exploring the research question: **How is my experience of trans corporeality mediated by pathologising logics?** Last episode, we talked about autoethnography and podcasting, the methodology I'm using for this project. If you didn't listen to that episode, it explains how we're doing what we're doing in this one. As you might have guessed, this episode, we're diving into stories. [Theme music ends, with some silence before the poetic artifact]

---

[41] Audio from McGregor (2022).

Stories

the first time I described puberty to a lover I told her it was a bodily betrayal[42]

I mentioned earlier that I felt like that conflict between women's socio-cultural and corporeal relationships with food helped to explain *some* of the complicated feelings I had around my family's relationship with food and eating. The other part of this complication, for me, is the woman-ness of it all. Shall we take some time to meander through my gender together? I'm afraid it'll mean returning to junior high for a bit...

[Background drone fades in] When I was in junior high school, one of the most popular apps you could add to your Facebook® profile was called Honesty Box (Gershon, 2017). The app was developed by a Zionist settler (O'Neill, 2009; Tobin, 2009) and was pretty short-lived, peaking in popularity in 2007 before going defunct in 2011 (McGauley, 2015). If you had Honesty Box on your profile, folks could ask you questions or make comments anonymously. The only thing you knew about the questioner or commenter's identity was their gender: messages were coded pink for girls, blue for boys, and grey for everything else. It was a nightmare, for obvious reasons. This was the app that classmates used to pester me about my sexuality, constantly asking if I was a lesbian, or telling me that I was a dyke. What does it mean, as a preteen, to be seen as a lesbian? I'm sure some of it is that I was pretty obviously crushing on girls, but some of it also feels like gender failure. [Background drone fades out] White queer academic Jack Halberstam (2011) argues that "*lesbian* is irrevocably tied to failure in all kinds of ways" (p. 94), and, in their literary and linguistic analysis of the term 'dyke', white linguistic and decolonial gender scholars Helena Hanneder and Sarah Best (2023) found that "dykes more often position themselves in-between, neither identifying as femme or butch, incorporating an ambiguous gender performance" (p. 324). So, while

---

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

lesbianism and transness aren't the same thing, there *is* a gender piece that those junior high assholes were picking up on in their conflation of the two in my Honesty Box. What do I mean by failure here? Well, for Halberstam (2011), failure is a performance, a way of critiquing and refusing to comply with the mainstream. He muses that "failing, losing, forgetting, unmaking, undoing, unbecoming, not knowing, may in fact offer more creative, more cooperative, more surprising ways of being in the world" (pp. 2–3). Performance is a pretty key concept when it comes to gender. Invoking the work of queer, white, Jewish feminist scholar Judith Butler, Da'Shaun Harrison (2021) notes that "gender is a performance defined by our commitment to upholding it"[43] (p. 87). When I talk about performativity in this way, I mean that gender is "determined and reinforced by the repeated performance of socially prescribed acts and behaviors" (Merriam-Webster, n.d.) – meaning that we *do* gender in the ways we dress, cut our hair, walk, and talk.

I didn't know how to do gender, ever, in the ways I was expected to do it. I was raised by progressive parents in this moment in the 90s where it was okay to raise your kids kind-of gender neutrally, where things weren't hyper pink or hyper blue, so I got to grow up not thinking about gender too much. A few years back, I came across a picture of myself at my sixth birthday party. In the photo, I'm sporting possibly the most nonbinary getup I've seen in a while: long hair, a homemade pirate eye patch, a face-paint handlebar moustache and five-o'clock shadow, and pink nail polish. (You can check out the photo in the show notes (see Appendix G, note 2). It's pretty great.) That was kind of my vibe, and I liked it, until my body started doing puberty stuff. When puberty hit, that's when the world started forcing me into a gender that didn't feel quite right.

[Background drone fades in] One night in sixth grade, I was talking with my mum, getting ready to go to bed. I don't remember exactly what we were chatting about, but I was probably advocating for a later bedtime, and maybe complaining that I wasn't allowed to watch the TV show

---

[43] Audio from Harrison (2021).

LOST even though it felt like every other kid in my class was watching it. The part of the conversation that I remember with crystal clarity is this bit: my mum, laying out my clothes for the following school day, saying off-handedly,

“It’s probably about time for you to start wearing a bra.”[44]

My stomach dropped. I think for a lot of people that’s a value neutral statement, or maybe even a positive or exciting one. For me, it was neither. I remember crying, thinking that a bra sounded like the last thing I would *ever* want. I didn’t have language about gender at the time, and I don’t think I had the words to explain to my mum in that moment why this seemingly innocuous sentence sent me into such a spin. I just knew it felt really, really bad.

A few months later, I laid out my own clothes for my first day of junior high school. I was way more excited about hand-me-down skater tees than the uncomfortable girl clothes passed down from my cousins. I paired one of those prized shirts with a long brown corduroy skirt and new skate shoes, despite never having stepped onto a skateboard. Getting ready for school the following day, with fresh, new red and orange extensions in my hair, I felt *so* cool. When I look at pictures of me in that outfit now, my gender expression feels so playful. Walking into junior high school? That felt decidedly *un*playful.

Grade seven was my first real exposure to the confusing world of preteen girlhood. In elementary school, there had been some girls who cared about makeup and giggled when boys talked to them, but it had felt like a funny quirk of theirs. Walking through the sticky hallways that first day of seventh grade, it felt like *all* of the girls in my class discovered makeup, boys, and trendy mall fashion over the summer. It felt like my classmates were professional actors in a play that I didn’t even have the script for. I remember many firsts from that year: borrowing my aunt’s tweezers and overplucking my eyebrows after being teased for my unibrow one too many times;

---

[44] Read by Mum (P. O’Brien, personal communication, September 8, 2025).

peeling a layer of skin off my shin the first time I tried to shave my legs; poking myself in the cornea when I tried to figure out mascara and eyeliner.

Flash forward to the end of the school year. I was poring over a real-life script, not just trying to understand a metaphorical one, preparing for my role as one of the fairies in our school production of *A Midsummer Night's Dream* (Shakespeare, 1600/2025). (It's too good. I promise I'm not kidding.) I had a grand total of one line and was painfully worried I'd screw it up. As I re-read my scene for the millionth time, I ran my hands nervously through my fresh buzz cut. A week earlier, I had shaved my head in a cancer fundraiser in solidarity with my Gran. I don't remember much about the performance anymore. I just remember feeling ridiculous in my costume, a bright pink, flowy spaghetti strap top and tight jeans – and the soothing feeling of that fresh buzz cut.

[Background drone fades out]

All of these stories from junior high school point to really embodied senses of bewilderment and frustration in my gender. You might remember me talking about gender dysphoria in Episode 1: [Rewind sound, prefacing the following quoted section from Episode 1] Gender dysphoria refers to a person's discomfort or disassociation with these socially-gendered aspects of their body. Not all trans folks experience gender dysphoria. Some of us feel like gender euphoria (Jacobsen & Devor, 2022) or gender pleasure (Fielding, 2021) are better markers of transness, the elation, satisfaction, or enjoyment we feel when we're gendered correctly. Still, dysphoria is an important concept to understand. [Sound of a tape being ejected, marking the end of the quoted section] I went on to chat about how gender dysphoria is defined in the DSM, and how trans folks being defined by this interaction with the medical-industrial complex is crap. With all that in mind, if I've been talking about gendered discomfort this whole time... have I been describing memories of gender dysphoria in these junior high stories? Even if I think it's crap? Well... kind of. I know, I know, that sounds like it doesn't make sense. But here's where a more critical understanding of gender dysphoria, as articulated by white trans philosopher Penelope Haulotte (2024), comes into play:

> The critical concept of gender dysphoria I propose is the following: gender dysphoria is the phenomenological experience of alienation from cisgender forms of life. … It is worth noting several features of this definition. First, it begins with and answers to the phenomenological experiences of trans people. Second, it replaces the psychological concept of 'distress' with the critical concept of 'alienation.' Third, while the medicalised concept of gender dysphoria claims that trans people live in the 'wrong-body,' the critical theory of gender dysphoria claims that trans people live in the 'wrong-society.' … All these features of the critical concept of gender dysphoria are a result of a transition from a cisgender perspective on gender dysphoria to a transgender one.[45] (p. 3)

Okay, so in plainer language: a critical understanding of gender dysphoria is that it's a trans experience of alienation from cis society. Alienation is "a central concept within decolonial theorizing" (Moosa-Mitha et al., in press, p. 7) that describes someone's sense of self coming up against dominant society and being found lacking. It's the viscerally painful experience of being told by a group that has power over us that what we know to be true about ourselves is incorrect or not allowed. For trans folks, the dominant society we come up against is cis society, and more specifically, cis society as governed by the colonial medical-industrial complex. After all, "the framing of transness as defect, an abnormality to be corrected, didn't start with trans people but with the medical-industrial complex"[46] (Clare, 2017, p. 178). When I think through these stories of my junior high gendering, I don't see gender dysphoria in a medicalised sense at all. I see gender dysphoria in the sense that I felt completely alienated from cis society. In this way, the poetic

---

[45] Read by Penny Haulotte (personal communication, August 31, 2025).

[46] Read by Eli Clare (personal communication, September 3, 2025).

artifact you heard as the intro to this section is inaccurate. I wasn't experiencing a bodily betrayal. I was experiencing a societal one.

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

little more than ghosts in / my skin

I've pretty much felt complicated about my chest since that bra moment with my mum in sixth grade. I like my chest! I *don't* like how people take one look at my body and assume my gender based on my shape. If you're trans, or you've been around trans folks, you've probably heard something like the terms 'assigned female at birth' or 'designated male at birth' before. These terms are used to remind us that sex is assigned or designated, rather than some innate or biological truth – that it's a social construct. If we were honest as a society about the biology of sex, we would describe the vast constellations of physical possibilities: sex chromosomes; hormone levels; hormone expression in our body, sometimes called secondary sex characteristics; internal genitalia, sometimes called gonads or reproductive organs; and external genitalia. Instead, someone takes one quick look at our external genitalia when we're born and puts us into one of two boxes. This reductive and violent act is why some folks describe sex assignment, and the whole project of binary gender, as coercive (Spade, 2003).

Queer Argentine philosopher and activist María Lugones (2007) used the term "the colonial/modern gender system" (p. 187) to describe this reduction of gender to a binary understanding of bodies. She proposed this concept to help explain how patriarchy, compulsory heterosexuality, capitalism, and race "are impossible to understand apart from each other" (p. 187). Lugones argued that colonialism "introduced … gender itself as a colonial concept and mode of organization of relations of production, property relations, of cosmologies and ways of knowing" (p. 186). She reasoned that "gender is the socially necessary regulated version of sex, necessary because sex needs to be regulated as the case of the colonized and enslaved makes clear: without regulation sex is wild" (Lugones, 2020a, p. 29). The colonial/modern gender system considered white folks to be human, and therefore able to be gendered, while all folks racialised as *not* white were designated subhuman, and therefore denied gender (Lugones, 2007). Like animals, they were only sexed (Lugones, 2020a). Mixed, nonbinary, disabled scholar Brooklyn Leo (2020) provides a trans intervention into this idea:

> If one of the goals of the colonial/modern gender system is to assimilate bodies of color into a strict gender-sex binary (even if as failures of such binarized gender categories), then … [trans of colour] bodies that refused the reduction of gendered roles to naturalized sexed statuses faced elimination rather than assimilation. … Transness, then, becomes an excess in the flesh that does not gain value within the economy of a sexed/gendered binary except through its disavowal and disposal. (p. 464)

In other words, the existence of trans folks, particularly trans folks of colour, is a fundamental threat to the colonial/modern gender system. Leo warns us that "decolonial feminisms, without an awareness of Two-Spirit wisdom, will continue to enact modes of erasure, will reinforce cisgender privilege, maintain practices of unknowing, and uphold the coloniality of gender" (p. 470). They argue that "when we add Two-Spirit, Black and Latinx trans voices to our coalitional spaces, gender becomes a powerful way to resist and reclaim one's own body from the intimate terror of the colonial/modern gender system" (p. 471).

A decade or so ago, before I fully understood myself to be trans, I tried using a chest binder as reclamation, to see if that would help reduce some of this complicated feeling – to see if I could lessen how often strangers make the immediate assumption that I'm a woman because of my shape. Chest binding is the act of "wearing a tight garment to flatten chest tissue for the purpose of gender expression" (Peitzmeier et al., 2021). You can bind safely in a lot of ways, *and* if you don't bind safely, you can really hurt yourself. (If you want to learn more about safe binding, I've linked white genderqueer cartoonist Maia Kobabe and racialised, cis public health researcher Sarah Peitzmeier's (2024) brilliant graphic guide, called *Breathe*, in the show notes (see Appendix G, note 3).) [Background drone fades in] After doing some research, I ordered a chest binder online from a company based overseas somewhere, which meant the sizing was different than I was used to. Every model on their website was thin, with very little chest to begin with, and very clearly masculine-presenting. I carefully wrapped a bit of string around my chest, measured it, and checked my measurements against the company's size guide. I ordered a 5X. I remember thinking it must be pretty much impossible for fatter folks to access safe binding materials.

I had the binder delivered to the queer space on campus where I spent most of my time. I was so excited when it arrived, and opened it while friends were around. I expected folks in this space, pretty much all queer and trans, to be excited with me. Some of that support was there, for sure. But the comments I remember most were the ones from thinner trans folks, remarking that they didn't know binders even came in such a monstrously large size. When I tried out the binder, it offered some compression, but it didn't give me the flat chest that the models on the website had sported. It felt hard to breathe after wearing it for a few hours, and it was sweaty, and ultimately didn't work for me. These days, I either go braless, or I wear the softest sports bra I can find. I've found this helps me think about my chest as little as possible. [Background drone fades out]

My experience of binding and anti-fatness in queer spaces is shared by lots of folks in my community. Da'Shaun Harrison (2021) talks about how thinness being the norm for nonbinary folks is rampant and harmful, particularly for Black nonbinary and trans folks. They maintain that:

> Fat trans people are finding it nearly impossible to find binders that feel affirming for them; many 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; we are being engaged as the Other, even in spaces that, in name, were created for our comfort and safety.[47] (pp. 103–104)

Remember that thing we talked about in Episode 1, where coloniality depends on and is sustained by the creation of hierarchical binaries (Mignolo & Schwiy, 2002)? We talked about the gender binary as one example of this kind of colonial thinking. Othering, the act of drawing a line between a powerful Us and a deviant Them, is another example (Spivak, 1988). The experience I had of being othered in a queer space, realising that othering happens in already-othered spaces too, was a pretty fundamental shift for me in developing my critical consciousness.

When I think about how the stories I've shared so far relate to my research question, **how my experience of trans corporeality is mediated by pathologising logics,** I'm starting to understand that this piece around social construction and alienation is pretty central to my experience. I'm starting to understand that coloniality has impacted my life by divorcing me from my own knowledge of my body. It does this using the pathologising logics of diet culture and gender essentialism.

We talked a bit about the 'bodymind' idea as a key decolonial *and* disability justice concept last episode: [Rewind sound, prefacing the following quoted section from Episode 2] Colonial perspectives on knowledge only care about the body because that's where our brains live (Ng, 2018). In contrast, decolonial feminists care deeply about the body, which is always a target of colonial practices of violence, as a site of knowledge (see Moosa-Mitha et al., in press). Disability justice advocates also reject the idea that we can, or should, meaningfully separate our minds from our bodies. The term 'bodymind' highlights this rejection (Clare, 2017; Price, 2015; Schalk, 2018). [Sound of a tape being ejected, marking the end of the quoted section] Disability justice and decolonial feminism both refuse to treat the body as unknowledgeable or unknowable, recognising

---

[47] Audio from Harrison (2021).

that our bodies are “sites of cultural meaning, social experience and political resistance” (Harcourt et al., 2016, p. 149). Embodied knowledge – knowledge based in the body – is central to decolonial thought and disability justice. Why is it important that we treat the body as a site of knowledge? Latina decolonial scholar of disability Carolyn Ureña (2019) can help us here. She says that decolonial embodiment:

> invites the rejection of dualist thinking, in particular the false binaries of health [slash] illness, mind [slash] body, and body [slash] world that form the heart of Western hegemonic thought and which serve to perpetuate Eurocentric notions of health and healing. In so doing, the study of decolonial embodiment draws our attention to the stigmatized, dehumanized body as an important source of devalued or otherwise overlooked knowledge regarding both coloniality and its effects, as well as strategies to dismantle it. (p. 1642)

As my committee member Gaben commented, “the body holds our memories, history, and experiences. The way we feel, move, and act all carry knowledge that cannot be understood just through abstract thinking or reasoning”[48] (G. Sanchez, personal communication, August 4, 2025). Syilx Métis Elder Sheila Nyman describes this as ‘blood memory’, wisdom passed down from previous generations (Nicholson et al., 2022; Smoke & Semeniuk, 2025). Paying attention to embodied knowledges can help us better understand the systems of oppression we live under, and dream up ways to exist otherwise. Eli Clare (2017) reminds us, though, that under the colonial medical-industrial complex, “listening to our own body-minds is almost impossible” (p. 161). Let’s talk a bit more explicitly about interacting with the medical system to figure out how that fits into this whole mess.

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

---

[48] Read by Gaben (G. Sanchez, personal communication, September 16, 2025).

dietary restrictions what an apt description that is for fuck's sake

I don't remember a time when going to the doctor was a good experience. [Background drone fades in] At 13, I wanted help for my acne and digestive issues, so I suffered through the phone call to book an appointment. When I arrived at the doctor's office, I smiled hesitantly at the irritable receptionist behind the desk. She checked me in, and I sat down in the waiting area, relieved that the interaction was over. A younger kid played with one of those bead maze toys – colourful beads running along a jumble of wires that loop and spiral. An Oprah rerun about weight loss hummed on the TV mounted in the corner. My mum came in from parking the van, and sat down beside me just as a nurse yelled out my legal name from the hallway.

I followed the nurse to the scale in the hall across from the nurses' station. My cheeks burned as she told me to take off my shoes so she could take my height and weight. I remember the shk-shk-shk noise that the weights on the scale made as the nurse slid them into place, followed by her voice reading the numbers out loud where everyone could hear. She wrote my height and weight on a slip of paper for the doctor, then directed me to follow my mum into the appointment room to wait.

Inside the appointment room, the fading mural of zoo animals was plastered with posters about quitting smoking, travel vaccinations, and losing weight. I hoisted myself up onto the examination table and sat on the crinkly paper, anxious not to move much in case it ripped under me. My mum sat on a chair in the corner. When the doctor knocked on the door, my mum and I called out at the same time to let him know it was okay to come in. I told him about my acne. He said he could prescribe Accutane®, which would clear up my zits but had the potential side effect of suicidal ideation. As a kid with intrusive thoughts, that was right out for me, but I wasn't about to talk about *that* with my doctor. I said I'd think about taking Accutane® even though my mind was already made up against it, and mentioned my gut trouble. At that point, my ten minutes were up.

The doctor smiled blandly and sent me and my mum on my way with a requisition for blood work. I remember realising in the van ride home that I didn't really get any answers or treatment for my acne *or* my digestive issues, which would prove to be the case for a long time. A year or so later, my doctor would put me on hormonal birth control and diagnose me with irritable bowel syndrome, or IBS – a frustrating diagnosis, since it didn't lead to a treatment plan.

(Quick content note: I'm going to be describing my relationship with food and eating for the next four-ish minutes. It's important to me to be really careful in how I'm doing this. The National Eating Disorder Information Centre (n.d.) in so-called Canada and the National Eating Disorders Association (n.d.) south of the colonially-imposed border both argue that it's best practice not to include detailed descriptions of specific behaviours, numbers, or measurements in stories about eating disorders. This is an accepted practice in the communities I'm part of, too. I don't want to sensationalise my stories, or pretend my experiences are the only way to have a fucked-up relationship with eating, or give anyone a blueprint to cause themselves harm. In an autoethnographic context, though, I feel like I need to share *some* details in order for these stories to make sense. Here are the details I think are necessary. In the next episode, I'll talk about my experience accessing professionalised eating disorder care in my early twenties. I needed to access that care because throughout my teen years, I restricted my food intake first through cutting out food groups, then through an obsession with eating quote-unquote 'healthily', and then in WeightWatchers®. I also ate in a way I used to describe as 'bingeing', meaning that I ate lots of food, and mostly in secret. I'll talk a bit more about this language next episode. Okay. I think that's enough caveating. Here we go.)

By my mid- to late teens, my gut trouble hadn't gotten any better. In fact, it felt like it was just getting worse – and after the IBS diagnosis, my doctor basically told me there was nothing else he could do. I figured it was probably genetic or something, since my mum also had a rough time with digestion. I started fixating on food, cutting out entire food groups that I thought might be triggering my IBS. My anxiety around not eating these so-called ‘bad’ or ‘dangerous’ foods made my digestive issues worse, which made me more anxious about food, and the cycle would continue. For me, that kind of dietary restriction ended up playing really well into straight up eating less.

When I was trying to remember details of the story of my relationship with food and eating, I called my parents to see if they remembered anything from my teenage years. My dad said he couldn’t remember much, but was in the middle of going through literal decades worth of emails, so he promised to send along anything he found in his inbox that might be helpful (love you Dad). Fifteen minutes later, I had a link to a blog that I had kept when I was 16 in my *own* inbox. I vaguely remembered this blog being an important part of my life for a few months in high school, but had figured that it was long lost to the internet. (I posted religiously for a few weeks, sporadically for a few months, then never again – just like the journals I talked about keeping in the last episode. And no, I’m not linking the blog in the show notes. Some things should stay lost.) I guess at some point I had sent my dad a link to a post I had written, and it lived in his inbox until now.

I had forgotten pretty much everything about this blog, but it all came roaring back when I clicked on the link. I had made a header image in Microsoft Paint® featuring lyrics from *Rent:* “to days of inspiration / playing hooky / making something out of nothing / the need to express – to communicate / to going against the grain / going insane / going [M]ad” (Cast of *Rent*, 2005). I was taking a lot of inspiration from the lifestyle blogs I was reading at the time. I posted deeply self-conscious photos of my outfits in my parents’ backyard, monologues about chopping off all my hair and getting a second ear piercing, and lots and lots of recipes and food logs. Through the food logs in particular, I was performing what I thought was ‘healthy’. Remember how we talked about gender performance earlier? I would argue that diet culture is also a performance. [Background drone fades out] Performing cisgender girlhood, performing quote-unquote ‘healthy’ eating – these were both attempts to fit into a society that saw me in some ways as deviant. This connection between my gender and my relationship with food jumped out at me when reading my tenth-grade blog.

I also think the idea of health could do with some more unpacking. Remember when we talked about ableism/sanism in the first episode? [Rewind sound, prefacing the following quoted section from Episode 1] Ableism is kind of the bigger umbrella term for assigning value to bodies and minds based on colonial ideas of normalcy … but is sometimes used only to talk about physical disabilities. Sanism focuses specifically on assigning value to people's minds. Now, folks who have been oppressed specifically because of sanism, including people who are psychiatric survivors, service users and consumers, ex-patients, and folks labelled as 'mentally ill', sometimes describe our cultural experiences collectively as capital-M Madness (Sharma, 2023). This use of the term Mad, capital-M, is a reclaiming of a word used to harm us, kind of like the reclaiming of the term 'queer'. Mad folks do not all consider ourselves disabled, which is why I think it's important to identify ableism *and* sanism together. [Sound of a tape being ejected, marking the end of the quoted section] Part of ableism/sanism is healthism, the socially constructed "moral imperative to be healthy and pursue health" (Saguy, 2013, as cited in Mollow, 2015, p. 206). You might also remember it as the first part of Jovanovski and Jaeger's (2022) definition of diet culture from earlier in this episode. Now, if this is the first time you're coming across this idea, it can be kind of a brain-bender. Let's turn to Da'Shaun Harrison (2021) for some help understanding how the concept of health is... pretty fucked up:

> Health, in name and in action, has always existed to abuse, to dominate, and to subjugate. The medical industry, the health care industry, and the diet industry all exist to maintain a culture intended to 'discipline' those whose bodies refuse to – and, for many, simply cannot – conform to the standards of health. Modern society enforces exercise as a

> punishment for this very reason. We are not taught to exercise for the sake of enjoyment, nor are we taught to enjoy our bodies in motion. We are taught, per contra, that we exercise so that we can be healthy, and that health must look opposite of fat. This means that health is punishment. … These industries lead to real psychological harm, physical pain, and death.[49] (p. 37)

The binary of health versus illness, healthy versus unhealthy, is another example of colonial binary thinking (Ureña, 2019) – there are so many ways to live well through sickness, disability, and Madness that are somewhere in between the binary of healthy versus unhealthy. Diet culture, because it's so invested in this binary, is super colonial. (We knew this already, because the anti-fatness behind diet culture is colonial and racist, but it's important to say it again.) Focusing so much of my energy on eating quote-unquote 'healthily', and documenting it in my tenth-grade blog, is evidence that colonial diet culture was firmly rooting my way of thinking at the time.

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

measuring myself with a yard stick when I only learned metric

Let's back up about a year, to my final year of junior high. It was the last week of school before summer vacation, and one of the hottest days of the year. [Background drone fades in] I generally wore jeans, no matter the weather. On this particular day, though, I felt like I'd physically expire if I wore jeans because it was so uncomfortably hot out. I put on a long-sleeve black top and denim shorts, and stared at my reflection in the full-length squiggle mirror I had in my bedroom. (For fat white culture critic Gina Tonic's (2021) thoughts on this mirror, check out the link in the show notes (see Appendix G, note 4).) I pulled at the hem of my shorts awkwardly, worrying that my thighs would chafe against each other in the heat. I triple-checked that my shorts passed the

---

[49] Audio from Harrison (2021).

fingertip length dress code rule (Gray-Tyghter, 2021) before sighing and picking up my backpack to head to school.

I was already sweaty by the time I made it to first period. We had already finished our ninth-grade provincial exams, so we were just biding our time until summer hit. All of the kids in class were wearing shorts. Some girls were wearing spaghetti strap tops, even though that was technically against the rules. I noticed my classmates' skinny legs as my thighs stuck to the melamine of my chair. Our English teacher breezed in, pushing a TV cart and letting us know we'd be watching a movie instead of working on a lesson. She looked over at me, and asked me to chat with her quickly in the hallway. When I left the classroom, my teacher looked me up and down, sighed, and then asked if I knew I was breaking the dress code. My stomach sank. I had triple-checked the shorts! And I was wearing a long-sleeved shirt! And had she not seen my classmates' outfits? I was wearing the same thing as everyone else – covering more skin than other folks, even. Embarrassed, I didn't say any of this to her. I stared at my sneakers, trying not to cry. My teacher asked if I had anything to change into. I could have worn my gym strip, but it was *so* ugly, not to mention an immediate flag to everyone around that I had gotten told off for wearing the wrong thing to school. I said I didn't. She sighed again, then told me to call my parents to come pick me up.

[Background drone fades out]

My teacher's gaze, and the idea of the gaze more generally, is something I've thought a lot about since this moment in ninth grade. You might have heard about the male gaze before. The male gaze is an idea coming out of 1970s feminist film studies that describes how movies created in patriarchal societies have a heterosexist and misogynist undercurrent (King, 2021). This idea is "the foundation for considering multiple gazes that structure power relations through the acts of looking and being looked at" (King, 2021, p. 120). Queer Black author and theorist bell hooks (1992) defined the imperial gaze as "the look that seeks to dominate, subjugate, and colonize" (p. 7). In a comment on my very first draft of this episode, my supervisor Mehmoona noted that “the gaze as othering is an important part of decolonial thought”[50] (M. Moosa-Mitha, personal communication, June 18, 2025).

Black Martinican physician, psychiatrist, revolutionary, and decolonial theorist Frantz Fanon (1952) tells an important story in his book *Peau noire, masques blancs* about the gaze. Retelling his response to being repeatedly called the N-word by strangers, Fanon describes an intense disorientation:

> [Fading into the background] Ce jour-là, désorienté, incapable d’être dehors avec l’autre, le Blanc, qui, impitoyable, m’emprisonnait, je me portai loin de mon être-là, très loin, me constituant objet. Qu’était-ce pour moi, sinon un décollement, un arrachement, une hémorragie qui caillait du sang noir sur tout mon corps ? Pourtant, je ne voulais pas cette reconsidération, cette thématisation. Je voulais tout simplement être un homme parmi d’autres hommes. J’aurais voulu arriver lisse et jeune dans un monde nôtre et ensemble édifier. (p. 90)
>
> [Translation spoken over the original French] That day, disoriented, incapable of being in the world with the White stranger who, pitiless, imprisoned me [with their language], I transported myself very far from myself, and made myself into an object. How else could I describe this experience, if not a detachment, an uprooting, a haemorrhage that spattered my whole body with Black blood? After all, I did not ask to be mischaracterised in this way. I wanted simply to be a man among other men. I would have liked to enter, young and sleek, into a world we could build together.[51] (p. 90, my translation)

---

[50] Read by Mehmoona (M. Moosa-Mitha, personal communication, September 29, 2025).

[51] Read by Ro (R. Averin, personal communication, September 9, 2025).

Ureña (2019) analyses this story, saying that the "relationship to his body [Fanon] wishes to have comes up against the body he is presented with by the colonial gaze, and this discrepancy results in the psychological damage wrought by colonialism" (p. 1650). The main thing to take away from this idea is that there's no way to have a gaze, to look or to be looked at, that isn't political. Thinking through getting dress-coded, it feels clear to me that there's no way for the gaze to be objective. My teacher didn't measure the length of my shorts, or check everyone's outfit – she saw my thighs sticking together and decided that my outfit didn't *look* like it followed the rules. That my *body* didn't follow the rules.

When I think about the gaze, I'm immediately reminded of a photograph of me from high school, attending one of my first Prides. [Background drone fades in] A friend was obsessed with photography at the time and documented the whole day. A few weeks later, we got together to look at the slideshow in another pal's parents' basement. I remember the moment when this photo flashed across the screen. In the picture, I'm standing on a downtown corner, looking over my shoulder at my friend's lens, away from the parade. I felt a sinking feeling in the pit of my stomach, because I saw a fat person looking at the camera. A few years later, I found that photo again, and saw a thin person looking at the camera. I don't have a copy of this photo, and I haven't seen it in years, so I can't confirm what I would see today. This complicated way of seeing the same photo is really interesting to me. It points to the social construction of fatness, and the anti-fatness in my own gaze – that I haven't been able to trust my own perception of my body through the haze of racist, colonial diet culture.

It's been fascinating and kind of horrible to watch clothing trends from junior high school come back into vogue over the past few years, particularly since so many of them were rooted in anti-fatness (Jagani, 2022; Zirimis, 2022). Remember, I went to junior high in the era of 'nothing tastes as good as skinny feels' (Alderton, 2024). I recently went jeans shopping in-person for the first time in nearly a decade. After watching some folks on Instagram® talking about how to mask quote-unquote ‘feminine’ curves using clothing cuts and tailoring, I went looking for straight leg jeans, which have long been elusive for me. I have enough sensory memory of perpetually-damp bootcut jeans with absolutely demolished hems from the early 2000s that anything massively wide-leg was right out. My thighs have only gotten bigger since getting dress coded in junior high school, and I have muscular calves, so finding jeans that actually drop straight from the hip is tricky. Add to that a refusal to ever wear low-rise pants again, and we’ve got a thorny set of requirements in today’s jeans landscape.

I started my search in a department store that I knew was iffy on sizing, and nothing came anywhere close to fitting on my body. It was so interesting to me to feel the same self-consciousness in the dressing room that I felt as a teenager, and to be able to name that as a reaction to the hyper-gendered anti-fatness of the mall space instead of internalising it so much. Next, I went to the Gap®. After trying on 13 pairs of pants, I left with two new pairs of jeans that I felt pretty good about. Feeling brave, I finished my shopping expedition at Levi’s®. I entered the store and found a cut that sounded promising. When I started rummaging through the pile to find my size, a salesperson came up to me and asked if I was finding everything okay. I said yes, this cut was what I was looking for, and asked him if Levi’s® had it in the size I usually take. He took me to a completely different part of the store, fished out a completely different cut in that size, and suggested I try them on. Slightly baffled, I took the jeans to the dressing room. They got stuck halfway up my thighs. When I emerged and told him the size was too small, he shrugged and told me he hoped I had a good rest of my day. I guess there were no other jeans available in my size or bigger, but I was so confused by the interaction and exhausted after trying on so many ill-fitting pants that I didn’t think to ask. I just left. When thinking through this experience with a pal months later (love you Julie), they highlighted that many fat folks they love can’t shop at a mall in a mainstream store and find anything that would fit. For more about fat fashion and access to clothing, check out "Articles of Weight" – a podcast episode by fat Black podcaster Ronald Young Jr. (2023) that I've linked in the show notes (see Appendix G, note 5). [Background drone fades out]

Okay. We've talked about diet culture, alienation, healthism, the gaze. Now, I want to do something a little different for a minute. I want to talk about the poems. Each section of this podcast episode has been introduced with poetic artifacts (Sharma, 2023) that I wrote when these stories were taking place. As I mentioned last episode, [Rewind sound, prefacing the following quoted section from Episode 2] I've been writing poetry since I was a preteen, and these poems feel like a pretty transparent peek into how I was feeling when I wrote them. In her essay "Poetry is Not a Luxury," Audre Lorde (1984) posited "it is through poetry that we give name to those ideas which are, until the poem, nameless and formless – about to be birthed, but already felt"[52] (p. 36). [Sound of a tape being ejected, marking the end of the quoted section] Looking back now, I get the sense that much of the idea for this thesis project started when I wrote and self-published an experimental poetry chapbook, called a Little Golden Book of *eating disorders*. That's where my next poetic artifact comes from:

gag reflex gag reflex gag reflex gag reflex gag reflex gag reflex gag reflex gag reflex gag reflex
gag reflex gag reflex gag reflex gag reflex gag reflex gag reflex *fag* reflex gag reflex gag reflex
gag reflex gag reflex gag reflex gag reflex gag reflex gag reflex gag reflex gag reflex gag reflex

It feels clear to me, re-reading this piece, that I was feeling through the relationship between queerness and gender and eating even before I had words for what I was doing. I didn't make this relationship explicit in the poem. But in using repetition – *gag reflex gag reflex gag reflex* – I remember how it felt, when I first accessed eating disorder care, to be uncomfortable, ashamed,

---

[52] Read by Nahomi (N. Amberber, personal communication, September 11, 2025).

stuck, frustrated. And yet! I was refusing and resisting this shame and discomfort by starting to speak about it through this poem. In one of our conversations about this project, my supervisor Mehmoona identified this as an early sign of embodied knowledge:

> Colonisation, foundationally, is telling you that somebody knows about you and that their knowledge is superior and it's right. It's authoritative. But then we're not ever victims of this colonization, this colonial language – we always resist. We always know otherwise. It never gets entirely eradicated. And so you know otherwise, and much of what you know otherwise is also embodied, which is very interesting. They're reading your body and telling you things, and then your body wants to gag… so the resistance is also embodied.[53] (M. Moosa-Mitha, personal communication, April 23, 2025)

Like I said at the very beginning of this podcast, I've often wondered about the interactions between my transness and my relationship with food and eating. For years, I've felt frustrated that my transness is left out of the conversation when I talk about my relationship with food and eating, and vice versa. Including a slur used against queer folks in this poem about my feelings about eating refuses the neat separation of these topics. I still didn't have the words to explain this embodied knowledge at the time of writing, though. Let's think that through together now.

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

queer and fat and failure embroidered on my stomach lining

How do we move from embodied knowledge to expressing that knowledge in words? I'm not really sure if I've got a coherent story to explain this part. Andea Gibson (2025), a white, nonbinary spoken word poet, shared this about writing from what they called the 'messy middle':

---

[53] Read by Mehmoona (M. Moosa-Mitha, personal communication, September 29, 2025).

> Neatly resolved stories signal that the exploration is over. Sometimes it's not about knowing the answer, but being inside the question together. Being inside the hardest winter together. Being beside each other in the cold when, finally, the first brave sprout pushes through the hard earth, and a smile breaks the surface of our faces, and another season of our lives is upon us.[54] (para. 12)

When Mehmoona first read a draft of the story I shared earlier about chest binding, she understood that story to mean that in trying on a binder, I had embraced my transness. That would be a neatly resolved story. The truth is that when I decided to try binding, I was still trying to figure out what my gender was. I'm still learning about my gender every day.

[Background drone fades in] I first tried out they/them pronouns in the bios I would provide to journals that published my poems. I think it felt like a safe, relatively anonymous way to try them out, and I liked the way they looked on the page. In person, I started by telling folks in my life that she *or* they pronouns worked fine for me – whichever was easiest for the person talking about me. That generally meant that everyone kept using the same pronouns they'd used for me since I was born. Once I started floating the idea of they/them pronouns as an option, I noticed that it kind of irked me when folks chose to use she/her pronouns for me instead, even though I had nominally consented to both. The hair on the back of my neck stood on end. My eye started to twitch.

So, how did I move from that twitchiness to being able to express which pronouns help me feel at home in my body? How did I figure out that 'nonbinary' describes me, and claim transness as mine? It feels a bit… earnest to say this, but it was through friendship. I was working at a summer camp for queer and trans youth in Treaty 7 territory. I remember it as a sunny day, with the kind of endlessly blue sky you only find in the prairies. Campers and workers were encouraged to wear nametags the whole weekend, trying on new names and pronouns to see how they felt. I sat next to

---

[54] Read by Viv (V. Wilson, personal communication, September 10, 2025).

a dear friend of mine as we were each making the nametags we would wear that day (love you Laura). I grabbed a marker, and froze. Laura asked if everything was okay, and I said I wasn't sure what pronouns to write down. She asked which pronouns felt good to me in that moment. After a pause, I wrote they/them on the nametag. [Background drone fades out]

I know myself as trans because I have been given the opportunity to explore my gender in safe, loving relationships with other trans and trans-affirming folks. Coming out isn't a one-time thing. Every time I meet someone new, I have to choose how much of myself to share with them. This reminds me of something we talked about last episode: [Rewind sound, prefacing the following quoted section from Episode 2] María Lugones (2010) argued that

> One does not resist the coloniality of gender alone. One resists it from within a way of understanding the world and living in it that is shared and that can understand one's actions, thus providing recognition. Communities rather than individuals enable the doing; one does with someone else, not in individualist isolation.[55] (p. 754) [Sound of a tape being ejected, marking the end of the quoted section]

I don't think it's just gender that works this way, either. I have grown to understand fatness in community with other fat folks. I have grown to understand coloniality in community with racialised and Indigenous folks. The language for these embodied knowledges was passed on to me by folks who figured some of it out before I did, and we keep exploring the words together.

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

to the leers from the passenger's seat window

This past fall, I accidentally drowned my laptop on my way to a conference. (Pro tip: don't put a full water bottle in the same carry-on as your computer on a flight. Just don't risk it, friends.)

---

[55] Read by Kéka (M. Guerrero-Quintana, personal communication, September 11, 2025).

[Background drone fades in] It was super stressful, particularly because I was really worried that I would lose months of thesis work. When I got home, I found a computer repair guy who said he could fix it. I brought the laptop, now dried out, to his home office. I was wearing my usual cold-weather gear: jeans, Blundstone® boots, and an oversized denim jacket with a patch that says 'the future is nonbinary'. The computer repair guy, while unscrewing something in my computer, looked over at my patch and said,

"That doesn't exist."[56]

I could feel the hair on the back of my neck standing up. I was by myself, in his apartment, and he had my laptop with all my info in his hands. I told him, calmly, well, I exist. I'm nonbinary, and I'm right here. He followed up with a long list of incredibly inappropriate questions, trying to 'gotcha' me into revealing my quote-unquote 'true' gender.

"Okay, so what's on your driver's license?"[56] An X.

"Okay, but what's on your passport?"[56] I don't feel comfortable telling you that.

"Do you pee sitting down?"[56] Do you ask other customers how they use the bathroom?

"Can you have children?"[56] I don't see how that's relevant.

"Okay, but can you give birth?"[56] Still not relevant.

"Are you attracted to men?"[56] Again, really not relevant.

"Do you believe in God?"[5656] How long do you think it will take to finish this repair, exactly?

I called Viv as soon as I was back in my car with the repaired laptop, hands shaking. This particular computer guy might have just been playing devil's advocate, or improbably unaware of social cues, but a different one might not have been. [Background drone fades out] Hil Malatino (2020), citing white trans scholar Eva Hayward, argues that "being told we don't exist—despite all the obvious indicators that we, in fact, do—operates as an 'attack on ontology, on beingness'"

---

[56] Read by Dad (S. O'Brien, personal communication, September 8, 2025).

(p.14). Further, he affirms that "the encounter with the stranger has always held the real weight—and burden—as far as the conferral of gender goes" (p. 36). Just because I feel mostly comfortable in my gender and my body now – just because I have words to describe my experiences and frames to understand the way the world works – doesn't mean I don't still rub up against cis society in a way that's painful and violent. (There's that alienation thing again.)

This feels so different than another misgendering I experienced while writing this thesis. [Background drone fades in] A few weeks ago, I went on a walk with my dog Louie. Some neighbourhood kids were playing on the corner. As we passed, they did that whisper-yell thing kids do to each other, where they were trying to be quiet but I could still clearly hear what they were saying. It went something like this:

"What is that?"

"Is that a boy?"

"Don't be an idiot, he's a girl."

For a moment, I thought about stopping to explain my gender, or whisper-yelling "I'm nonbinary!" back at them. They were clearly picking up on something without having the language for it – just like I hadn't had the language to understand my own transness, when I was around their age. I felt the sun on my face, and Louie pulled on his leash, clearly more interested in whatever he was sniffing at than any human interaction going on. I realised I actually didn't care what language those kids used for my gender, and kept walking. In a strange way, in their awkward language, they saw me. When I shared the anecdote with Viv after getting home, we laughed.

[Background drone fades out; demo version of "3am" starts playing in the background]

Closing

Thanks so much for listening to this episode of TRANS FATS, a podcasted thesis submitted in partial fulfilment of the requirements for the degree of Master of Social Work in the School of Social Work at the University of Victoria. Many thanks to the folks who sent in voice recordings of their work for this episode: Clarissa Rojas, Penny Haulotte, and Eli Clare. My pal Ro read the Fanon quote, Viv read the Andrea Gibson quote, Nahomi read for Audre Lorde, and Kéka read the María Lugones quote; my mum and dad also did some voice acting! Thanks so much to each of you for lending your voices to this project.

TRANS FATS was recorded at the Halifax Central Library in Mi'kma'ki. My sibling M helped with audio mixing and sound design and wrote the theme music; thank you love you miss you! Podcast artwork (Figure 1) is by my friend Harmeet Rehal; thank you so much for your beautiful work. Many thanks also to my supervisor, Dr. Mehmoona Moosa-Mitha, and my committee members, Dr. Nathan Lachowsky and Professor Gaben Sanchez, for your support and guidance. And thanks to you, for listening! I'm super honoured that you spent time with my voice in your ears today.

[Background music swells before ending]

Episode 4: Setting Fires

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

When I asked my folks to help me remember more details from that summer (love you Mum, love you Dad), they suggested I get in touch with my therapist and dietician and doctor to access any case notes they would have taken. You might remember that I *also* thought about using case notes early on in this project. Mehmoona helped me realise that this impulse was rooted in coloniality. It's so interesting to me that my parents both had that same colonial impulse, to check what it is that we remember against some kind of external, professional opinion or perception. Coming back to this idea makes me think about the memory work that white folks have lost the ability to do given our emphasis on the written word – we talked about this in Episode 2: [Background drone fades out; rewind sound, prefacing the following quoted section from Episode 2] White anti-racist educator Tema Okun (2025), in collaboration with Black organiser and educator Kenneth Jackson Jones, has argued that one of the characteristics of white supremacy culture is the worship of the written word. To combat this, she suggests we

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

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

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

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

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

(Quick side note: that phrase, 'knowing otherwise', is an important and kind of complicated one – let's take a sec to dive into what I mean by it. You might remember Hannah McGregor defining their queer politic as "rejecting the status quo and demanding that we imagine how things might be otherwise"[57] (McGregor et al., 2025, para. 27) back in Episode 2. 'Otherwise' is a term that's been used by many decolonial scholars to describe "chang[ing] the terms, not just the content of the conversation" (Mignolo, 2000, p. 70). I think the idea that we could *imagine* otherwise, or dream up ways things could be fundamentally different in the future, is pretty straightforward to understand – but *knowing* otherwise... what's that about? Mexican decolonial feminist Rosalba Icaza (2017) argues that knowing otherwise is "an embodied sensual experience of vulnerability in which the safety of how one thinks [slash] knows something is relinquished" (p. 33). In other words, knowing otherwise is when we trust in our embodied knowledges beyond what we've been taught to believe by the status quo – and that often feels scary and vulnerable.)

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

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

Imperfect Professional Supports

spoonful after spoonful after spoonful after spoonful after

One of the things that I really appreciated about my eating disorder therapist, aside from her mustard yellow armchair, was that she helped me bring my grief over my grandmothers dying

---

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

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

> you park poppy's truck on the grass and walk towards the cabin. it smells like wood stove and varnish and warmth, like lumber and wildflowers and icy pond water. the air crackles electrically and everything is slow and smooth. change course and walk down the short path to the pond. slip off your shoes and wade in until you can't feel your feet for the cold. gran is laughing somewhere; the sound is turquoise.[58]

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

> "Adulthood means accepting your aloneness."[59]

I remember this statement so clearly because I put it in a poem I wrote shortly after the session. In the poem, I followed it up with "and that means not needing other people to wade through your shit with you / you can wade through your shit on your own". [Background drone fades out] Reflecting on this statement now, as a trained social worker striving toward decoloniality, it

---

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

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

blows my mind – and not in a good way. How could my therapist make a statement like that when she was supporting my healing journey through the therapeutic relationship we shared? When my grandparents and great-grandparents had always been in the room, wading through 'my shit', with us?

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

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

I learned more about these connections when I reflected on another professional therapeutic relationship from that summer – the one I had with my dietician. [Background drone fades in] My dietician's office was, in many ways, the polar opposite to my eating disorder therapist's. No mustard yellow armchairs there – it was all glass. She worked in a consultancy group with many other dieticians on staff. One of the things she asked me to do was keep a food log of everything I was eating for a full week.

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

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

"You're not eating enough. At least part of the reason you're eating all this food in secret is because you're *hungry*."[60] [Background drone fades out]

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

> 'Bingeing,' some people call this behavior. 'Refeeding' is the term I prefer, as it removes the pathology from eating and indicates more clearly what's actually happening: when we go too hungry for too long, our bodies make us make up for what they've lost. … The drive to eat is not a disorder in need of a remedy; it's a hunger in need of feeding. This is true whether one is thin, fat, or in between. Hunger is not a sensation that accords easily with notions of choice.[61] (pp. 209–10)

---

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

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

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

> It has been repeatedly demonstrated that the root causes of food shortages in Indigenous communities across Turtle Island are colonial policies that continue to control the movement of Indigenous bodies, disconnecting people, families, spiritualities, and governance from the land in order to make space for settlers ... and resource extraction. It has been well documented that in some locations food scarcity was engineered (Daschuk, 2013) and in others it was a direct result of increased settlement and exploitative industries which led to the destruction of land, forests, and river systems ... In this context, the crisis is not one of food, but of colonialism, modernity, development, and capitalist resource exploitation. (p. 80)

Thinking about all these connections, I'm starting to understand that hunger is both a corporeal feeling shared by every human on earth *and* a "sympto[m] and instrumen[t] of colonial oppression" (Tronicke, 2024, p. 67). Writing and theorising about hunger might be "a luxury that only well-fed

Western thinkers can afford" (Delville & Norris, 2017, p. 15), but at the same time we *need* to talk about the deeply political experience of hunger in order to understand it fully.

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

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

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

stretch marks like lightning / leg hair blowing in the wind

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

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

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

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

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

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

> Following the [standards of care, or] SOC came to denote a level of professional competence without which, as the SOC stated, a physician could be considered "guilty of professional misconduct" and associated with unethical practice (Walker et al., 1979, p. 6). The SOC were largely successful in what they had set out to do, that is, to increase the legitimacy of the study of gender identity and codify the criteria for access to care developed in gender identity research clinics for use in private practice. (p. 230)

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

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

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

a love letter to my skin

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

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

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

> We are not taught to exercise for the sake of enjoyment, nor are we taught to enjoy our bodies in motion. We are taught, per contra, that we exercise so that we can be healthy, and that health must look opposite of fat.[62] (p. 37)

---

[62] Audio from Harrison (2021).

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

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

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

like nothing at all / like everything at once

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

The practice was in an old bungalow that blended into the neighbourhood – this was supposed to make it more accessible to teens, who might feel awkward about going somewhere that clearly indicated we were accessing mental healthcare. I remember feeling awkward anyway, sitting with my parents in a waiting area that had clearly once been a family's dining room.

Eventually, my mum, dad, and I were ushered into the living-room-turned-consult-office by two friendly white lady therapists. They asked us a million questions, I guess to decide what kind of care I needed and which therapist from the practice would be the best fit. The anxiety and anger my dad had dealt with as a teenager came up, but wasn't dwelt on. They asked a bunch of questions about my mum's childhood, which they seemed to find more interesting. I don't really remember what questions they asked *me*, or if they even asked me anything. I just remember that at the end of the intake appointment, I was connected to a therapist at the practice. That therapist, unfortunately, was… supremely unhelpful. In our first one-on-one session together, she heard me talk about starting to go out with my first girlfriend and quickly identified my queerness as the problem to be solved, rather than my grief. Thinking about it now, maybe there wasn't a problem at all – I just needed a space to talk to someone about how much I missed my grandmothers.

When I was writing this episode, I learned that Andrea Gibson died – you might remember Viv reading some of their writing last episode. I've followed Gibson's work since I was a teenager on Tumblr®, reblogging the poetry recordings they posted under the username andrewgibby. You can learn more about their life and legacy at the link in the show notes (see Appendix H, note 1). When I heard about their passing from ovarian cancer, I dove into their poetry instead of sticking to my writing schedule. I was startled to find that the title of one of the poems that has stuck with me for years is "The Nutritionist". [Background drone fades out] Here are some excerpts of Gibson performing their poem:

> The nutritionist said I should eat root vegetables,
> said if I could get down thirteen turnips a day
> I would be grounded, rooted.
> Said my head would not keep flying away to where the darkness lives. …
>
> The first psychotherapist said I should spend three hours a day
> sitting in a dark closet with my eyes closed and my ears plugged.

I tried it once but couldn’t stop thinking
about how gay it was to be sitting in the closet. …

The pharmacist said Klonopin, Lamictal, Lithium, Xanax.

The doctor said an antipsychotic might help me forget
what the trauma said.

The trauma said, “Don’t write this poem.
Nobody wants to hear you cry about the grief inside your bones.”[63] (Button Poetry, 2017)

I don’t know why I’m surprised by the amount of grief that keeps showing up in this thesis. It shows up in my life and community so frequently, in so many ways. I came into my queerness in the shadow of the AIDS epidemic, an entire generation before mine denied grievability (Butler, 2020) and decimated by structural abandonment. I got an emergency alert about a wildfire raging five kilometres from my house while I was writing the script for this episode, and for a minute my mouth was full of the ecological grief (Cunsolo & Ellis, 2018) of climate change. Trans Day of Remembrance has been marked in my calendar and in my heart for a decade. Korean migrant artist-researcher Youngsook Choi (2024) muses that “every loss demands grief and grief requires witnessing” (p. 68). When I think about grief, I often think about death loss – the loss of my grandmothers, friends, other family members – but reflecting on this thesis podcast, I’ve been telling a story of loss on many levels. I grieve for my relationship with food, my relationship with my bodymind, my relationship with systems and providers that are often violent instead of caring, my relationship with a world that doesn’t love my fat trans bodymind or the bodyminds of the people and communities I love. Thank you for witnessing this grief in listening to this podcast.

Grief is an embodied and relational process of closeness or distance to things that matter to us in some way (J. Stewart, personal communication, August 7, 2025). When I think about grief, it

---

[63] Audio from Button Poetry (2017).

teaches me something about knowing otherwise. When I grieve that we don't exist in a world that loves pathologised bodyminds, that grief tells me that a world without pathologisation is possible – and that matters to me deeply. I think this is what Andrea Gibson meant when they said:

> What I know about living is the pain is never just ours.
> Every time I hurt, I know the wound is an echo, so I keep listening
> for the moment when the grief becomes a window,
> when I can see what I couldn't see before
> through the glass of my most battered dream. I watched a dandelion
> lose its mind in the wind, and when it did,
> it scattered a thousand seeds.[64] (Button Poetry, 2017, 3:13)

One of the reasons why I think it's so important to spend some time on grief in this episode is because in my family, growing up, none of us knew how to talk about it – that's what brought us to that crappy therapist. I think the underlying logic around that silence was a hope that if we just didn't talk about it, then maybe everything will be fine. This was the logic around no-one ever talking about family members accessing eating disorder treatment, too. In an early draft of Episode 3, my committee member Nate commented that "not being able to talk about these things allows them to propagate and sustain, and makes them individual issues instead of societal or cultural ones"[65] (N. Lachowsky, personal communication, August 8, 2025). When we make space for grief, when we give our grief room to breathe, when our grief is shared with one another, it can deepen solidarities (Butler, 2020). If we let it, grief can be "not merely an emotional response but a profound act of resistance and social transformation" (Bayatrizi, 2024, p. 576). Spanish decolonial feminist Encarnación Gutiérrez-Rodríguez (2023) argues that "grief work uncovers a political practice of contestation and resistance, engaging with the pain of loss but also with communal ethics of reciprocity, respect, trust and emotional and material support" (p. 173).

---

[64] Audio from Button Poetry (2017).
[65] Read by Nate (N. Lachowsky, personal communication, September 14, 2025).

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

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

How Social Workers Can Know and Do Otherwise

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

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

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

> So often, powers like white supremacy and coloniality move without pause, so certain of their own truth that they cannot be still and leave space for others. But listening begins in stillness. It also requires us to loosen our hold on certainty and to open ourselves to other ways of knowing.[66] (G. Sanchez, personal communication, September 13, 2025)

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

> This approach to my own bodily incoherence informs my research and scholarship. The extent to which I have needed to be categorized—by strangers, by institutions, by forms and frameworks has felt, to varying degrees, like a form of violence.[67] (p. 246)

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

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

> the most important thing you can do is to improve your questions. Stop trying to find the answer – there is no *the answer* ever, for anything. There are multiple responses, and so the questions that you ask are very, very important because they'll lead you to some response that will be better than a response that a bad question might, you know, enable.[68] (20:30)

---

[66] Read by Gaben (G. Sanchez, personal communication, September 28, 2025).
[67] Read by May Friedman (personal communication, September 2, 2025).
[68] Audio from Rice and Kaba (2021).

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

If we come back to my research question, **how is my experience of trans corporeality mediated by pathologising logics**, I think we can safely say that my experience of existing in my trans body *constantly* comes up against pathologisation: of eating, gender, fatness, grief. The normative story constructed by all pathologising logics, including anti-fatness, anti-Blackness, anti-transness, ableism/sanism, eating disorder narratives, grief narratives, and coloniality linking all of these together, violently impacts trans people's perceiving and witnessing of our own bodyminds. Two fundamental concepts in decolonial feminist and disability justice thought helped me to understand these logics: alienation and the gaze. Here's a quick reminder of how I described alienation last episode: [Rewind sound, prefacing the following quoted section from Episode 3] Alienation is "a central concept within decolonial theorizing" (Moosa-Mitha et al., in press, p. 7) that describes someone's sense of self coming up against dominant society and being found lacking. It's the viscerally painful experience of being told by a group that has power over us that what we know to be true about ourselves is incorrect or not allowed. [Sound of a tape being ejected, marking the end of the quoted section] Multi-racial Palestinian scholar Devin Atallah and Northeastern Indian scholar Urmitapa Dutta (2023) argue that "*community is a victory* in the face of alienation" (p. 80). In other words, if we want to dismantle alienation, we have to "cente[r] collectivity and ... prioritize our relationships, our collective longing for one another in each other's lives" (p. 79).

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

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

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

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

> Harm reduction in the context of eating disorders … is not simply about giving someone tips to reduce medical risk, though these are important. It is about creating the social and

> material conditions in which people can make safer choices. It is about refusing to isolate people in their suffering. It is about building communities that will not abandon people for failing to heal on schedule or for refusing abstinence altogether. … Harm reduction … asks us to move beyond individual blame or pathologizing to recognize the systems that produce harm. It challenges the assumption that care must be individualized, professionalized, and purchased. (p. 21)

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

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

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

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

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

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

In my land acknowledgment at the beginning of this project, Chelsea Vowel (2016) asked "How can you be in good relationship with Indigenous peoples, with non-human beings, with the land and water?"[69] (para. 46). I think one answer to that question, at least for me, is by working toward an abolitionist social work rooted in disability justice and decolonial feminism.

At the very beginning of this project, I shared a question asked by Jasbir Puar (2014) that continues to blow my mind: "How might we assemble trans and disability such that rather than cohering as new transnormativities, they do not strive to manifest wholeness or to invest in the self as coherent and thereby reproduce liberal norms of being?" (p. 81). Coming to the end of this podcast, the idea of an abolitionist, deprofessionalised social work as an assemblage, a coming together of multiple, maybe incoherent, parts, feels exciting to me.

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

---

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

Concluding TRANS FATS... For Now

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

That said, there are for sure limitations and gaps in this work: I'm just one person, with one person's experiences. I'm a small fat person, a nonbinary person who doesn't face transmisogyny (Gill-Peterson, 2024), a white settler person, a person who's been able to access professionalised care, a person who's spent most of the past 14 years in university – basically, I've had a shit ton of privilege in the way I've moved through all the stories I shared on this podcast. I've done my best to incorporate the perspectives of lots of different folks, and tried to critically analyse my own experiences as much as possible, but ultimately we won't be able to come to consensus around the ideas I've raised in this podcast until many, many more folks have the opportunity to share and analyse their own experiences too. That brings me to where I'd love to take this research from here: I've been dreaming for months about a second season of this podcast, a kind of open peer review

(Llinares, 2021; McMenamy, 2019) of this thesis project, where I talk to friends and colleagues about their experiences with fatness and transness and complicated relationships with food and eating. I would also love to read and listen to research by other folks about depathologisation, deprofessionalisation, harm reduction, and abolitionist social work in the contexts of complicated relationships with food and eating, fatness, and transness. I think the field of social work has a lot to learn about this complex assemblage of topics. That goes beyond social work, too. I think we *all* have a lot to learn.

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

Acknowledgments

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

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

Anu, thank you for sharing your knowledge of anti-racism, disability justice, and queer organising with me, sending memes back and forth, gentle check-ins, co-working, and introducing me to Harmeet. I love you, pal. Harmeet, thank you for your friendship and for collaborating with me on the podcast artwork, translating my thoughts into a visual that is so, so beautiful and meaningful. Everyone, hire Harmeet to do illustration work. Their info is linked in the show notes (see Appendix H, note 2).

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

I'm so honoured that so many folks sent in voice recordings of their work: Eli Clare, Chelsea Vowel, Clarissa Rojas, Cameron Awkward-Rich, Sasha Khan, Fady Shanouda, Adryan Corcione, Ed

Wong, Tony Adams, Autumn Asher BlackDeer, Hannah McGregor, Sami Schalk, Penny Haulotte, Anna Mollow, and May Friedman. I will always remember this generosity.

My sibling M coached me through audio shit and made this podcast sound beautiful. I always love collaborating with you. Everyone should go check out their rad solo project, adella, and their rad band, worrywart. Both are, if I haven't been clear, fucking rad. Both are linked in the show notes (see Appendix H, note 3).

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

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

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

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

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

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

Closing

Thanks so much for listening to this final episode of TRANS FATS, a podcasted thesis submitted in partial fulfilment of the requirements for the degree of Master of Social Work in the School of Social Work at the University of Victoria. Many thanks to the folks who sent in voice recordings of their work for this episode: Hannah McGregor, Anna Mollow, May Friedman, and Chelsea Vowel. My sister Claire and my pals Anu and Laura did some voice acting for us this episode; thanks so much for lending your voices to this project, friends.

TRANS FATS was recorded at the Halifax Central Library in Mi'kma'ki. My sibling M helped with audio mixing and sound design and wrote the theme music; thank you love you miss you! Podcast artwork (Figure 1) is by my friend Harmeet Rehal; thank you so much for your beautiful work. Many thanks also to my supervisor, Dr. Mehmoona Moosa-Mitha, and my committee members, Professor Gaben Sanchez and Dr. Nathan Lachowsky, for your support and guidance.

And thanks to you, for listening! I’m super honoured that you spent time with my voice in your ears today.

[Background music swells before ending]

References

Ahmed, S. K. (2024). The pillars of trustworthiness in qualitative research. *Journal of Medicine, Surgery, and Public Health*, *2*, 100051. https://doi.org/10.1016/j.glmedi.2024.100051

Alderton, Z. (2024). “Nothing tastes as good as skinny feels”: Kate Moss and the role of the “extraordinary body” in cult formation. *International Journal for the Study of New Religions*, *12*(2), 157–184. https://doi.org/10.1558/ijsnr.27320

Allen, P. & Sachs, C. (2007). Women and food chains: The gendered politics of food. *The International Journal of Sociology of Agriculture and Food*, *15*(1), pp. 1–23. https://doi.org/10.48416/ijsaf.v15i1.424

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision). https://doi.org/10.1176/appi.books.9780890425787

Amnesty International. (2024). ‘You feel like you are subhuman’: Israel’s genocide against Palestinians in Gaza. https://amnesty.ca/wp-content/uploads/2024/12/Amnesty-International-Gaza-Genocide-Report-December-4-2024.pdf

Asher BlackDeer, A. (2023). Unsettling feminism in social work: Toward an Indigenous decolonial feminism. *Affilia*, *38*(4), 615–628. https://doi.org/10.1177/08861099231193617

Atallah, D. G., & Dutta, U. (2023). Decolonization unnamed: Echoes of healing and refusal in the face of dehumanization and alienation. *Peace and Conflict: Journal of Peace Psychology*, *29*(2), 77–81. https://doi.org/10.1037/pac0000686

Awkward-Rich, C. (2022). *The terrible we: Thinking with trans maladjustment.* Duke University Press.

Barreiros, I. B. & Moreira, J. K. (2019). ‘To decolonize is to perform’: The theory-in-praxis of Grada Kilomba. In M. Rendeiro & F. Lupati (Eds.), *Challenging memories and rebuilding identities: Literary and artistic voices that undo the Lusophone Atlantic* (pp. 56–81). Routledge.

Batal, M., Chan, H. M., Fediuk, K., Ing, A., Berti, P. R., Mercille, G., Sadik, T., & Johnson-Down, L. (2021). First Nations households living on-reserve experience food insecurity: Prevalence and predictors among ninety-two First Nations communities across Canada. *Canadian Journal of Public Health*, *112*(1), 52–63. https://doi.org/10.17269/s41997-021-00491-x

Bayatrizi, Z. (2024). Book review: Decolonial mourning and the caring commons. *International Migration Review*, *59*(1), 575–577. https://doi.org/10.1177/01979183241279390

Beckstead, L., Cook, I., & McGregor, H. (2024). *Podcast or perish: Peer review and knowledge creation for the 21st century*. Bloomsbury.

Berne, P. (2015, June 10). Disability justice: A working draft, by Patty Berne. *Sins Invalid*. https://web.archive.org/web/20150612221754/https://sinsinvalid.org/blog/disability-justice-a-working-draft-by-patty-berne

Bettcher, T. M. (2014). Transphobia. *Transgender Studies Quarterly*, *1*(1–2), 249–251. https://doi.org/10.1215/23289252-2400181

Bhimji, F. (2024). Writing the self: In the spirit of decolonisation through autoethnography. In E. Tasis Moratinos, T.-h. Chang, & A. Moreno Giménez (Eds.), *A transdisciplinary study of global mobilities* (pp. 223–246). Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-031-74539-3_9

Blum, E.M. (2018). Beauvoir's ambiguity and unruly bodies. *Journal of Speculative Philosophy*, *32*(4), 571–586. https://doi.org/10.5325/jspecphil.32.4.0571

Bordo, S. (2003). Hunger as ideology. In S. Bordo (with L. Heywood), *Unbearable weight: Feminism, western culture, and the body* (pp. 99–134). University of California Press. https://doi.org/10.2307/jj.8441705.9 (Original work published 1993)

Branley-Bell, D., Talbot, C. V., Downs, J., Figueras, C., Green, J., McGilley, B., & Murphy-Morgan, C. (2023). It's not all about control: Challenging mainstream framing of eating disorders. *Journal of Eating Disorders*, *11*, Article 25. https://doi.org/10.1186/s40337-023-00752-9

Brogden, L. M. (2008). art·I/f/act·ology: Curricular artifacts in autoethnographic research. *Qualitative Inquiry*, *14*(6), 851–864. https://doi.org/10.1177/1077800408318301

Brownstone, L. M., DeRieux, J., Kelly, D. A., Sumlin, L. J., & Gaudiani, J. L. (2021). Body mass index requirements for gender-affirming surgeries are not empirically based. *Transgender Health*, *6(*3), 121–124. https://doi.org/10.1089/trgh.2020.0068

Butler, J. (2020). *Precarious life: The powers of mourning and violence*. Verso Books.

Button Poetry. (2017, November 19). *Andrea Gibson – The nutritionist* [Video]. YouTube. https://www.youtube.com/watch?v=x3rxp2AWLTM

Canadian Aboriginal AIDS Network & Interagency Coalition on AIDS and Development. (2019). *Indigenous harm reduction = reducing the harm of colonialism (Policy Brief).* https://www.substanceuse.ca/sites/default/files/2021-04/Indigenous-Harm-Reduction-Policy-Brief.pdf

Cast of Rent. (2005). La vie bohème A [Song]. On *Rent (Original Motion Picture Soundtrack)*. Warner Bros. Records.

Chandler, E., Johnson, M. A., Jones, C., Harrison, E., & Rice, C. (2023). Enacting reciprocity and solidarity: Critical access as methodology. *Australian Feminist Studies*, *38*(115–116), 49–66. https://doi.org/10.1080/08164649.2024.2333055

Chao, M., & Bursten, J. R. S. (2021). Girl talk: Understanding negative reactions to female vocal fry. *Hypatia*, *36*(1), 42–59. https://doi.org/10.1017/hyp.2020.55

Choi, Y. (2024). We begin from the very end: Grief as a sociopolitical autopsy. *Maska*, *39*(223–224), 64–69. https://doi.org/10.1386/maska_00201_1

Clare, E. (2017). *Brilliant imperfection: Grappling with cure.* Duke University Press.

Clark, L. A., Cuthbert, B., Lewis-Fernández, R., Narrow, W. E., & Reed, G. M. (2017). Three approaches to understanding and classifying mental disorder: ICD-11, DSM-5, and the National Institute of Mental Health's Research Domain Criteria (RDoC). *Psychological Science in the Public Interest*, *18*(2), 72–145. https://doi.org/10.1177/1529100617727266

Corcione, A. (2021, November 23). How eating disorders impact queer and trans people. *Included Health*. https://lgbtq.includedhealth.com/blog/lgbtq/how-eating-disorders-impact-queer-and-trans-people/

Cunsolo, A., & Ellis, N.R. (2018). Ecological grief as a mental health response to climate change-related loss. *Nature Climate Change*, *8*, 275–281. https://doi.org/10.1038/s41558-018-0092-2

Cusack, C. E. & Galupo, M. P. (2021). Body checking behaviors and eating disorder pathology among nonbinary individuals with androgynous appearance ideals. *Eating and Weight Disorders*, *26*(6), 1915–1925. https://doi.org/10.1007/s40519-020-01040-0

Cusack, C. E., Iampieri, A. O., & Galupo, M. P. (2022). "I'm still not sure if the eating disorder is a result of gender dysphoria": Trans and nonbinary individuals' descriptions of their eating and body concerns in relation to their gender. *Psychology of Sexual Orientation and Gender Diversity*, *9*(4), 422–433. https://doi.org/10.1037/sgd0000515

Cusack, C. E., Levenson, N. H., & Galupo, M. P. (2022). "Anorexia wants to kill me, dysphoria wants me to live": Centering transgender and nonbinary experiences in eating disorder treatment. *Journal of LGBTQ Issues in Counseling*, *16*(3), 265–284. https://doi.org/10.1080/26924951.2022.2054492

Dader, K., Ghantous, W., Masad, D., Joronen, M., Kallio, K. P., Riding, J., & Vainikka, J. (2024). Topologies of scholasticide in Gaza: education in spaces of elimination. *Fennia – International Journal of Geography*, *202*(1), 1–12. https://doi.org/10.11143/fennia.147002

Daschuk, J. W. (2013). *Clearing the Plains: Disease, politics of starvation, and the loss of Aboriginal life*. U of R Press.

de Waal, A. (2024). Famine in Gaza: An example of the global humanitarian crisis. *American Journal of Clinical Nutrition*, *119*(6), 1383–1385. https://doi.org/10.1016/j.ajcnut.2024.04.015

de Waal, A. (2025). Lineages of Genocide in Sudan. *Journal of Genocide Research*, 1–19. https://doi.org/10.1080/14623528.2025.2495792

DeChaine, D. R. (1997). Mapping subversion: Queercore music's playful discourse of resistance. *Popular Music & Society*, *21*(4), 7–37. https://doi.org/10.1080/03007769708591686

DeChants, J. P., Shelton, J., Anyon, Y., & Bender, K. (2022). "It kinda breaks my heart": LGBTQ young adults' responses to family rejection. *Family Relations*, *71*(3), 968–986. https://doi.org/10.1111/fare.12638

Delville, M., & Norris, A. (2017). *The politics and aesthetics of hunger and disgust: Perspectives on the dark grotesque*. Routledge.

Denshire, S. (2014). On auto-ethnography. *Current Sociology Review, 62*(6), 831–850. https://doi.org/10.1177/0011392114533339

Devor, A. (2013). History of the Association. *WPATH*. https://wpath.org/about/history/

Duffy, M. E., Henkel, K. E., & Joiner, T. E. (2019). Prevalence of self-injurious thoughts and behaviors in transgender individuals with eating disorders: A national study. *Journal of Adolescent Health*, *64*(4), 461–466. https://doi.org/10.1016/j.jadohealth.2018.07.016

Dutta, M. J. (2017). Autoethnography as decolonization, decolonizing autoethnography: Resisting to build our homes. *Cultural Studies ↔ Critical Methodologies*, *18*(1), 94–96. https://doi.org/10.1177/1532708617735637

Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. AltaMira Press.

Ellis, C. (2007). Telling secrets, revealing lives: Relational ethics in research with intimate others. *Qualitative Inquiry*, *13*(1), 3–29. https://doi.org/10.1177/1077800406294947

Ellis, C., & Bochner, A. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 733–768). Sage.

Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Forum: Qualitative Social Research*, *12*(1), Article 10. https://doi.org/10.17169/fqs-12.1.1589

Erincin, S. (2023). Claiming agency in the disappearing body: Performing hunger as necroresistance and the decolonial self. *Global Performance Studies*, *6*(1–2). https://doi.org/10.33303/gpsv6n1-2a160

Fielding, L. (2021). *Trans sex: Clinical approaches to trans sexualities and erotic embodiments*. Routledge.

Fisher, E., Neziroglu, F., & Feusner, J. (2024, March 5). Eating disorders are not the same as body dysmorphic disorder (and why it matters). *International OCD Foundation*. https://iocdf.org/expert-opinions/eating-disorders-not-the-same-as-bdd/

Fortier, C., & Wong, E. H.-S. (2024). Social work abolition in unsettling times. In C. Fortier, E. H.-S. Wong, & M.-J. Rwigema (Eds.), *Abolish social work (as we know it)*. Between the Lines.

Friedman, M. (2019). Dismantling the empire: In defense of incoherence and intersectionality. In M. Friedman, C. Rice, & J. Rinaldi (Eds.), *Thickening fat: Fat bodies, intersectionality, and social justice*. (pp. 243–253). Routledge.

Galupo, M. P., Cusack, C. E., & Morris, E. R. (2021). “Having a non-normative body for me is about survival”: Androgynous or non-stereotypical body ideal among trans and nonbinary individuals. *Body Image*, *39*, 68–76. https://doi.org/10.1016/j.bodyim.2021.06.003

Gani, J. K., & Khan, R. M. (2024). Positionality statements as a function of coloniality: Interrogating reflexive methodologies. *International Studies Quarterly*, *68*, Article sqae038. https://doi.org/10.1093/isq/sqae038

Gershon, I. (2017). Keepin’ it real: Facebook’s Honesty Box and ethnic verbal genres. In A.B. Buccitelli (Ed.), *Race and ethnicity in the virtual world* (pp. 55–68). Praeger. https://doi.org/10.17613/zpht0-1nb52

Gibson, A. (2025, May 7). The hardest winter of my life: Writing from the messy middle. *Things That Don’t Suck*. https://andreagibson.substack.com/p/the-hardest-winter-of-my-life

Gill-Peterson, J. (2024). *A short history of trans misogyny*. Verso Books.

Goetz, T. G., & Wolk, C. B. (2023). Moving toward targeted eating disorder care for transgender, non-binary, and gender expansive patients in the United States. *International Journal of Eating Disorders*, *56*(13), 2210–2222. https://doi.org/10.1002/eat.24055

Gordon, A. (2023). *“You just need to lose weight” and 19 other myths about fat people* (A. Gordon, Narr.) [Audiobook]. Beacon Press.

Gordon, A. and Hobbes, M. (2021, August 3). The body mass index [Audio podcast episode]. In *Maintenance Phase*. https://maintenancephase.buzzsprout.com/1411126/episodes/8963468-the-body-mass-index

Gordon, A., & Hobbes, M. (2021, March 16). Weight Watchers [Audio podcast episode]. In *Maintenance Phase*. https://maintenancephase.buzzsprout.com/1411126/episodes/8134257-weight-watchers

Gray-Tyghter, A. (2021). Decoding the dress code: Unmasking inequities in school dress code policies. *ETFO Voice*. https://etfovoice.ca/feature/decoding-dress-code-unmasking-inequities-school-dress-code-policies

Green, C., & Carafell, B. M. (2021). Naming and reclaiming decolonial, feminist, performative, and other approaches to critical autoethnography. In T. E. Adams, S. Holman Jones, & C. Ellis (Eds.), *Handbook of autoethnography* (2nd ed., pp. 303–310). Routledge. https://doi.org/10.4324/9780429431760-30

Gregory, J. R. (2020). Social work as a product and project of whiteness, 1607–1900. *Journal of Progressive Human Services*, *32*(1), 17–36. https://doi.org/10.1080/10428232.2020.1730143

Gumble, M. (2020). Gender affirming voicework: A queer autoethnographic account. *Voices, 20*(2). https://doi.org/10.15845/voices.v20i2.2916

Gutiérrez-Rodríguez, E. (2023). *Decolonial mourning and the caring commons: Migration-coloniality necropolitics and conviviality infrastructure.* Anthem Press.

Hackett, C. & Turk, B. (2017, August 24). Shifting carceral landscapes: Decarceration and the reconfiguration of white supremacy. *Abolition Journal.* https://abolitionjournal.org/shifting-carceral-landscapes/

Hajir, B., & Qato, M. (2025). Academia in a time of genocide: Scholasticidal tendencies and continuities. *Globalisation, Societies and Education*, 1–9. https://doi.org/10.1080/14767724.2024.2445855

Halberstam, J. (2011). *The queer art of failure*. Duke University Press.

Hanneder, H., & Best, S. (2023). Did dykes die out or where have they gone? An interdisciplinary analysis of a key term in queer archives. *Tijdschrift voor Genderstudies*, *26*(3/4), 313–334. https://doi.org/10.5117/TVGN2023.3/4.007.HANN

Harcourt, W., Icaza, R., & Vargas, V. (2016). Exploring embodiment and intersectionality in transnational feminist activist research. In K. Biekart, W. Harcourt, & P. Knorringa (Eds.), *Exploring civic innovation for social and economic transformation* (pp. 148–167). Routledge.

Harrison, D. L. (2021). *Belly of the beast: The politics of anti-fatness as anti-Blackness* (D. L. Harrison, Narr.) [Audiobook]. North Atlantic Books.

Harrop, E. N., Hecht, H. K., Harner, V., Call, J., & Holloway, B. T. (2023). “How do I exist in this body…that’s outside of the norm?” Trans and nonbinary experiences of conformity, coping, and connection in atypical anorexia. *International Journal of Environmental Research and Public Health*, *20*(2), Article 1156. https://doi.org/10.3390/ijerph20021156

Haulotte, P. (2024). Gender dysphoria for critical theory. *Feminist Philosophy Quarterly*, *10*(1/2), Article 12. https://ojs.lib.uwo.ca/index.php/fpq/article/view/18729

Hawthorne, B. (2023, March 27). *Who are people of the global majority and why it matters.* https://britthawthorne.com/blog/people-global-majority/

Healey, H. (2025). The loss of autonomy in eating disorder treatment: A patient perspective. *Journal of Psychiatric and Mental Health Nursing*, *32*(2), 482–486. https://doi.org/10.1111/jpm.13132

Hernandez, K., Wambura Ngunjiri, F., & Chang, H. (2015). Exploiting the margins in higher education: A collaborative autoethnography of three foreign-born female faculty of color. *International Journal of Qualitative Studies in Education*, *28*(5), 533–551. https://doi.org/10.1080/09518398.2014.933910

Ho, S., Mingus, M., & Wong, A. (2025). Access is love. *Disability Intersectionality Summit*. https://www.disabilityintersectionalitysummit.com/access-is-love/

Holman Jones, S., & Adams, T. E. (2010). Autoethnography is a queer method. In K. Brown & C. J. Nash (Eds.), *Queer methods and methodologies: Intersecting queer theories and social science research* (pp. 195–214). Ashgate.

hooks, b. (1992). *Black looks: Race and representation*. South End Press. https://aboutabicycle.wordpress.com/wp-content/uploads/2012/05/bell-hooks-black-looks-race-and-representation.pdf

Howard H. A. (2014). Canadian residential schools and urban indigenous knowledge production about diabetes. *Medical Anthropology*, *33*(6), 529–545. https://doi.org/10.1080/01459740.2013.828722

Huang, S. (2022). Reclaiming family, reimaging queer relationality. *Journal of Homosexuality*, *70*(1), 17–34. https://doi.org/10.1080/00918369.2022.2106466

Hunt, S. [Tłaliłila'ogwa], & Holmes, C. (2015). Everyday decolonization: Living a decolonizing queer politics. *Journal of Lesbian Studies*, *19*(2), 154–172. https://doi.org/10.1080/10894160.2015.970975

Icaza, R. (2017, June 9). Border thinking and vulnerability as a knowing otherwise. *E-International Relations*. https://www.e-ir.info/2017/06/09/border-thinking-and-vulnerability-as-a-knowing-otherwise/

Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel. (2025, September 16). *Legal analysis of the conduct of Israel in Gaza pursuant to the Convention on the Prevention and Punishment of the Crime of Genocide* (UN Doc A/HRC/60/CRP.3). https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/sessions-regular/session60/advance-version/a-hrc-60-crp-3.pdf

Jackson Levin, N., Kattari, S. K., Piellusch, E. K., & Watson, E. (2020). “We just take care of each other”: Navigating ‘chosen family’ in the context of health, illness, and the mutual provision of care amongst queer and transgender young adults. *International Journal of Environmental Research and Public Health*, *17*(19), Article 7346. https://doi.org/10.3390/ijerph17197346

Jacobsen, K., & Devor, A. (2022). Moving from gender dysphoria to gender euphoria: Trans experiences of positive gender-related emotions. *Bulletin of Applied Transgender Studies*, *1*(1–2), 119–143. https://doi.org/10.57814/ggfg-4j14

Jagani, A. (2022, March 31). The fatphobic & racist origins of Y2K fashion trends. *Centennial World*. https://centennialworld.com/fatphobic-racist-origins-y2k-fashion-trends/

Johnk, L., & Khan, S. A. (2019). “Cripping the fuck out:” A queer crip Mad manifesta against the Medical Industrial Complex. *Feral Feminisms*, *9*, 26–38. https://feralfeminisms.com/wp-content/uploads/2019/12/4-Johnk-and-Khan.pdf

Johnson, A. H. (2019). Rejecting, reframing, and reintroducing: Trans people’s strategic engagement with the medicalisation of gender dysphoria. *Sociology of Health and Illness*, *41*, 517–532. https://doi.org/10.1111/1467-9566.12829

Johnson, S. & Sue, K.L. (2024). Drawing on Black and queer communities’ harm reduction histories to improve overdose prevention strategies and policies. *AMA Journal of Ethics*, *26*(7), E580–586. https://doi.org/10.1001/amajethics.2024.580

Jones, C. T., Collins, K., & Zbitnew, A. (2021). Accessibility as aesthetic in broadcast media: Critical access theory and disability justice as project-based learning. *Journalism & Mass Communication Educator*, *77*(1), 24–42. https://doi.org/10.1177/10776958211000198c

Jovanovski, N., & Jaeger, T. (2022). Demystifying ‘diet culture’: Exploring the meaning of diet culture in online ‘anti-diet’ feminist, fat activist, and health professional communities. *Women’s*

Studies International Forum, *90*, Article 102558. https://doi.org/10.1016/j.wsif.2021.102558

Keski-Rahkonen, A. (2023). Eating disorders in transgender and gender diverse people: Characteristics, assessment, and management. *Current Opinion in Psychiatry*, *36*(6), 412–18. https://doi.org/10.1097/YCO.0000000000000902

Khoury, B., Langer, E. J., & Pagnini, F. (2014). The DSM: Mindful science or mindless power? A critical review. *Frontiers in Psychology*, *5*, Article 602. https://doi.org/10.3389/fpsyg.2014.00602

Kilomba, G. (2015). Decolonizing knowledge: A lecture performance. *Goethe Institut*. https://web.archive.org/web/20181019111025/https://www.goethe.de/mmo/priv/15259714-STANDARD.pdf

King, C. S. (2021). The male gaze in visual culture. In M. N. Goins, B. K. Alexander, & J. F. McAlister (Eds.), *The Routledge handbook of gender and communication* (pp. 120–132). Routledge. https://doi.org/10.4324/9780429448317

King's Co-op Bookstore [@kingscoopbookstore]. (2025, April 24). *For this year's Indie Bookstore Day we asked award-winning author and friend of the bookstore Joshua Whitehead for his thoughts* [Photograph]. Instagram. https://www.instagram.com/p/DI1XZoKpCsi/?img_index=5

Klaver, M., de Blok, C. J. M., Wiepjes, C. M., Nota, N. M., Dekker, M. J. H. J., de Mutsert, R., Schreiner, T., Fisher, A. D., T'Sjoen, G., & den Heijer, M. (2018). Changes in regional body fat, lean body mass and body shape in trans persons using cross-sex hormonal therapy: results from a multicenter prospective study. *European Journal of Endocrinology*, *178*(2), 163–171. https://doi.org/10.1530/EJE-17-0496

Kobabe, M., & Peitzmeier, S. (2024). *Breathe: Journeys to healthy binding*. Penguin Random House.

Lafontaine, A. (Host). (2023, September 13). The Inuit battle against TB (No. 3) [Audio podcast episode]. In *The Healthcare Divide*. Canadian Race Relations Foundation. https://pocketcasts.com/podcasts/87c263b0-68a5-013c-9f44-0acc26574db2/ffd49e64-153a-43ce-be90-ff1b2fc60785

Lavalley, J. (2025). *Re-imagining the red road: Integrating Indigenous ways of knowing into harm reduction with Indigenous peoples who use illicit drugs in Vancouver's Downtown Eastside neighbourhood* [Doctoral dissertation, University of British Columbia]. UBC Theses and Dissertations. https://dx.doi.org/10.14288/1.0448157

LeFrançois, B. A., & Diamond, S. (2014). Queering the sociology of diagnosis: Children and the constituting of 'mentally ill' subjects. *Journal of Critical Anti-Oppressive Social Inquiry*, *1*(1), 39–61. https://caos.library.torontomu.ca/index.php/caos/article/view/98/102

Lenon, S. (2008). What's so civil about marriage? The racial pedagogy of same-sex marriage in Canada. *darkmatter*, (3), 26–36. https://web.archive.org/web/20080704190712/http://www.darkmatter101.org/site/2008/05/02/whats-so-civil-about-marriage-the-racial-pedagogy-of-same-sex-marriage-in-canada/

Leo, B. (2020). The colonial/modern [cis]gender system and trans world traveling. *Hypatia*, *35*(3), 454–474. https://doi.org/10.1017/hyp.2020.27

Lev, A. I. (2013). Gender dysphoria: Two steps forward, one step back. *Clinical Social Work Journal*, *41*(3), 288–296. https://doi.org/10.1007/s10615-013-0447-0

Llinares, D. (Host). (2020, October 1). In conversation with Dr Hannah McGregor [Audio podcast episode]. In *The Podcast Studies Podcast*. https://podcasters.spotify.com/pod/show/newauralcultures/episodes/In-conversation-with-Dr-Hannah-McGregor-ekdnd9

Llinares, D. (Host). (2021, December 4). Peer review podcasting part 2: Reflections [Audio podcast episode]. In *The Podcast Studies Podcast*. https://www.podpage.com/podcaststudiespodcast/peer-review-podcasting-part-2-reflections/

Lorde, A. (1982). *Zami: A new spelling of my name (A biomythography)*. Persephone Press.

Lorde, A. (1984). Poetry is not a luxury. In *Sister Outsider: Essays and Speeches* (pp. 36–39). Crossing Press.

Lorde, A. (2017). A burst of light. In *A Burst of Light: And Other Essays* (pp. 40–133). Ixia Press. (Original work published 1988)

Loukes, K. A. (2024). Sovereignty of and through food: A decolonial feminist political ecology of Indigenous food sovereignty in Treaty 9. *Canadian Food Studies*, *11*(2), 78–102. https://doi.org/10.15353/cfs-rcea.v11i2.660

Lugones, M. (2007). Heterosexualism and the colonial/modern gender system. *Hypatia*, *22*(1), 186–209. https://www.jstor.org/stable/4640051

Lugones, M. (2010). Toward a decolonial feminism. *Hypatia*, *25*(4), 742–59. https://www.jstor.org/stable/40928654

Lugones, M. (2020a). Gender and universality in colonial methodology. *Critical Philosophy of Race*, *8*(1–2), 25–47. https://doi.org/10.5325/critphilrace.8.1-2.0025

Lugones, M. (2020b). Revisiting gender: A decolonial approach. In A. J. Pitts, M. Ortega, & J. Medina (Eds.), *Theories of the flesh: Latinx and Latin American feminisms, transformation, and resistance* (pp. 29–37). Oxford Academic. https://doi.org/10.1093/oso/9780190062965.003.0003

Luna, C. (2017, April 16). The gender non-conformity of my fatness. *Everyday Feminism*. https://everydayfeminism.com/2017/04/gender-nonconformity-fatness/

Malatino, H. (2019). *Queer embodiment: Monstrosity, medical violence, and intersex experience*. University of Nebraska Press.

Malatino, H. (2020). *Trans care*. University of Minnesota Press.

Maldonado-Torres, M. (2007). On the coloniality of being: Contributions to the development of a concept. *Cultural Studies*, *21*(2–3), 240–270. https://doi.org/10.1080/09502380601162548

Malson, H. & Burns, M. (2009). Re-theorising the slash of dis/order: An introduction to critical feminist approaches to eating dis/orders. In *Critical Feminist Approaches to Eating Dis/Orders*. Routledge.

Marrow, E. (2023). “Why should other people be the judge”: The codification of assessment criteria for gender-affirming care, 1970s–1990s. *History of Psychology*, *26*(3), 210–246. https://doi.org/10.1037/hop0000238

Mbembe, A., & Goldberg, D. T. (2018, July 3). In conversation: Achille Mbembe and David Theo Goldberg on ‘Critique of Black Reason’. *Theory, Culture & Society*. https://www.theoryculturesociety.org/blog/interviews-achille-mbembe-david-theo-goldberg-critique-black-reason

McGauley, J. (2015, October 21). Facebook’s 7 biggest fails, including the time they ruined Christmas. *Thrillist*. https://www.thrillist.com/tech/nation/facebooks-biggest-fails-and-discontinued-features

McGregor, H. (2022). *A sentimental education* (H. McGregor, Narr.) [Audiobook]. Wilfred Laurier University Press.

McGregor, H. (2022). Podcast studies. *Oxford Research Encyclopedia of Literature*. https://doi.org/10.1093/acrefore/9780190201098.013.1338

McGregor, H., & Kosman, M. (n.d.). Our original run. *Witch, Please Productions*. https://www.ohwitchplease.ca/original-run

McGregor, H., Burr, J., McMenemy, S., Rehak, H., & Sharman, Z. (2025). No one is in trouble: Queer feminist collaborations in the Amplify Podcast Network, The SpokenWeb Podcast, and Witch, Please Productions. *The Journal of Electronic Publishing*, *28*(1). https://doi.org/10.3998/jep.6098

McLean, A. (2013). The intersection of gender and food studies. In K. Albala (Ed.), *Routledge international handbook of food studies* (pp. 250–264). Routledge. https://doi.org/10.4324/9780203819227

McMenamy, S. (2019, September 12). Scholarly podcasting open peer review. *Wilfred Laurier University Press*. https://www.wlupress.wlu.ca/Scholarly-Podcasting-Open-Peer-Review

Mercedes, M., Luna, C., Guffey, B., Underwood, J., & Harrison, D. (Hosts). (2022, January 18). It's not right, but it's okay [Audio podcast episode]. In *Unsolicited: Fatties Talk Back*. https://unsolicitedftb.libsyn.com/placeholder

Merriam-Webster. (n.d.). Performative. In *Merriam-Webster.com dictionary*. Retrieved July 13, 2025, from https://www.merriam-webster.com/dictionary/performative

Mignolo, W. D. (2000). *Local histories/global designs: Coloniality, subaltern knowledges, and border thinking*. Princeton University Press.

Mignolo, W., & Schiwy, F. (2002). Beyond dichotomies: Translation/transculturation and the colonial difference. In E. Mudimbe (Ed.), *Beyond dichotomies* (pp. 251–286). Syracuse University Press.

Mihesuah, D. A., & Wilson, A. C. [Waziyatawin] (2004). Introduction. In D. A. Mihesuah & A. C. Wilson (Eds.), *Indigenizing the academy: Transforming scholarship and empowering communities* (pp. 1–15). University of Nebraska Press.

Mingus, M. (2015, February 6). Medical industrial complex visual. *Leaving Evidence*. https://leavingevidence.wordpress.com/2015/02/06/medical-industrial-complex-visual/

Mollow, A. (2015). Disability studies gets fat. *Hypatia*, *30*(1), 199–216. https://doi.org/10.1111/hypa.12126

Moosa-Mitha, M. (2022). Decolonial ethics as a framework for anti-Islamophobic social work praxis. *International Journal of Social Work Values and Ethics*, *19*(2), 24–46. https://doi.org/10.55521/10-019-205

Moosa-Mitha, M., Varcoe, C., Holmes, C., Wallace, B., Hudspith, M., Moor, G., & Craig, K. (in press). How encounters with health professionals reiterate experiences of coloniality for refugees. *Health Psychology*.

Murea, R. & Josan, I. (2014). Progress and control: Positivism and the European epistemological hegemony. *Journal of Media Research*, *7*(3), 72–88. https://www.mrjournal.ro/docs/R2/20MR6.pdf

Murray-Lichtman, A. & Elkassem, S. (2021). Academic voyeurism: the white gaze in social work. *Canadian Social Work Review*, *38*(2), 179–205. https://doi.org/10.7202/1086125ar

Nalgona Positivity Pride. (2025). *Radical eating disorder harm reduction: A dissident reimagining of care outside capitalism, saviorism, and white supremacy*.

National Eating Disorder Information Centre. (n.d.). For the media. Accessed July 2, 2025, from https://nedic.ca/for-the-media/

National Eating Disorders Association. (n.d.). Tips for responsible media coverage. Accessed July 2, 2025, from https://www.nationaleatingdisorders.org/tips-responsible-media-coverage/

National Harm Reduction Coalition. (2024). *Evolution of harm reduction*. https://harmreduction.org/movement/evolution/

Network to Advance Abolitionist Social Work. (2024). Conceptualizing abolitionist social work. In M. E. Kim, C. W. Rasmussen, & D. M. Washington Sr. (Eds.), *Abolition and social work:*

Possibilities, paradoxes, and the practice of community care (pp. 38–50). Haymarket Books.

Ng, R. (2018). Decolonizing teaching and learning through embodied learning: Toward an integrated approach. In S. Batacharya and Y.-L. R. Wong (Eds.), *Sharing breath: Embodied learning and decolonization* (pp. 40–60). Athabasca University Press.

Nicholson, V., Gormley, R., Cardinal, D., Nyman, S., & Kaida, A. (2022). The changing tide: Indigenizing re-search with Indigenous women living with HIV to explore, understand, and support their health and well-being. *International Journal of Qualitative Methods*, *21*. https://doi.org/10.1177/16094069221121239

O'Neill, N. (2009, January 2). Israeli QassamCount application goes viral on Facebook. *AdWeek*. https://www.adweek.com/performance-marketing/qassam-count-facebook/

Okun, T. (2025). Worship of the written word. *White Supremacy Culture*. https://www.whitesupremacyculture.info/worship-of-written-word.html

Orjuela, C. (2023). Remembering/forgetting hunger: Towards an understanding of famine memorialisation. *Third World Quarterly*, *45*(2), 259–276. https://doi.org/10.1080/01436597.2023.2200928

Oxford English Dictionary. (2024a). Corporeality (n.), sense a. In *Oxford English Dictionary*. https://doi.org/10.1093/OED/4300969104

Oxford English Dictionary. (2024b). Pathologize (v.), sense 2. In *Oxford English Dictionary*. https://doi.org/10.1093/OED/1168170352

Oxford English Dictionary. (2024c). Anorexia (n.), etymology. In *Oxford English Dictionary*. https://doi.org/10.1093/OED/7164918800

Parker, L. L. & Harriger, J. A. (2020). Eating disorders and disordered eating behaviors in the LGBT population: A review of the literature. *Journal of Eating Disorders*, *8*(51). https://doi.org/10.1186/s40337-020-00327-y

Peitzmeier, S. M., Silberholz, J., Gardner, I. H., Weinand, J., & Acevedo, K. (2021). Time to first onset of chest binding-related symptoms in transgender youth. *Pediatrics*, *147*(3), Article e20200728. https://doi.org/10.1542/peds.2020-0728

Pepe Silvia. (2017, March 24). In *Know Your Meme*. Retrieved May 3, 2025, from https://knowyourmeme.com/memes/pepe-silvia/

Piepzna-Samarasinha, L. L. (2018). *Care work: Dreaming disability justice*. Arsenal Pulp Press.

Plante, M. (2023). *Stepping away from the campfire: Decolonizing the concept of eating disorders through an Indigenous Focusing Oriented Therapy lens* [Master's thesis, University of Calgary, Calgary, Canada]. PRISM Repository, University of Calgary. https://dx.doi.org/10.11575/PRISM/40692

Price, M. (2015). The bodymind problem and the possibilities of pain. *Hypatia*, *30*(1), 268–284. http://www.jstor.org/stable/24542071

Puar, K. J. (2014). Disability. *Transgender Studies Quarterly*, *1*(1–2), 77–81. https://doi.org/10.1215/23289252-2399659

Rice, S., & Kaba, M. (2021, May 20). Practicing imagination. *The Forge*. https://forgeorganizing.org/article/practicing-imagination/

Riggs, D. W., Pearce, R., Pfeffer, C. A., Hines, S., White, F., & Ruspini, E. (2019). Transnormativity in the psy disciplines: Constructing pathology in the Diagnostic and Statistical Manual of Mental Disorders and Standards of Care. *American Psychologist*, *74*(8), 912–924. https://doi.org/10.1037/amp0000545

Robins, T., Dennis, M. K., & Hart, M. A. (2020). Feeding Indigenous people in Canada. *International Social Work*, *65*(4), 652–662. https://doi.org/10.1177/0020872820916218

Robinson, B. A. (2018). Conditional families and lesbian, gay, bisexual, transgender, and queer youth homelessness: Gender, sexuality, family instability, and rejection. *Journal of Marriage and Family*, *80*(2), 383–396. https://doi.org/10.1111/jomf.12466

Robinson, M. (2019). The big colonial bones of Indigenous North America's "obesity epidemic". In M. Friedman, C. Rice, & J. Rinaldi (Eds.), *Thickening fat: Fat bodies, intersectionality, and social justice*. Routledge. https://doi.org/10.4324/9780429507540

Rojas Durazo, A. C. (2016). Medical violence against people of color and the medicalization of domestic violence. In INCITE! Women of Color Against Violence (Eds.), *Color of Violence: The INCITE! Anthology* (pp. 179–188). Duke University Press. https://doi.org/10.1215/9780822373445-022

Rothenberg, K. A., Gologorsky, R. C., Hojilla, J. C., Tang, A., Cohan, C. M., Beattie, G., & Yokoo, K. M. (2021). Gender-affirming mastectomy in transmasculine patients: Does obesity increase complications or revisions? *Annals of Plastic Surgery*, *87*(1), 24-30. https://doi.org/10.1097/SAP.0000000000002712

Schalk, S. (2018). *Bodyminds reimagined: (Dis)ability, race, and gender in Black women's speculative fiction*. Duke University Press. https://doi.org/10.1215/9780822371830

Schalk, S., & Kim, J. B. (2020). Integrating race, transforming feminist disability studies. *Signs*, *46*(1), 31–55. https://doi.org/10.1086/709213

Schalk, S., & Kim, J. B. (2021). Reclaiming the radical politics of self-care: A crip-of-color critique. *The South Atlantic Quarterly*, *120*(2), 325–342. https://doi.org/10.1215/00382876-8916074

Schott, N., & Langan, D. (2024). Moving beyond “recovery”: Exposing and disrupting the eating dis/order industrial complex. *International Mad Studies Journal*, *2*(1), e1–21. https://doi.org/10.58544/imsj.v2i1.8470

Schott, N., Stadnyk, F., & Shanouda, F. (2023). Coalizing against fatmisic and sanist targeted ads of oppression. *Excessive Bodies*, *1*(1), 184–223. https://doi.org/10.32920/eb.v1i1.1880

Shakespeare, W. (2025). *A midsummer night’s dream.* Standard Ebooks. https://standardebooks.org/ebooks/william-shakespeare/a-midsummer-nights-dream (Original work published 1600)

Sharma, A. K. (2023). *To know us is to know an ocean: A racialized social worker’s unruly, Mad, decolonial autoethnography* [Master’s thesis, University of Victoria]. University of Victoria Library, Electronic Theses and Dissertations. http://hdl.handle.net/1828/14978

Sholl, J. (2017). The muddle of medicalization: Pathologizing or medicalizing? *Theoretical Medicine and Bioethics*, *38*(4), 265–78. https://doi.org/10.1007/s11017-017-9414-z

Shraya, V. (2016). *even this page is white.* Arsenal Pulp Press.

Simpson, L. B. (2017). *As we have always done.* University of Minnesota Press.

Sins Invalid. (n.d.). *10 principles of disability justice*. https://sinsinvalid.org/10-principles-of-disability-justice/

Sircar, O. (2020). “A deep and ongoing dive into the brutal humanism that undergirds liberalism”: An interview with Jasbir K. Puar. *Humanity*, *11*(3), 332–351. https://doi.org/10.1353/hum.2020.0026

Smith, L. T. (2012). *Decolonizing methodologies: Research and Indigenous peoples* (2nd ed.). Zed Books.

Smith, P. (2020). [R]evolving towards Mad: Spinning away from the psy/spy-complex through auto/biography. In J. Parsons & A. Chappell (Eds.), *The Palgrave handbook of* *auto/biography* (pp. 369–388). Palgrave Macmillan. https://doi.org/10.1007/978-3-030-31974-8_16

Smoke, A., & Semeniuk, R. (2025). *Braiding inner guidance: Reclaim, embrace, dream*. Native Women's Association of Canada. https://nwac.ca/assets-documents/NWAC_RedPathBook2025_MainBook.rev2.pdf

Spade, D. (2003). Resisting medicine, re/modeling gender. *Berkeley Women's Law Journal*, *18,* 15–37. https://www.deanspade.net/wp-content/uploads/2010/07/resisting.pdf

Spivak, G. C. (1988). Can the subaltern speak? In C. Nelson and L. Grossberg (Eds.), *Marxism and the interpretation of culture* (pp. 271–313). Macmillan Education.

Strings, S. (2019). *Fearing the black body: The racial origins of fat phobia.* NYU Press.

Stryker, S. D., Dubey, I., Madzia, J. L., Pickle, S., Dion, G. R., & McKenna, V. S. (2025). Vocal-gender incongruence, wellbeing, and safety: The medical necessity of gender-affirming vocal training. *International Journal of Transgender Health*, 1–14. https://doi.org/10.1080/26895269.2025.2475183

Switzer, K. & Autumn, J. (2023, November 16-17). *Fat, trans, and worthy* [Poster presentation]. Summit: Together in Action, Community-Based Research Centre, Vancouver, BC, Canada. https://www.researchgate.net/publication/375828516_Fat_Trans_and_Worthy

Tarasuk, V., Li, T., & Fafard St-Germain, A.-A. (2022). Household food insecurity in Canada, 2021. In *Research to Identify Policy Options to Reduce Food Insecurity* (pp. 299–312). PROOF. http://journals.lww.com/00008486-200510000-00003

Tennant, Z. (2021, April 19). The dark history of Canada's Food Guide: How experiments on Indigenous children shaped nutrition policy. *CBC*. https://www.cbc.ca/radio/unreserved/how-food-in-canada-is-tied-to-land-language-community-and-colonization-1.5989764/the-dark-history-of-canada-s-food-guide-how-experiments-on-indigenous-children-shaped-nutrition-policy-1.5989785

Thambinathan, V., & Kinsella, E. A. (2021). Decolonizing methodologies in qualitative research: Creating spaces for transformative praxis. *International Journal of Qualitative Methods*, *20*. https://doi.org/10.1177/16094069211014766

Tobin, L. (2009, February 12). Israel's cyber warriors: Zionism's case is being advanced on the internet thanks to a diverse army of committed supporters. *The Jewish Chronicle*. https://www.thejc.com/life/israels-cyber-warriors-t44er71j

Tonic, G. (2021, December 25). The divisive legacy of that wavy Ikea mirror. *Refinery29*. https://www.refinery29.com/en-gb/2021/12/10808607/ikea-wavy-krabb-mirror

Tronicke, M. (2024). "Slippy with rot": The Irish Potato Famine and neo-Victorianism's colonial roots. *Anglia*, *142*(1), 63–79. https://doi.org/10.1515/ang-2024-0006

Tuck, E., & Yang, K. W. (2012). Decolonization is not a metaphor. *Decolonization*, *1*(1), 1–40. https://jps.library.utoronto.ca/index.php/des/article/view/18630

United Nations. (2024, October 31). 'It is important to call a genocide a genocide,' consider suspending Israel's credential as UN member state, experts tell Palestinian rights committee. https://press.un.org/en/2024/gapal1473.doc.htm

United Nations. (2025, March 27). DR Congo: Record numbers face acute or emergency hunger. *UN News*. https://news.un.org/en/story/2025/03/1161606

Ureña, C. (2019). Decolonial embodiment: Fanon, the clinical encounter, and the colonial wound. *Disability and the Global South*, 6(1), 1640–1658. https://dgsjournal.org/wp-content/uploads/2019/04/06_01-05.pdf

Varela, J. N. (2022). On the shore: Autoethnography and reflexivity from a Black feminist and decolonial perspective. In D. Golańska, A. M. Różalska, & S. Clisby (Eds.), *Investigating cultures of equality* (pp. 173–191). Routledge. https://doi.org/10.4324/9781003230922-10

Velocci, B. (2021). Standards of care: Uncertainty and risk in Harry Benjamin's transsexual classifications. *Transgender Studies Quarterly*, *8*(4), 462–480. https://doi.org/10.1215/23289252-9311060

Vergès, F. (2021). *A decolonial feminism* (A. Bohrer, Trans.). Pluto Press. https://www.jstor.org/stable/j.ctv1k531j6 (Original work published 2019)

Villines, Z. (2023, September 8). What to know about anorexia and body dysmorphia. *Medical News Today*. https://www.medicalnewstoday.com/articles/anorexia-and-body-dysmorphia

Vowel, C. (2016). Beyond territorial acknowledgments. *Âpihtawikosisân*. https://apihtawikosisan.com/2016/09/beyond-territorial-acknowledgments/

Wada, K. & Fellner, K. D. (in press). Decolonizing psychiatric diagnosis: Turning the DSM on its head. *American Psychologist*.

Webber, K. T., Farrar, K. M., & Schroeder, M. S. (2025). "But they don't look like someone with an eating disorder": A content analysis of representation in TV and film portrayals of characters with eating disorders. *Psychology of Popular Media*. Advance online publication. https://doi.org/10.1037/ppm0000576

White, F. R. (2019). Embodying the fat/trans intersection. In M. Friedman, C. Rice, & J. Rinaldi (Eds.), *Thickening fat: Fat bodies, intersectionality, and social justice* (pp. 110–121). Routledge.

Wilson, M. (2020, September 30). Writing for the ear. *Teaching with Digital Scholarship*. https://teachwithds.sandbox.library.columbia.edu/podcasting/writing-for-the-ear/

Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Fernwood.

Wong, E. H.-S. (2024). Mental health workers have never been the solution to racial violence by police. In C. Fortier, E. H.-S. Wong, & M. J. Rwigema (Eds.), *Abolish social work (as we know it)* (pp. 32–43). Between The Lines.

Yellowhead Institute. (2019). *Land back: A Yellowhead Institute red paper*. https://redpaper.yellowheadinstitute.org/wp-content/uploads/2019/10/red-paper-report-final.pdf

Yesildemir, O., & Akbulut, G. (2023). Gender-affirming nutrition: An overview of eating disorders in the transgender population. *Current Nutrition Reports*, *12*, 877–892. https://doi.org/10.1007/s13668-023-00504-w

Young, R., Jr. (Host). (2023, September 14). Articles of weight (No. 5) [Audio podcast episode]. In *Weight for it*. Radiotopia. https://pca.st/cmgyfxip

zamantakis, a., & Lackey, D. (2022). Dying to be (a)gendered: An exploratory content analysis of trans/nonbinary people's experiences with eating disorders. *Sociological Inquiry*, *92*(Suppl 1), 870–93. https://doi.org/10.1111/soin.12425

Zimman, L. (2018). Transgender voices: Insights on identity, embodiment, and the gender of the voice. *Language and Linguistics Compass*, *12*(8), Article e12284. https://doi.org/10.1111/lnc3.12284

Zirimis, E. (2022, August 4). The Y2K style trend isn't fatphobic, our attitudes about it are. *Teen Vogue*. https://www.teenvogue.com/story/the-y2k-style-trend-isnt-fatphobic-our-attitudes-about-it-are

Zoller, C. (2021, April 6). What terms like "superfat" and "small fat" mean, and how they are used. *Teen Vogue*. https://www.teenvogue.com/story/superfat-small-fat-how-they-are-used

Appendices

Appendix A: Show Notes, Episode 0

Hi friends! I'm Katie O'Brien, and this trailer is a tiny intro to my podcasted thesis, TRANS FATS. If you have any feedback about the accessibility of this podcast, please don't hesitate to email me at krobrien@uvic.ca. Stoked to have you along for the ride 🌈

Appendix B: Show Notes, Episode 1

Welcome to my thesis! This first episode talks about decolonial feminist theory, my white settlerness in relation to Indigenous lands including Palestine, transness and fatness and eating disorders, pathologisation and medical-industrial complex bullshit including the DSM and the BMI, disability justice, anddd anti-fatness. So, you know. Please take care if you decide to listen 💜

1. ‘Cis-centric’ describes a world where the bodies of cisgender folks, people whose genders are the same as the ones they were assigned at birth, are understood to be the norm. ‘Sexually dimorphic’ means an understanding of sex that only allows for two options, typically female or male. ‘Somatic normalcy’ means the idea that there is one way for bodies to be ‘normal’.
2. “By *transnormative*, I mean subjects [read: people] who, save for their status as trans, are otherwise highly assimilable – gender normative, heterosexual, middle class, well educated, racialized as white. … It is transnormative subjects that have the least mitigated [read: easiest or most straightforward] access to medical technologies of gender transition – hormones, surgery, and continued care. Conversely, it is nontransnormative subjects who are systematically exposed to institutional and interpersonal violence, up to and including death – by homicide and suicide, yes, but also by lack of access to quality, affordable, trans-competent health care.” (Malatino, 2019, p. 110, emphasis in original)
3. Amnesty International report on Israel’s genocide against Palestinians in Gaza: ‘You feel like you are subhuman’; United Nations press release: ‘It is important to call a genocide a genocide’; United Nations independent commission of inquiry report concluding that Israel has committed genocide in Gaza (warning that this last link is heavy on the legalese!)

4. 

   Image description: Photograph of a grey concrete footpath. The concrete of the path is visibly lighter where the words "UVIC DIVEST FROM GENOCIDE" were once spraypainted in all-caps, like the concrete was pressure washed to remove the paint.

5. Patty Berne (January 21, 1967 – May 29, 2025): In memory and power
6. "The Body Mass Index" – *Maintenance Phase*

Appendix C: Show Notes, Episode 2

In this second episode of my podcasted thesis, I do a deep dive into my research methodology and methods. I start out with my hopes for this work before talking about autoethnography, coloniality's relationship to positivism, medical notetaking, podcasting, accessibility, the body and the voice, relational ethics, and self and community care 🌈 I also ask again for your feedback on the accessibility of this podcast, which you can send my way at krobrien@uvic.ca!

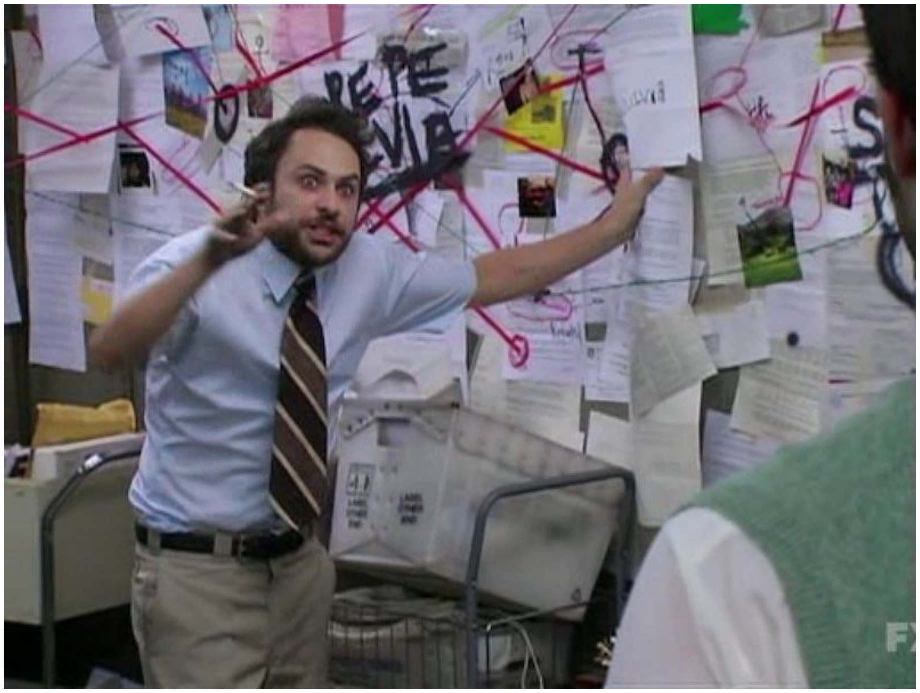
1. Britt Hawthorne's blog post: Who Are People of the Global Majority and Why It Matters
2. I came across the idea of using poems as a springboard into memory when reading brown Mad social worker Aman Sharma's (2023) autoethnographic thesis. He describes the poems he incorporated into his thesis work as 'poetic artifacts', after white scholar Lace Brogden's (2008) use of report cards as 'curricular artifacts' in her own autoethnographic work. Thanks so much, Aman, both for your scholarly work and your supportive emails early on in this project!
3. 

   Image description: Still from the TV show *It's Always Sunny in Philadelphia*. A white man with a scruffy beard, wearing a short-sleeved light blue collared shirt, a striped brown tie, and khakis, is standing in front of a nonsensical evidence board. The board is full of papers connected by many red strings. The man has wide, red eyes and is gesturing at the viewer with one cigarette-holding hand, and pointing at the board with his other hand.

4.

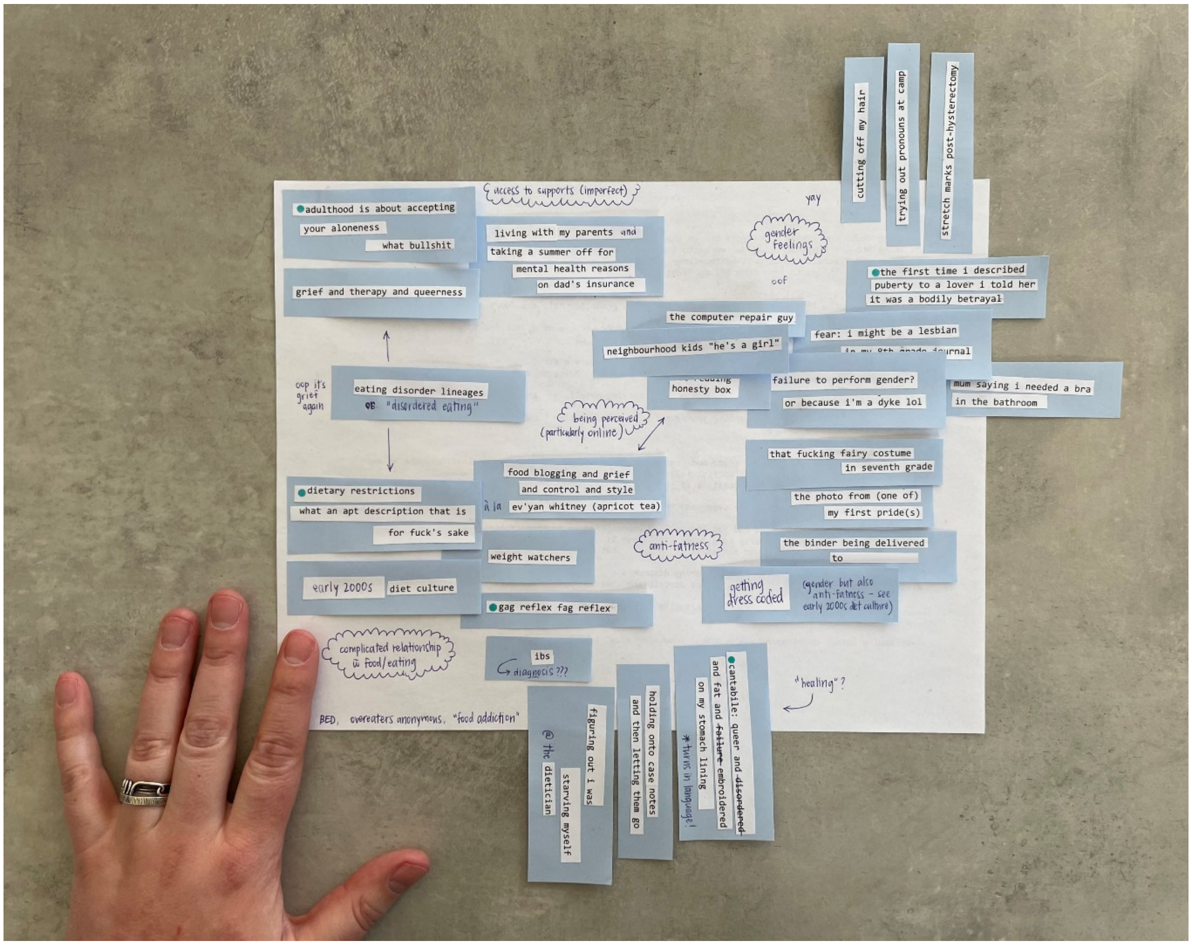
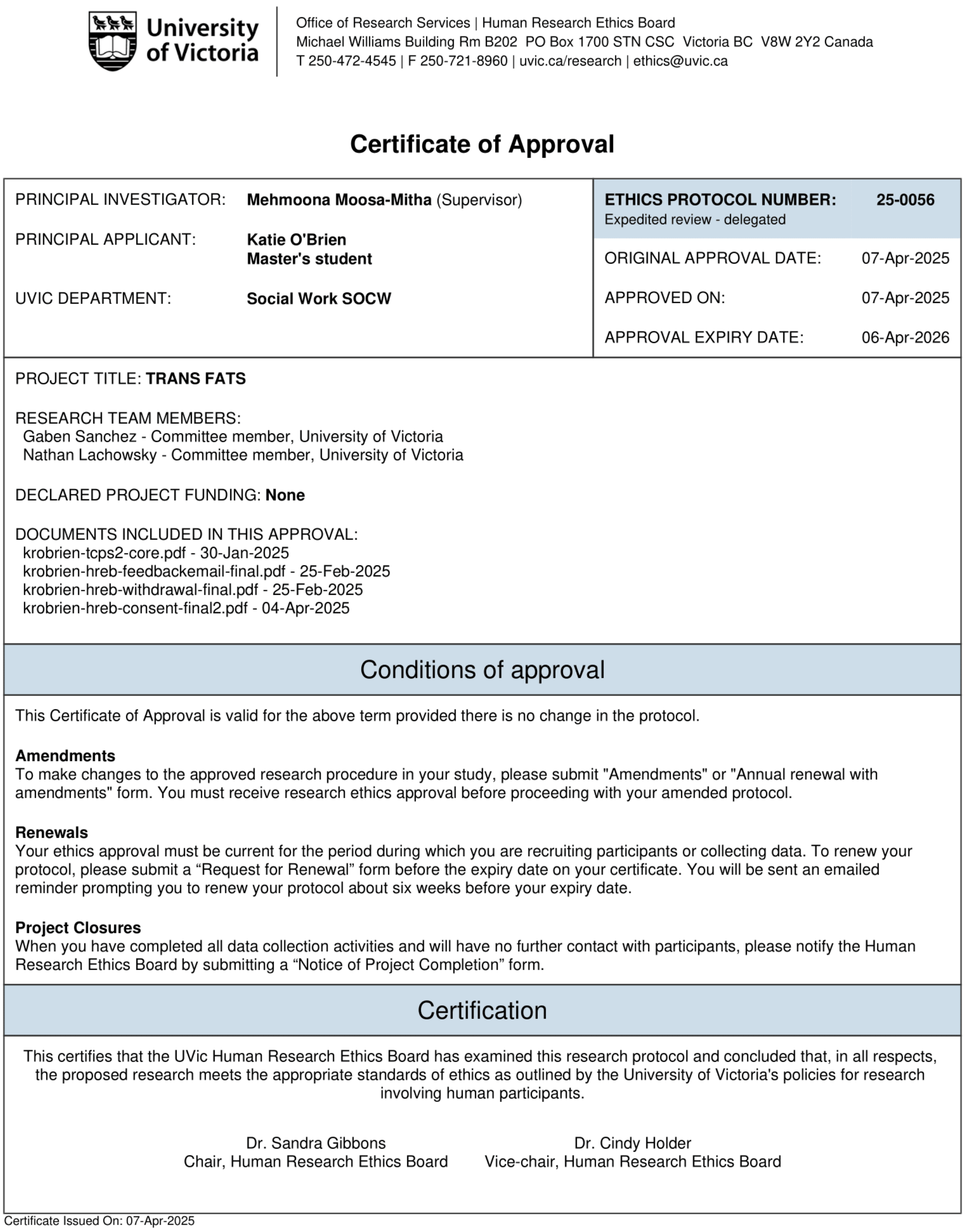


Image description: Photograph from above of a sheet of white paper covered in light blue sticky notes against a grey countertop. In the top left corner of the white paper, sticky notes are clumped around a handwritten note reading ‘access to supports (imperfect)’. In the bottom left corner, sticky notes are clumped around a note reading ‘complicated relationship w̄ food/eating’. On the right side of the paper, sticky notes cascade from a note at the top reading ‘gender feelings’ to a note at the bottom reading ‘anti-fatness’. There is a handwritten note reading ‘being perceived (particularly online)’ connecting the lower left corner and the right side of the paper. Some sticky notes have a teal dot on them, indicating that the text on them came from poems. Katie's left hand is in the bottom left corner of the photograph.

5. Check out the approved ethics protocol (18 page pdf document), consent form (4 page pdf document), feedback email (1 page pdf document), and withdrawal form (1 page pdf document) if you're interested 🤓
6. Playlist: TRANS FATS

Appendix D: Research Ethics Board Certificate of Approval



University of Victoria

Office of Research Services | Human Research Ethics Board
Michael Williams Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada
T 250-472-4545 | F 250-721-8960 | uvic.ca/research | ethics@uvic.ca

Certificate of Approval

PRINCIPAL INVESTIGATOR:	**Mehmoona Moosa-Mitha** (Supervisor)	**ETHICS PROTOCOL NUMBER:** Expedited review - delegated	**25-0056**
PRINCIPAL APPLICANT:	**Katie O'Brien** **Master's student**	ORIGINAL APPROVAL DATE:	07-Apr-2025
UVIC DEPARTMENT:	**Social Work SOCW**	APPROVED ON:	07-Apr-2025
		APPROVAL EXPIRY DATE:	06-Apr-2026

PROJECT TITLE: **TRANS FATS**

RESEARCH TEAM MEMBERS:
Gaben Sanchez - Committee member, University of Victoria
Nathan Lachowsky - Committee member, University of Victoria

DECLARED PROJECT FUNDING: **None**

DOCUMENTS INCLUDED IN THIS APPROVAL:
krobrien-tcps2-core.pdf - 30-Jan-2025
krobrien-hreb-feedbackemail-final.pdf - 25-Feb-2025
krobrien-hreb-withdrawal-final.pdf - 25-Feb-2025
krobrien-hreb-consent-final2.pdf - 04-Apr-2025

Conditions of approval

This Certificate of Approval is valid for the above term provided there is no change in the protocol.

Amendments
To make changes to the approved research procedure in your study, please submit "Amendments" or "Annual renewal with amendments" form. You must receive research ethics approval before proceeding with your amended protocol.

Renewals
Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a “Request for Renewal” form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.

Project Closures
When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a “Notice of Project Completion” form.

Certification

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria's policies for research involving human participants.

Dr. Sandra Gibbons
Chair, Human Research Ethics Board

Dr. Cindy Holder
Vice-chair, Human Research Ethics Board

Certificate Issued On: 07-Apr-2025

Appendix E: Consent Form

You are being invited to participate in **TRANS FATS**, a thesis study being conducted by Katie O'Brien as part of the requirements for a Master of Social Work degree.

Who is conducting the study?

This study will be conducted by Katie O'Brien (they/them), a graduate student in the School of Social Work at the University of Victoria. Dr. Mehmoona Moosa-Mitha (she/her) is supervising their research.

- Katie can be contacted at krobrien@uvic.ca
- Mehmoona can be contacted at [redacted]

What is the purpose of this study?

This study will examine Katie's experiences of transness and dis/ordered eating. As someone who developed an eating dis/order in their teens and came to understand themself as nonbinary and trans in their 20s, Katie has often wondered about the interactions between those specific parts of their lived experience. They have noticed that their journey through eating dis/order recovery and continual unlearning of anti-fatness is tangled with their knowledge of their body as nonbinary and trans. For Katie's thesis project, they will be writing and analysing stories about their experiences of their body, and presenting their research in the form of a podcast.

This study is important because it has the potential to open up conversations about what trans healthcare and community care can look like, both in eating dis/order spheres but also more generally. Katie would love to see this work leading to increased care access for trans and nonbinary communities, particularly fat trans and nonbinary folks with complicated relationships with food and eating. Katie's goal in conducting this research is to start the work of dismantling anti-trans and anti-fat narratives, for themself and their own practice as well as other social work practitioners.

Why am I being contacted about this study?

You are being contacted about this study because you have a relationship with Katie as their friend or family member. Your feedback on their stories is being sought because you have been an important part of the support system in Katie's life during their experiences of transness and dis/ordered eating.

It is your choice whether, and how, you want to take part in this study. If you decide to take part in the study, not to take part in the study, or to take part and then withdraw your consent later, this will not affect your relationship with Katie in any way. They understand and want you to know that **you can support Katie and their research and still decide not to participate.** Your participation is completely voluntary. Nothing will be published based on your participation unless you are comfortable with it.

If I choose to take part in this study, what will I do?

This research study is a little different from others you may have participated in, because you are not the subject of the research – Katie is. However, because you have been an important part of Katie's life during their experiences of transness and dis/ordered eating, it is possible that your role as part of my support system will be part of the stories they compile for this project. Since this project involves creating a podcast that will be publicly available, Katie's identity will not be private when the final version is released. This means that depending on the way their stories are framed, you may be identifiable, too.

Since you have a relationship with Katie, your participation in this study will not be anonymous to them as the researcher. However, the way you are represented in the stories can be made as anonymous as possible, based on your consent and feedback.

If you take part in this study, you will be asked to:

- Review the segment/s of the podcast script/s Katie develops (before they record the episode/s) where you are part of the story being told
- Tell Katie if you are comfortable with how you have been represented in the story/ies and let them know if you would like them to change anything
- Review any changes made to the way you have been represented in the story/ies

How long will this take?

This research will take place from February–June 2025. Reviewing a podcast episode segment will likely take about 15–30 minutes. There will be up to 4 episodes to review overall, depending on how many of the episodes feature your role in Katie's journey, for a total of up to 1–2 hours of your time. Katie will email you the script, and you can review it at your leisure wherever feels most comfortable to you. You will be asked to return your feedback to Katie over email one week after you receive the email asking for your feedback.

What are the possible harms of taking part in this study?

If you decide to take part in this study, there is a chance that reviewing stories about Katie's experiences of transness and dis/ordered eating may cause you some discomfort. Katie will provide brief content warnings before each story, and you can choose not to review any script for any reason. If you feel uncomfortable for any reason related to your participation in this study, you are encouraged to get in touch with Katie for support. You are also encouraged to contact Katie's supervisor Mehmoona if you have any questions or concerns.

What are the possible benefits of taking part in this study?

Through reading and providing feedback on these stories, there is the potential that you will gain a greater awareness of the supportive role you've played in Katie's life. Additionally, the results and publication of the study may contribute to more equitable models of trans healthcare and community care.

Who will see my information?

All participants will have the option to review relevant episode scripts before they are recorded. If you decide to participate in the study, your feedback on episode segment/s will be collected over email directly to Katie's UVic address. Neither your name nor email address will be released or published without your specific consent to the disclosure. Your feedback will be stored on Katie's password-protected computer, and only Katie will have access to these files. Any feedback you provide during this study will be stored for seven years. At the end of this time, all computer files will be deleted.

Mehmoona (Katie's supervisor) will review all episode scripts and listen to the final draft of each episode, to confirm that it is ready to be made public. Katie's committee members will also review all episode scripts.

It is possible that Katie will continue their analysis on this data if they decide to pursue doctoral research in the future. Choosing to participate in this current study does not mean you automatically choose to participate in future doctoral research. **Please select which of the following ways you consent to your data being used in the future:**

☐ I consent to the use of my data in future research, as described above
☐ I **do not** consent to the use of my data in future research, as described above
☐ Please contact me in the event my data is requested for future research, so that I can provide informed consent at that time

How will the study results be shared?

Findings from this study will be reported in Katie's thesis (the podcast and its transcripts), and potentially published in journal articles or presented at workshops or conferences. Your name may be included in these publications or presentations. **Please select which of the following ways you consent to be identified in these publications or presentations:**

☐ I consent to be identified by **full name** in the podcast
☐ I consent to be identified by **first name only** in the podcast
☐ I consent to be identified by the following **alias** in the podcast: ___________________
☐ I consent to be identified by my relationship to Katie in the podcast (i.e. "Katie's dad", "Katie's friend from university")
☐ I **do not** consent to be identified in any way in the podcast

Please note that should you consent to participate in the study, you will also have the opportunity to review the podcast script segment/s and make decisions about how you would like to be identified or not on a story-by-story basis (as outlined above). If you do not consent to be identified, Katie will remove any identifying information about you from episode scripts.

What does ‘ongoing consent’ mean for this project?

Each time you complete a research activity, you will be reminded that your participation in the study is voluntary and asked if you wish to continue to take part.

You may change your mind and withdraw from this study at any time. To withdraw, simply email Katie and tell them you have chosen to withdraw from the study. There is no need to explain why you have changed your mind. If you withdraw prior to the release of the podcast, you will be asked if your feedback can be used in the study to the point of withdrawal.

If you withdraw from the study after Katie has passed their defence and their thesis committee has authorised that the podcast be released, it will not be possible to remove your contribution from the podcast episode/s because it/they will live on the Internet. When the podcast episodes are made publicly available, they may be available in perpetuity (i.e. forever) or until Katie decides to remove them from public access.

If you have any questions or if you would like to discuss this study further, please contact Katie at krobrien@uvic.ca.

You can also contact the Human Research Ethics Office at the University of Victoria at 250-472-4545 or ethics@uvic.ca, to check the ethical approval of this study, or to raise any concerns you might have.

Please confirm the following:

- ☐ I have read this consent letter
- ☐ I have had the opportunity to ask questions
- ☐ I understand that my participation in this study is voluntary
- ☐ I understand that I can withdraw my consent at any time

Please select one of the following:

- ☐ I agree to take part in the study
- ☐ I **do not** agree to take part in the study

Name of Participant: ____

Signature: ____

Email: ____

Date: ____

Please retain a copy of this consent form for your records.

Appendix F: Feedback Email

Subject: TRANS FATS Episode [number] – Feedback request

Hi [name],

Thanks again for your support of TRANS FATS, my thesis study. I've finished drafting episode [number], and the episode features [a story/stories] about the way you've supported me in the past.

As a reminder, your participation in this study is completely voluntary. You're welcome to choose not to review the attached episode script for any reason. You may also withdraw from this study at any time. To withdraw, just reply to this email and tell me you've chosen to withdraw from the study. You don't have to explain why you've changed your mind. If you withdraw before the episode is released, I'll ask you if your feedback can be used in the study up until that point. If you withdraw after the episode is released, it won't be possible to remove your contribution from the episode, because it will live on the Internet.

[Content note: Any potentially sensitive/harmful content of the stories.] You can take a look at [the story/these stories] in the file I've attached to this email. Reviewing [the story/these stories] should take about 15–30 minutes of your time.

If you consent to continue participating in this study, please send your feedback on [the story/these stories] back to me by replying to this email within one week. Please think about whether you're comfortable with the way you're represented and/or identified in [the story/these stories] when writing up your feedback. If you have any feedback about [the story/these stories], I will work with you to change or remove details until you feel comfortable with [the story/these stories]. Providing feedback in an email reply indicates that you understand the above conditions of participation in this study and that you've had any questions answered.

If you have any questions or if you would like to discuss any of this further, please contact me at [redacted] or reply to this email. You can also contact my supervisor, Dr. Mehmoona Moosa-Mitha (she/her), at [redacted]. Alternatively, you can get in touch with the Human Research Ethics Office at the University of Victoria at 250-472-4545 or ethics@uvic.ca.

With care,
Katie

Appendix G: Show Notes, Episode 3

In this third episode of my podcasted thesis, we dive into stories. I talk about my family's gendered relationship with food and eating, diet culture in the early 2000s, Honesty Box, alienation and being baffled by gender, trying out chest binding and encountering anti-fatness in queer spaces, embodied knowledges, going to the doctor as a teenager, fucked up relationships with food, healthism, the gaze (g-a-z-e, not g-a-y-s lol) and getting dress-coded, clothing size fuckery, figuring out pronouns, and misgendering. It's a big episode. I come to a critical understanding of how gender and fatness work, and how coloniality works to divorce us from knowledge of our own bodies. It's an episode all about finding the words to describe knowing otherwise 🤯

1. "Weight Watchers" – *Maintenance Phase*
2. 

   Image description: Photograph of a young Katie. They have long brown hair, are wearing a light green t-shirt and a homemade pirate eye patch with a red X on it, and are sporting a face-painted handlebar moustache and pink nail polish. Their chin looks kind of dirty but it’s probably supposed to be five o’clock shadow. They are sticking their tongue out.

3. I highly recommend *Breathe: Journeys to Healthy Binding*, by Maia Kobabe and Sarah Peitzmeier. Ask your local library to get a copy or two!
4. The divisive legacy of *that* wavy Ikea mirror, by Gina Tonic
5. “Articles of weight” – *Weight For It*

Appendix H: Show Notes, Episode 4

We've made it – this is the final episode of my podcasted thesis! Thank you so much for listening to TRANS FATS. In this concluding episode, I share some more stories – this time about access to professionalised care. I talk through colonial therapy practices, working with a dietician, genocidal famine regimes, rejecting the pathologisation of hunger, gender-affirming surgery, anti-fatness in the doctor's office, and a whole bunch of grief. I also think about how social workers can know and do otherwise, and wrap up by saying many, many thank yous ❤️‍🔥

1. Andrea Gibson (August 13, 1975 – July 14, 2025): The poem isn't over
2. Harmeet's links: Instagram
3. M's projects: adella and worrywart