Ripping at the Seams:
Stories of a Too-Fat, Fractured, Feminist Killjoy

by

Ro (Rosemary) Dineen

Major Research Paper
Masters of Arts in Sociology Specialization in Women's Studies
Submitted to the School of Sociological and Anthropological Studies

Supervisor: Dr. Willow Scobie, Sociology
Second Reader: Dr. Shoshana Magnet, Feminist and Gender Studies

Submitted to the University of Ottawa
September 14th 2018

Summary

Ripping at the Seams: Stories of a Too-Fat, Fractured, Feminist Killjoy

The following research paper explores the connections between experiences of fatness, gender non-conformity, and disability. The researcher argues that these components of body and identity are inseparable and that said research contributes to both sociological and feminist intersectional research. The research is conducted through the method of autoethnography. Six stories on the topics of fatphobia, ableism, feminist killjoy moments, and queer joys are presented and analyzed through the theory of the rhizome, developed by Gilles Deleuze and Félix Guattari, and through Georges Canguilhem's concepts of the 'normal' and the 'pathological'. The researcher argues that the model of the rhizome allows both feminist and sociological discourses to notice the connections between fatness, disability, and gender, whereas a traditional Western model of knowledge prescribes individual branches for each subtopic, resulting in the isolation of these inseparable factors. By providing first-hand accounts of intersectional oppression, the researcher argues that the constructions of 'normal' and 'pathological' ways of being are not only developed through mainstream colonial, Western discourse but also reproduced through mainstream feminist discourses that relax into comfortable but exclusionary notions of gender and body norms. Further, the researcher argues that documenting these personal stories of fatness, disability, and gender contributes to an archive of pro-intersectional feminist histories by carving out space into which gender non-conforming, disabled, and fat folks can writes themselves.

Dedications

This project has been a difficult process from day one. I stumbled, I wandered, and I suffered through barriers and ill wishes I never expected to find. I am finishing this project even though it is not complete. These stories will gain companions as I continue to write about my experiences of oppression and turmoil. They will grow into a field of long grasses and wildflowers, they will build a house, they will lay out in a blanket for me to lie upon and remember that I belong here.

I would not be able to complete this paper without the irreplaceable help and companionship of the following people: my Lilly-Bee and Peanut-Butter-Cup (the best little doges in the whole wild world); my family who will pick me up and drive me anywhere—the ultimate luxury for which I am eternally grateful; my best friends and the adventures we've gone on; my friends outside of school who remind me that my grades do not define me; my friends at school who study with me; my friends at Café Nostalgica who feed my stomach and my soul; my friends whose art was generously made for this project; my supervisor, Dr. Willow Scobie, from whom I feel the respect and support I once told myself I did not deserve; Dr. Shoshana Magnet for generously agreeing to be the second reader for this project; the professors who gave me their support and guidance for many years; the union, CUPE 2626, for whom I served for five years and from whom I have learned more than I could imagine; and last but not least, the administrative staff of the School of Anthropological and Sociological Studies and the Institute of Feminist and Gender Studies, all of whom helped me through the bureaucracy of graduate school in order to help me graduate.

Featured Artists

Mikaël Phipps

Mikaël Phipps is a queer artist in Ottawa. Mikaël's art can be found on Instagram - @mikphipps.

Mikaël Phipps contributed the images behind stories One and Four, "Con-ascending" and "I Live Therefore I Know", respectively.

Daphne Enns

Daphne Enns is a visual artist and a graduate student at the Institute of Feminist and Gender Studies at uOttawa. Her research involves disability embodiment through the use of personal narratives and visual art. Questioning the current state of disability in representational practices, she hopes to bring context to the challenges experienced by disabled woman and artists within the contemporary Canadian arts and cultural scene.

Daphne Enns contributed the image behind story Two, "Diabetes Transition (Part Two)".

Murray Dineen

Murray Dineen has studied printmaking in various forms and is an active member of the Ottawa artistic community. His mother was an accomplished amateur painter.

Murray Dineen contributed the images behind stories Two and Six, "Diabetes Transition (Part One)" and "Wedding Anniversary", respectively.

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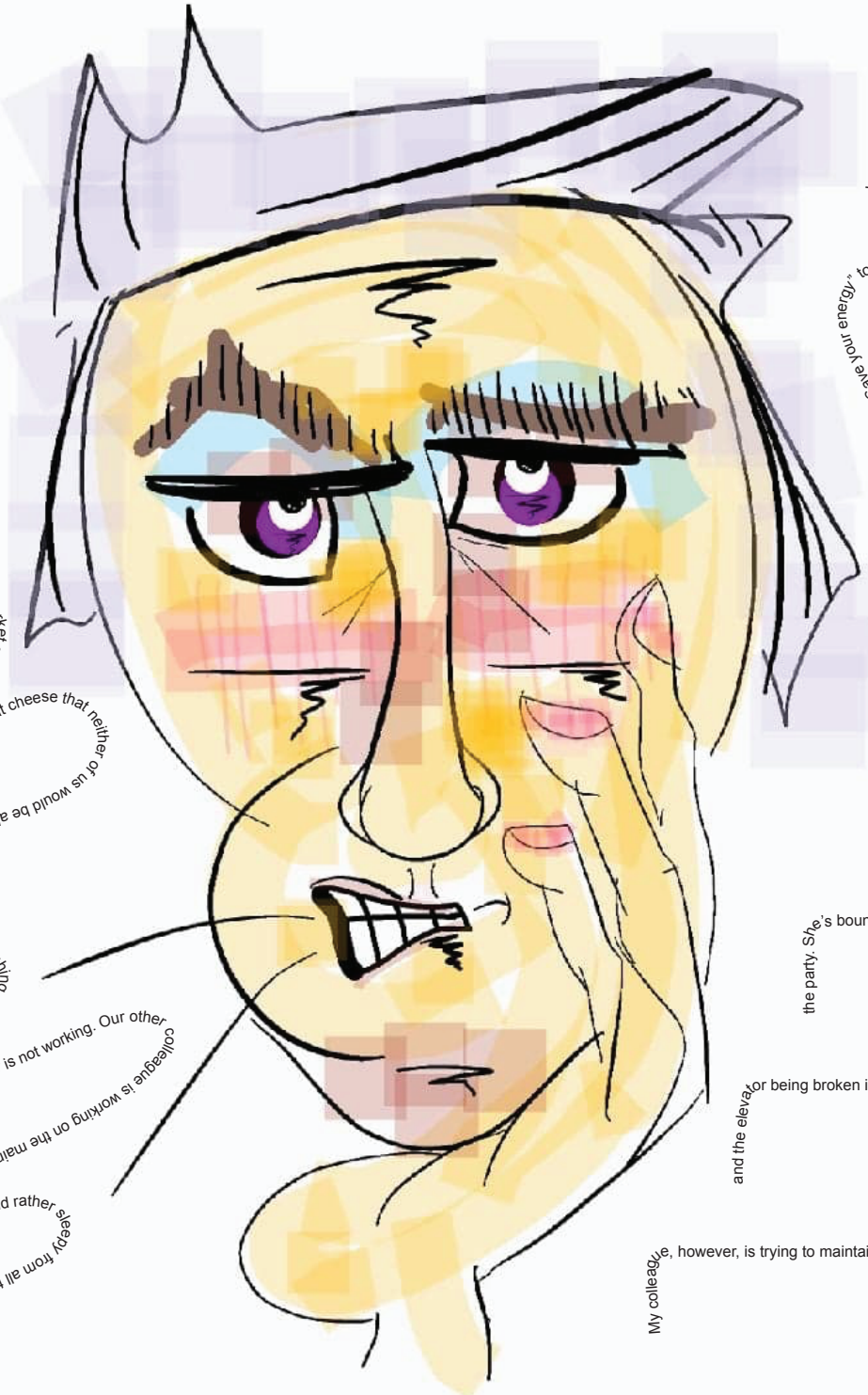
CON-ASCENDING



We're in Toronto for a conference. On the third day there's a conference party at a hotel downtown. Myself and one of my colleagues change out of our work clothes, put a bit of bright lipstick on, and pub crawl our way to the party. We look good: our hair looks good, my colleague has a cute dress on, and I'm wearing some new leggings I found at a plus-size clothing store in Eaton Mall.

We roll up to the party distinctly less than sober and ready to dance. The conference rented the hotel ballroom and we're over the moon about the catering: a cheese bar. A free-flowing cheese bar with charcuterie and a market stall full of cut veggies and dip! My colleague spots a whole round of super niche vegetable-ash goat cheese that neither of us would be able to afford. We dance and fill our bellies - and pockets - with cheese.

Later, after we've walked back to the hostel laughing and reminiscing about our evening before it has even ended, we arrive to find the hostel elevator is not working. Our other colleague is working on the main floor, avoiding the 8 flights of stairs between the lounge and our beds. Having partied for a few hours and rather sleepy from all the cheese, my colleague and I decided to make the trek up to our room.

Now let's pause for a second. I am rather heavy. I am strong,

but I still carry at least twice the body weight of my slender colleague. I start ascending the stairs with understanding that I need to maintain a realistic pace - I'm in no rush,

I will lose my breath rather quickly and rushing will make me pass out. So I take it slow.

My colleague, however, is trying to maintain her joy. She's giggly and happy

and the elevator being broken is threatening to kill her buzz from

the party. She's bounding up the stairs and calling out to me

"it's okay! We can do it!" and cheering as if pure

fucking excitement will lift me almost

80 feet in the air to our floor.

I am incensed. My brain literally goes from "Save your energy." to " Are you fucking kidding me?" I feel patronized. She doesn't get it. She doesn't understand that she doesn't know my body and she's crossing a boundary by assuming what I need to get up the stairs. And every time she says "You can do it!" or "We're almost there!" I have to use my precious energy and breath to tell her to "Shut up!", to "Stop it!", to "Just go on ahead." She doesn't listen to me. My lungs are burning. She only seems to care about keeping the smile on her face. All I can think is how much I want to send her back to Ottawa on the bus rather than drive her selfish ass home.

Over the years I have made many academic friends who are allegedly body-positive. They vocalize support for fashion at all sizes and of all genders, and they challenge people who judge fat bodies or deny fat peoples' sexualities. At the same time, these friends do not hear the stories of gender-non-conforming fat folks' struggles with body image, clothing, and health. They do not understand that there is no safe way to talk about bodies, and that solidarity between thin feminist academics and fat feminist academics is neither automatic nor consistently safe. In my ten years of academic study in post-secondary education, thin feminist academics in my classes and my friendship groups show compassion but they do not show their work behind their politics; they do not show their work to understand how their oppression is tied up with fatshaming; they do not make social media posts outlining their understanding of how heteronormativity is linked to thin-privilege; and they do not acknowledge how much easier it can be to explore queerness as thin people, as abled-bodied people, and, for some, as cis people.

I found myself again in this research project awaking from years of erasure and denial[1]. I have made friendships in the hope of finding solidarity and solace, but over and over again I have found distance and unfamiliarity. I have broken up with friends who had no ready-made space for my diabetes, for my weight-loss and weight-gain, for my gender explorations, and for my anger at their failure to make space during our friendship for these things. They did not make themselves vulnerable or expose

[1] Although I am no great artist, I have drawn little dancing fat bodies to form a flip book at the bottom of each page which you can flip through until page 54. You can find a template in Appendix B: Fat Flip Book Template on page 92 if you wish to print out a shorter version. These images create space on every page for my fat body to be present and joyful in contrast to how fat-shaming tries to hide the fat body and promote the idea that fat is unhappy and pitiful.

themselves. In anti-oppression circles, one is not a genuine ally if one relies on the work of others rather than working on oneself—such as researching what compliments might seem racist or sexist. As such, I feel alone in Ottawa, in my university, in academia, and in North America as a fat disabled body who cannot stand the growing fatness of their body because it brings up gender dysphoria, body dysmorphia, and simultaneous self-hatred and self-love.

But I know I am not alone. I know there are more students, younger and older than me, who are coming into my and other universities who see and feel the connections that I see and feel. I have learned that there are fat activists in Australia and the US that make themselves vulnerable on TV and on the Internet, who think about how heteronormativity lays down tracks for fatphobia, and who share these thoughts with the public in order to teach the public that fatness is oppressed. I have found Instagram accounts with fat bodies wearing bikinis, lingerie, jumpsuits, tight dresses, and they make me feel less alone. I have found people in Ottawa who look like me: fat, undercut hairstyles, tomboy clothes and tomboy walks, with slightly deeper voices and tattoos. I have found fat people who do not look like me, who are femme and queer, who embrace the fat parts of their body that the world calls ‘female’. I have not found many fat diabetics like me, but I have found some people who don’t treat my needle as novelty, who don’t tell me “ew, that smells like hospital”, and who don’t stare at my belly when I pull up my shirt to inject[2].

[2] As I write this, I am struck with how I have never felt a connection to breast-feeding folks before. We both lift up our shirts in public for very intimate but necessary reasons. Our open body is not an invitation, but people invite themselves to look and ask questions regardless. We are on display.

In order to show my appreciation to those who accept me, who invite me to accept them, and with whom I share a bond of growing and genuine solidarity, I want to write this paper to detail the nuances that we understand and that others need to learn: fatness is not just a number on a scale or feeling like the big kid of the friends group. Fatness is gendered, raced, abled and disabled, sexual and platonic, classed, and forever intersectional. And in order to build and communicate my boundaries to those who fail to do solidarity work with fatness, with disability, and with queerness, I am writing this for my own fulfillment and for your education.

Folks with privilege are not entitled to oppressed folks' energy or stories. I am not entitled to the stories or lessons by folks of colour. Likewise, I owe no able-bodied person the stories of my oppressions as a diabetic and fat person[3]. Thus, I hope the readers of this paper understand that I write this paper with *intention*. I write it with *conviction*. I write it *determined* to make myself vulnerable as a practice of self-acceptance and with the goal to educate scholars who do not understand the implications of feminism, queer studies, and disability studies in the field of critical fat studies. This paper will outline a basic series of connections wherein we can understand, once again as has been done before in feminist studies, how oppression is a bird-cage of which all wires must be dismantled before the bird can escape (Frye, 1983). I will provide personal stories as illustrations of these connections, and I will discuss the connections between these bodies of literature and literatures of bodies through two theoretical components (discussed in the Theoretical Framework): first, the

[3] Another observation I make as I write this is that my writing over the years has shifted from referring to myself and others as "fat bodies" to that of "fat people", and I am struck by the way my writing knows before me that I have grown further in accepting myself and fatness as a lovable thing.

model of the rhizome illustrates the interconnectedness of feminism, queerness, disability, and fatness; and second, the notion of 'normal' is not natural but a political construction through the imagination of the 'pathological' as threat and the 'normal' as threatened (Deleuze and Guattari, 1987; Canguilhem, 1991).

Before we explore the theoretical framework of this research paper, I will first outline a few basic concepts key to feminist, queer, and disability studies. Then I will situate the paper by reviewing relevant works from critical fat studies and anti-colonial critiques of pathologizing certain lived experiences—namely those who are not white, not abled-bodied, and not 'productive' according to a heteronormative, capitalist set of expectations. Next, I will outline the research objectives, describe the theoretical framework, describe the methods of this research and the rationale for their use. Finally, I will present a selection of personal stories to analyze using the core concepts outlined below. It is my hope that by the end of this paper the reader, you, will begin to understand the many lines of connections between each node: fatness, disability, sexism, queerness, cissexism, colonialism, and more as you bring your experiences to sit with mine.

Writing this paper is a process of healing, and rhizomatics is part of this healing. At times you will no doubt notice both raw diction and smooth phrasing—the trauma and the recovery bleeding into one-another. The trauma is from internalized fatphobia, of ablesist fatphobia, from repressing gender non-conformity, from being supervised and policed. Rage and grief rush up like a wave and break on a beach. As the wave retreats, the beach becomes peaceful again. The sand falls back into place and the

surface is smooth. Soon enough the wave returns and pulls the sand out of it's rest to tumble in the surf and reassemble in assortment on the beach once the wave retreats. Which is the true nature of the beach? Is it placid, graceful, and peaceful? Or is it asunder, in turmoil, abrasive? I say both are true. The beach is unfixed to either form. The beach is both sand and footprints, foam and rushing water, calm and disordered. And much like the beach I am whole and fragmented. We are both neither healed nor torn open. We are constantly one becoming the other, and that process I name 'healing'.

Gilles Deleuze and Felix Guattari imagine the same sense of chaos and connectivity through a number of metaphors in their theory of rhizomatic relations, namely those of: rats tumbling over each other, and wasps and orchids becoming each other as they physically connect. As rats climb over each in a storm drain or cramped crawl-space they become inseparable. At once they are individual moving bodies and one moving body of rats. The collective is formed by rats flowing from many directions, and they break-reassemble-break-reassemble as they topple over each other and form new feelings, squashings, images, and squeakings. In another imagining of the flow of becoming and coming to be, Deleuze and Guattari see the wasp and the orchid as becoming each other: the wasp picks up pollen from the orchid and thus is becoming the orchid, and the orchid becomes the wasp in shape and colour to attract the wasp —Deleuze and Guattari are referring to the Hammer orchid which mimics the image of the wasp in order to convince it to physically engage with the orchid in attempt to have sex with what the wasp believes is another wasp (Ogden, 2015).

Similar to the beach-becoming-wave and wave-becoming-beach, rats become each other and the wasp-orchid become each other. These are all examples of rhizomatic existence. They demonstrate disruption, chaos, messiness, as well as moments of cohesion. From a position within the chaos, this existence appears normal. From outside, the constant becoming-rebecoming appears erratic and untamed, which signifies abnormal and pathological to some. On one level I am fragmented and becoming each part of myself from the vantage point of the others, and on another level I am insider-becoming-outsider and outsider-becoming-insider, where I see my chaos as normal on the inside and abnormal on the outside as a research who compares my existences to other peoples'. And so, this project is imperfect in it's theory, application, and structure because I am still healing and becoming as I write this paper: I am still sometimes peaceful and sometimes awash with confusion, still clambering over myself like rats in a too-narrow passage.

Main Concepts

The following concepts are not strict definitions, and these terms are both lenses and objects. We might view a queer experience through the lens of fat and fatphobia, but we might also look at fatness through a queer lens. As nodes of a rhizomatic view of being, the following terms are used to describe the basic scope and opportunities for intersectional analysis.

Fat

Fat is not easy to define. In fact, I argue that the definition I provide is purely for the purpose of orienting your reading of this paper towards certain bodies and away from others in order to gather our collective imagination around those who live in defense of their bodies in the face of anti-obesity rhetoric and policies. At the same time, I struggle with providing a definition at all because we all know what ‘fat’ is and can be; it is malleable and drastically different bodies can both fit under the label ‘fat’ even if they have nothing physically in common. So, I shall provide a small description of what ‘fat’ is in my mind as I write this paper, and we can agree that ‘fat’ in it’s existence is not limited by my definition.

For the purpose of this paper, the term ‘fat’ refers to folks whose body is disproportionally large in whatever shape by virtue of soft, jiggly, fleshy parts. I do not include tall, thin people in the category of fat even though their bodies are sometimes judged as “too much”. Similarly, I do not include toned, muscular bodies in the category ‘fat’ even though body-builders—amateur and professional—may technically register as obese through BMI measurements. Instead, ‘fat’ means any bodily appearance, identity, and experiences, that involve the judgement and poor treatment of a person based on their fat distribution, fleshy appearance, and size in relation to the ‘normal’ body in their geo-political time.

Fatphobia

Fatphobia is the fear and hatred of fatness and fat people. Fatphobia includes the fear and disgust of gaining weight, lethargy, and excessive eating. These fears are not necessarily rooted in reality, past experience, or scientific facts. Fatphobia can take the form of everyday interactions: dirty looks, scoffs, questions about food choices, unsolicited options for food choices by servers or physical activity from friends and service workers, and other subtle and not so subtle hints to actively take up weight loss. Fatphobia is also present in institutions: medical professionals often see a patient through their weight if they are overweight or obese, fat people are less likely to successfully be hired over non-fat people, and the physical make-up of our infrastructure is not built to accommodate fat people of various shapes and sizes. Although 'fat' is not considered a prohibited ground by which people can legally be charged with Harassment and Discrimination, fat people do experience discrimination of an informal standard and argue that their poor treatment ought to be considered prohibited grounds.

Compulsory Heteronormativity

The concept of compulsory heterosexuality proposes that heterosexuality is a system of male power, where all people experience some form of oppression under it's script in regard to their romantic, sexual, and gendered relationships (Wright and Clarke, 1999; Tolman et. al., 2003). At the same time as heterosexuality is assumed to be the natural instinct in all people, homosexuality is constructed as the complete

opposite to heteronormativity. Although compulsory hetersexuality was introduced through gender binary language that we strive to nuance, it is nonetheless important to recognize that early feminists found strength in exposing heterosexuality and staking claim in women's resistance to heterosexuality (Rich, 1980; Wright and Clarke, 1999). Part of the challenge undertaken by feminist scholars has been not only to argue that lesbian and other queer existences deserve space, language, and appreciation, but also that queerness deserves to be seen as another way of being rather than the opposite to heterosexuality. Indeed, some attempts to incorporate lesbian and queer folks failed to overturn the hegemony of heterosexuality in that lesbianism has been explained as a rebellious or reactive state to the authority of men and heterosexuality (Rich, 1980).

Under compulsory heterosexuality, men's sexuality is seen as the instigator, women are reactive and complimentary to men's sexuality, and any deviation—in parenting, partnering, sexual behaviour, etc.—is also considered a reaction to heterosexuality. Essentially, everyone in society is meant to revolve around the needs, desires, and interests of men and heterosexuality. Further, "these discourses by their very exclusion and silences continue to reinforce and legitimate a heterosexual way of being", where means of exclusion and silencing include: "being unacknowledged, being legislated against, derogatory naming, and the very absence of a language that is inclusive of lesbian and gay experiences" (Wright and Clarke, 1999, p. 228). Of course, this does not mean that all men benefit; intersectionality leads us to understand that race, class, cisgender, and other privileges mediate the degree to which certain men and forms of heterosexuality are the heralded focus of attention (Schippers, 2016).

Ultimately, if a person does not obey the script of heterosexuality, they are read as 'in error' or 'in need of correction'. We all deviate or fail to match perfectly with heterosexuality on our own terms, but there is no room for any person to live a queer life legitimately in a society governed by compulsory heterosexuality because society always expects queerness to make it's way back on track to heterosexuality (Schippers, 2016).

Cure and cure culture

Cure culture is the dialogue, imaginings, meanings, and language of a society in which disabilities and other 'pathologies' or 'deviances' are treated as disease-in-need-of-curing. Illnesses, such as cancer and diabetes, are included in the list of errors-in-humans that require correction. In cure culture, it is not necessary to possess cure or achieve cure; members of society are expected to want to be cured and thus pursue it by whatever means necessary. For example, there is no universal cure for fatness[4] but there are many ways to tackle fatness or perform anti-fatness as a fat person: dieting, exercising, and vocalizing interest in and support of weight-loss narratives and programs.

Prominent disability activist and scholar Eli Clare writes: "Whether focused on repairing disabled body-minds or straightening kinky hair, lightening brown skin or making gay, lesbian, and bi people heterosexual, cure aims to make us as *normal* and *natural* as possible." (Clare, 2017, p. 173). What Clare expresses here is the conflation

[4] Fatness does not need a cure, but in this context we can understand my statement is arising from the mainstream argument that fat is a problem.

of disability with the unnatural and able-bodiedness with the natural. The same applies to queerness, madness, fatness, and most aspects of the body and mind. As we explore the theoretical path of this paper we will explore the finer details of what the normal and the pathological mean in the context of fatness, but the basic premise under cure culture is that cure is the logical antecedent to discovery and diagnosis of pathologies, and that cure is the solution that remedies the pathological.

Supercrip

In disability studies, the term “supercrip” refers to disabled folks whose actions are perceived as beyond their capability and thus ‘super’ (Withers, 2012). The key component of this concept is that the ‘supercrip’ functions to inspire the abled through imagined grit and determination to ‘overcome’ disability. Whether someone climbs mountains, such as disability scholar Eli Clare, or simply has sex, such as Loree Erickson—whose sex film features her disabled body—disability is seen as an anchor that prevents folks with disabilities from participating in mundane, ‘normal’ activities (Clare, 1999; Feder, 2013). ‘Supercrip’ is a tool for orienting our expectations out from behind the invisible curtain of abled-privilege and into a spotlight where we can challenge what are the assumptions of ‘normal’ embodied experience and erode the boundaries of ‘normal’ and ‘pathological’—or ‘incapable’ in the context of disability. Essentially, when disabled folks complete a ‘normal’ milestone, such as marriage or graduation, they are viewed as super-heroes under an able-bodied lens that assumed such achievement was not possible for disabled folks (Withers, 2012).

In the context of this paper, ‘supercrip’ could be related to weight-loss rhetoric and dialogue around the mantra ‘health at every size’. This connection will be elaborated upon in a later section. However, to give some sense of anticipation, I believe we can recognize a similar hero-framing applied to fat people who manage to be healthy and active while fat, and to people who strive and succeed at weight loss, thus becoming or approaching ‘normal’ through some inspiring journey.

Feminist Killjoy

The ‘feminist killjoy’, a concept popularized by Sara Ahmed, is a person who challenges the dominant narratives and markers of happiness that are tied to heteronormativity (i.e. marriage, parenthood, etc.) and other systems of oppression that are embedded in happiness-making mechanisms. Ahmed writes: “Certainly to be a good subject is to be perceived as a happiness-cause, as making others happy. To be bad is thus to be a killjoy.” (Ahmed, 2010, p. 20). Essentially, a killjoy questions the role of happiness and where happiness is expected to be, as in: what people are expected to be happy, what reasons for the distribution of happiness exist. A ‘feminist killjoy’ questions and interrupts the distribution of happiness in particular when happiness-making is conducted through oppressive narratives (Ahmed, 2010). For example, a feminist killjoy would question, and perhaps interrupt, dinner conversation that praises family members for getting engaged, married, or pregnant while also dismissing or criticizing those who refrain from such normative milestones, such as a

single family member who choses a sexless partnership or someone's choice to adopt pets instead of having children.

Trans

In this paper, I will alternately use 'trans', 'gender non-conforming', and 'non-binary' to refer to my particular relationship to the concept of transgender. We can all find the basic definition of transgender through one search mechanism or another, and thus I feel no need to repeat it here. What I want you to take along with you, as a reader, is the understanding that being trans does not mean you have a fixed starting point and destination. Trans is not simply changing from one side to another in the binary sense of sex and gender. My meaning of trans is a transition ***out of*** the binary gender I was assigned at birth. It can be between the binary points on a less-visible spectrum, or it could be entirely outside the box like the pronouns ze/zir, which is a modern invention.

Literature Review

The literature on fat and intersectional experiences of fatness, politics of obesity, and narratives of fatphobia focuses on themes such as self-discipline, femininity/gender conformity, sexuality and beauty norms, and colonial classifications of bodies. Of course, within these themes folks of privilege are not subject to the same level of harassment or judgement as folks who are not white, women, lower class, etc. However, these themes are all related through the base "notion that fat is bad [and] is thus extended to the notion that fat is bad for you—and then, by further extension, that fat people themselves are bad" (Chrisler, 2012, p. 610). Stereotypes and fears about fat, fatness, and fat people generally follow a few trends, but we will also see that the values and expectations associated with fatness tend to contradict one another. It is in these contradictions that we observe how fatness is used to describe normal—normal beauty, normal health, normal partners, normal lifestyles. We can also see that these contradictions are better suited to rhizomatic theory than the tree model of knowledge because fat is not a discrete category isolated to a branch of knowledge, but rather is omnipresent in its utilization to describe the boundaries of normal.

Fatness and Feminism

The literature shows that beauty norms are fulfilled in great part by body shape and size. Fat bodies are seen as failures to both attempt and manifest beauty norms, and it is "suggested that women who do not try hard enough to meet the standard [of

beauty] deserve scorn" (Chrisler, 2012, p. 609). Beauty norms for women have not followed a strictly linear path from idealizing large, round bodies to skinny, taught bodies. The political climate affects the interpretation of fat on bodies, and we can see in the 20th century that fatness has been at times idealized and at other times vilified; fatness was, in post-war 1950's, considered a sign of health and prosperity, whereas in the 1920's and 1980's the ideal woman was thin and physically active (Chrisler, 2012). In the late 19th century, medical professionals promoted dieting to men as a method of self-control and mastery. Gradually this trend was directed towards women, but at the same time women were seen as more feminine, beautiful, and sexually attractive for being voluptuous and plump (Vester, 2010). It is important to note that much of the literature reflects back on standards of beauty marked in official records of history which comment on white beauty standards in Europe and North America. Furthermore, these ideals were limited in their application to folks who were not upper or middle class.

At present, fatness and fat women are considered the threat to ideal beauty, which is both harmful and motivating for some fat positive folks. Rather than change their bodies, some fat positive folks embrace their bodies by showing their fat rolls and flabby arms in the clothes they wear. Social media is used as a platform for spreading images of fat bodies made by fat people. For example, the Instagram account @glitterandlazers features a fat woman, Anna O'Brien, who posts fashion photos and regularly addresses hateful comments. Her social media presence gives space for other fat folks to share images of themselves and their body-positive thoughts. Nevertheless, fatness is still viewed as undesirable and ugly. Fat bodies are described through terms

of excess, such as “whale”, “house”, “elephant”, “bus”—all terms that describe the attitude that fat people are ‘too much’ and fatness is a sign of overabundance and overindulgence (Narby and Phelps, 2013). Recent studies posit that fat women in particular experience ridicule and bullying based on their size, and that poor body-image is strongly linked to their identity as fat women (Weinstock and Krehbiel, 2009) . Poor self-esteem and body image contribute to internal and external narratives of shame around fatness in the cases of these fat and non-fat women—and non-women—who are afraid of becoming fat (Gailey, 2012; Chrisler, 2012; Narby and Phelps, 2013; Donaghue and Clemitshaw, 2012; Weinstock and Krehbiel, 2009).

The question “Is fat a feminist issue?” continues to circulate decades after second-wave feminists began writing about the connections between fat and women’s rights. These first arguments positing that fat is indeed a feminist issue are rooted in cisgender women’s struggles with bodily autonomy and desirability. Topics through which the feminist politics on fatness were explored included eating disorders, sexual and beauty standards, and barriers to self-acceptance. Contemporary fat studies scholars have critiqued these early discussions on the implications of fatphobia in feminist politics as self-centred thin-centric fears of fatness. Indeed, fatness affects all people’s interactions, but fatphobia cannot be deconstructed without the voices, faces, and writing of fat people.

Critical fat studies scholarship describes the intersections between fatness and with sexuality in a few ways: sexual orientation, desirability, sexual behaviour, and consent. Blog posts outside of academia as well as published articles and books by fat

activists and scholars repeatedly bring attention to the contradictions around fatness and desirability. On one hand, fat people are assumed to not be sexy or attractive, and on the other hand fat bodies are fetishized by some who are labeled “chubby chasers”. In the case of “chubby chasers”, fat folks are reduced to a singular aspect of their body rather than treated as a dynamic person. Further, the assumption that fat people are undesirable feeds into an expectation for fat people to be sexually deprived and appreciative of any attention and invitations for sexual or romantic activities. These personal and research accounts of attitudes towards fat folks’ sexual activity highlight an underlying concept: fat people are expected to be desperate for sex and love, and thus less likely to be selective in their partners or reject an offer of intimacy. This is one example of disregard for fat folks’ consent around their bodies: they are expected to share their bodies as models of ill-health, to educate others through fear of consequences, and to be ready-and-waiting for attention.

Even in queer communities where folks are already invested in challenging the norms of attraction, sex, and gendered intimacy fat folks are not treated as equally viable partners to non-fat folks. One study finds that in a selection of 30 years of lesbian periodicals from the 1980’s to 2000’s there are rarely images or other portrayals of fat lesbians or other queer women and non-binary folks (Snider, 2010). Feminist scholarship produces valuable critiques of how heteronormativity and fat shaming work together to critique women’s bodies and promote women’s discipline of their bodies at the expense of their self-esteem. However, there are also queer feminists who argue that mainstream, heteronormative feminists do not include queer sexualities and trans

folks in their analysis of gendered body norms. Mainstream feminism is not wrong in asserting that fatphobia and misogyny are linked, but such analysis can go further to recognize that internalized fatphobia not only discourages self-love for cis, heteronormative women but also queer cis and trans women whose partnerships and friendships are tainted by ever-present internalized hatred for fat and non-hetero physicalities (Pitman, 1999).

Although there are valid critiques of fat-exclusion within mainstream feminist discourses, critical fat studies literature does describe a few conceptual connections in which fat people's experiences are validated through queer language. Fat activism and fat acceptance rhetoric borrows terms such as "the closet" and "coming out" from queer pride activism (Lee, 2016). Critical fat studies scholars explain that being fat positive and accepting your fat body is an act of "coming out" in the sense that society expects its members to believe in the positivity of weight loss, and challenging this expectation is reveals a hidden, pathological desire for fatness (Murray 2008; Pausé, 2014; Lee, 2016). Murray, who presents a critique of the pathologization of fatness through Michel Foucault's theories of power and confession, argues that fat folks are caught in a double bind: either one is silent, self-minimizing, and assumed to be anti-fat on the basis of compulsory normativity, or one confesses to being fat positive and their authentic relationship with the self is pathologized and treated as an error of the mind (Murray, 2008). Further, fat activist Jenny Lee explains that fat bodies are forced into the closet by hiding pride or comfort in their bodies and expressing fat-hatred or fat-shaming through dieting and exercising (Lee, 2016; Pausé, 2014).

These discussions about the relatability of queer and feminist terms extends further to the concept of “compulsory heteronormativity”, from which fat activists and scholars developed the term “compulsory thinness”. The concept of compulsory thinness refers to the base assumption that all members of society either are: normally and naturally thin, dieting and exercising to become or maintain a thin body, or supporting weight loss and idealizing thinness even if their own body cannot change —or if they are not trying to change their body to match the thin ideal. Fat folks benefit from the scholarship of queer and feminist studies that coined this term because fatphobia, sexism, and homophobia share the rhetoric and logic of oppression that defines the norm as desirable and assumes all members of society wish to embody the norm. The barriers between anti-oppressive discourses is not necessarily in the relatability of their concepts, though. The barriers I notice between the discourses of feminism, queer studies, critical disability studies, and critical fat studies are in the reflexive work of each field; anti-oppressive folks must realize that a similar destructive gaze is applied to all of us who are not cis, heterosexual, abled-bodied, economically privileged white men. Further, it is not enough that feminists see how fat folks are under the same suspicious gaze: feminists must realize how they become the suspicious gaze and actively resist the temptation to claim power through the transference of oppression rhetoric onto another marginal group in society (Fellows and Razack, 1998).

Indeed, a similar medical, psychological, pathological gaze is applied to cis women, queer subjects and fat bodies alike (Lebesco, 2004; Pausé et. al., 2014). Pausé details the implications of compulsory heteronormativity and thinness. Heteronormative

expectations regarding monogamy, reproductive relationships, and binary gender roles in partnerships are pitted against polyamorous, asexual and aromantic, lesbian, trans, and other queer existences as well as against fat bodies and fat positive partnerships. The 'logic' in this reading is that there is some shared pathology in those who find fatness attractive or acceptable because heteronormativity reads fat bodies as ugly, sexually repulsive, and unfit for parenthood (Lee, 2016). This pathologization of non-heterosexual love and sexual attraction is the same process of pathologizing fatness and the acceptance of fat folks as dynamic members of society deserving of love, sex, and family. Thus, not only is there shared language in the act of being a vulnerable queer and a vulnerable fat person—in that they both come 'out' to people—but there is a shared relationship of power and judgement between the 'normative' and the 'pathological' (Pausé et. al., 2014).

Feminist folks who employ this judgement and perpetuate the stereotypes of fat people must realize that they are staking a claim in capitalist heteropatriarchal power dynamics through what is called the "toehold of respectability". The "toehold of respectability" is a concept coined by Sherene Razack and Mary Louise Fellows who discuss the implications of cis women feminists who do not understand their role in other marginalized groups' oppressions is not lessened by their own oppressions. They propose the idea that a cis woman feminist who argues they cannot be racist or responsible for racism due to their oppression on the basis of gender is a falsehood. Fellows and Razack call this deflection the "toehold of respectability" because such feminists are grasping for ground on which to stand and relieve themself of

responsibility in other systems of oppression (Fellows and Razack, 1998). In truth, there is no escape from being implicated in each others oppressions, and the goal of solidarity is not to erase these implications but work toward healing them and consciously navigating the networks we move through.

As with other systems of oppression, we can see that fatphobia calls up the dilemma of identity politics: how do we build solidarity against fatphobia when our arguments for fat acceptance are implicated in the alienation of each other's identities? Identity politics promotes perceptions of safe spaces for folks to approach in anticipation of a restful place with people of similar bodies and minds. At the same time, we know that no person is exclusively in a single category: there is no discrete group of people who are fat and only fat. Being fat does not mean folks have any other personal characteristic or identity in common. Indeed, fat people's interest can and do contradict one another. For example, when we consider the investments of non-cis fat folks, we might see that an argument against cisgender feminist celebrations of fatness exclude disabled fat folks' celebration of gender and gendered sexualities, or non-white folks and their reclamation of fat bodies through cultural meanings oppressed through colonialism. Indeed, fat activists and critical fat studies scholars explain that successful critical fat studies is necessarily interdisciplinary because fatphobia cannot be dismantled without knowing the depth of the diversity amongst fat folks and the oppressions with which fatphobia intersects.

The dilemma is not new: feminist and other critical studies scholars have long debated the implications of identity politics. I will not pretend to have mastered this

debate, nor to have a fully formed opinion. One thing I can say is that identity politics can create spaces where folks feel welcome and supported as much as they can make people feel excluded and not "enough" of a feminist, or queer, or disabled person to belong in one category or another. What we can learn from this debate is that a tree-model does not account for the overlaps in identity and human experience whereas rhizomatics gives us a model where we can start to see the connections and ongoing combinations of modes of being, albeit in a messy, foggy form. Rhizomatics and identity politics do not fit perfectly together, and this project is designed to recognize that there is a relationship, messy but genuine, between the insider-outsider binary of identity politics and the node-roots-node model of the rhizome. It is by acknowledging the camps of identity politics and the interconnectedness of all ways of being—be it fat, queer, hetero, ablebodied, and/or conventionally attractive—that we can see the basis for solidarity that connects us on our most isolated days.

Fat, Ethnicity, and Nationality

Identity politics is further complicated by fatness when perceptions of ethnicity and nationality are examined. A recent study on the effect of weight perception on assumed national identity found that Asian Americans are more likely to be perceived as American if they are overweight. The research does not make mention of the fact that the rate of obesity in China—one of the most populated countries in the world let alone Asia—increased significantly over the past few decades, to the point that more than a fifth of China's population was considered obese at the time of the 2008

Olympics (French and Crabbe, 2010). Nevertheless, in this study both white and non-white participants interpreted photos of skinny Asian Americans as foreign, and were less likely to question the status of Asian American men in the United States if they were overweight. Interestingly, photos of skinny and overweight white, black, and latino folks did not evoke the same responses, which the researchers attributed to existing stereotypes of black and white folks as American and overweight latino folks as foreign from Latin American countries (Handron et. al., 2017). This study sheds light on an often ignored relationship between race and fatness: the impact of cultural meanings of fatness on the reading of nationality. While overweight Asian Americans were not immune to Islamophobia or racist stereotypes of Asian academic talents, weight as a symbol of American culture and bodies functioned as buffer mediating welcomeness of Asian Americans in white Eurocentric American society.[5]

Ironically, the rhetoric of "obesity as threat" has intensified through national and racial rhetorics over the past few decades, such as the American 'war on obesity' and "ShapeUp! America" campaign of the 1990's (Herndon, 2005). It is important to explore what principles these rhetorics promote because they link fatness, race, and geo-politics. At the same time that fatness is recognized as American it is treated as a threat to the American future. Fat bodies have always existed around the world prior to capitalism and the expansion of Western societies through colonialism. Scholarship in North America and other white, Anglophone-centric societies constructed through colonialism tend to focus on fat as an American, British, or otherwise Western issue.

[5] We can connect this idea of the buffer to the rhetoric around fat bodies, sexuality, and sexual assault. Being fat might function as a buffer to some, but not as a buffer to all.

There is further room to critique the perception of fat as a Western issue, but the limited scope of this project does not grant enough room to flesh out the ways in which the biomedical pathologization of fatness is a process within the colonial gaze against racialized and Indigenous folks and their cultural and historical relationships with fatness.

Internalization and Oppression

Frantz Fanon's book, *Black Skin White Masks* (1967;2008), documents Fanon's raw feelings and thoughts about colonialism and the social construction of black folks as inferior. Fanon explains that inferiority is maintained through internalization of inferiority, which he refers to as "empidermalization" in reference to discrimination on the basis of skin colour. Fanon's book criticizes the pathologization of blackness and the normalization of whiteness and white-washing black bodies and cultures.

Fanon also speaks of the 'normal' as a creation of humans, as in "Man is what brings society into being" (Fanon, 2008, p. 4). I shall further explore in the theoretical implications of the binary of the "normal" and the "pathological" through Georges Canguilhem's concepts, but here we can see Fanon builds a baseline for critical theory on which we can all argue against the perception of 'normal': humans are responsible for oppression and social order, it is not inherent or natural for some humans to be superior over others. To give an example, Fanon explains that the French language interacts with skin colour in a particular way: black Francophones are pressured from other black folks and from white colonizers to speak the french of France rather than

regional dialects that emerged from black francophone colonial histories. According to Fanon, Creole French, among other dialects, is frowned upon because it is considered an inferior dialect to that of white France French. Black folks who speak Creole French face discrimination, and so they consciously alter their speech to match the rolling R's and minimize the difference between their French and France French. The example of language and self-discipline of black francophone dialects speaks to Fanon's larger criticism of colonialism: black folks are expected to hide their blackness, minimize their difference, close the gap to become as white as possible both physically and culturally (Fanon, 2008).

Most importantly, Fanon's writing addresses the long lasting effects of such discrimination: internalized oppressions and fragmentation of the self. Even amongst the stratifications of blackness, as part of a hierarchy Fanon is subject to but does not own, he writes: "A Senegalese learns Creole in order to pass as an Antilles native: I call this alienation." (Fanon, 2008, p. 25). Fanon uses of the term 'alienation' to refer to the internalized sense of inferiority of non-white French dialects and the subsequent desire to not perform those 'inferior' dialects—which we understand to not be naturally inferior but treated as such. To reject one's body, one's first language(s), one's original values and desires that may appear abnormal only under a colonial lens is the alienation of the mind, soul, and body according to Fanon. He further illustrates the chain of internalized racism by explaining that black folks of Antilles look down on Senegalese folks who manipulate their speech to appear to be from Antilles (Fanon, 2008).

Fanon describes a hierarchy amongst raced bodies that goes beyond a black folks versus white folks mentality. Likewise, the oppression of fat folks is inseparable from the oppression of black folks on a number of points. We can understand that the body is involved in all oppressions: be it skin, size, shape, phenotypical features such as lip shape, and even social features such as the manner with which one holds their head in public or shapes their body as they walk down the street, the body is a site of suspicion, policing, and violence. This project embodies much of the struggles Fanon describes, although through a white body—my own. Although our experiences are not comparable on many points, Fanon's writing paves a way for myself and others to follow and present our fragmented selves, our ungraceful but poetic lives for readers to pick through and understand what it means to be fat when fat is always intersectional and an unending project for self-acceptance.

Colonialism and meanings of "fat"

Fatness plays a key role in many stories around the world. For example, in South America, some Indigenous peoples tell stories of "pishtaco", a white man who steals fat from Indigenous folks (Weismantel, 2005). These stories include theft of money and possessions and sexual themes, sometimes, but the symbolism of thieving fat is both literal and figurative: the loss of fat affects one's health and the loss of fat *stolen by white men* threatens the health of the people. Much of critical fat studies explicitly discusses Indigenous and raced readings of fat and fatness because the stories and language around fatness reveals a dialogue that is always connected to colonialism.

Through popular language of non-white folks communities we can see that fat is not inherently bad in all communities. Words such as “phat” and “thicc” are used in black and other non-white communities to express fat as beautiful, sexy, and desired (Gross, 2005). Indeed, it is suggested that hatred for fatness cannot be untangled from a hatred of non-white folks, and that a white supremacist interest in minimizing the space non-white folks take up in the world is taken out on their bodies through the pathologization of fatness and the metaphorical stealing of non-white peoples’ fatness (e.g. minimizing the fatness of their purses, their food storage, their babies and population, etc.) (Weismantel, 2005). Regardless of the evidence, in social media posts about thicc women or in research articles describing popular, non-white community terms for fatness, we must understand that fat-accepting values are not enough to resist the pressure of contemporary fat-shaming neoliberal rhetoric. That is to say, we shall not assume a romantic image of black folks celebrating fatness because we know that fatness and race are always being negotiated and the colonial gaze continues to pressure and criticize non-white bodies through doctors, nurses, and popular health shows and blogs; there is no fat-happy ending for non-white folks even if fatphobia was imposed upon them through colonialism (Gremillion, 2008).

Colonialism and Pathologization

In *Masons, Tricksters and Cartographers* by David Turnbull (2000), sociologist and senior research fellow at the University of Melbourne, he explores the implications of a biomedical view of tropical diseases. He critiques the efforts of Western countries,

such as the USA, to eradicate malaria in Third World countries, such as Papua New Guinea (PNG) in his chapter “Making Malaria Curable: Extending a Knowledge Space to Create a Vaccine”. Turnbull explains that biomedical interest in malaria is in part the interest to minimize the deaths of Western military personal and tourists in tropical regions. He also explains that the theory and methods of malaria research and vaccine development are limited by the failure to include Indigenous knowledge and practices in the knowledge space.

Essentially, biomedical treatment plans for malaria are developed through Western cultural viewpoints and impose methods that Turnbull argues to be, in part, incompatible with many local contexts. For example, Turnbull notes that locals in PNG resisted chemical strategies, such as DDT spraying programs, because the practice of such programs requires strangers to enter their homes. Locals rejected this practice because it is not normal to invite strangers into their homes: there are cultural norms and fears of retaliation from enemies, and strangers might be colluding with their enemies. In sites where DDT spraying was practiced, those involved in monitoring effectiveness and maintaining discipline of the spraying program became relaxed once they observed near-eradication of malaria in the region. Turnbull notes that the examples in which Western anti-malaria programs failed based on discipline and resistance by locals demonstrate the limits of Western knowledge space because local knowledge we neither included nor prioritized (Turnbull, 2000).

Another limitation of the biomedical view of malaria is in it’s assumption that there is one element that malaria can be reduced to, and thus one cure for this common

element. Turnbull explains that malaria is not a singular form of disease, but rather it is expressed through four separate strains with a variety of symptoms amongst them. Turnbull asserts that biomedical intervention will always be ineffective insofar as Western medicine does not incorporate Indigenous views of malaria and of the proposed treatments (Turnbull, 2000).

As Turnbull unpacks the Western problematization of malaria, we might take any one of his ideas as a point of departure to compare the treatment of malaria to the treatment of diabetes, or fatness, or queerness. Briefly, the connections between Turnbull's discussion of malaria and my discussions of diabetes, fatness, and queerness connect through the notion of discipline of the category of the norm. The pathologization of malaria reinforces the norm of Western health, which encounters malaria as an abnormal affliction threatening Western health when these bodies visit tropical areas. Similarly, the pathologization of fatness, of queerness, and of diabetes serve to uphold the 'normal' model of human existence: fit and thin, heterosexual and cisgender, and ablebodied.

Living is messy. This is quite the understatement, but despite knowing how messy life is, some of us still expect fitted, clean, stable lives. The method of autoethnography allows us to look into some of this mess in a way that traditional Western scholars have shied away from. Normative gender/race/ability roles, typical life courses, average life-struggles both within and between life-spheres, and observed patterns of deviance are well-documented in Western scholarship. Colonialism perpetuates these norms by rewarding the people who embody white, heterosexual,

able-bodied, gender-binary existence, and by punishing those who do not conform. Although we cannot tell the history or development of colonialism and its concurrent systems of oppression in a neatly packaged story with a beginning, end, and linear progression, we can agree that colonialism writes a "story of life"[6] in which there are people who carry out the story, challenge the story, write new stories, and threaten the story. In other words, while we all live our individual stories, there are family stories, community stories, work stories, and ultimately State or society stories that seem to exist like an umbrella or a great lawn encompassing all persons in a physical and political geography. We may appear to live in different worlds within a city, or school, or apartment building, but there is a story or set of stories at the heart of society that governs our expectations, sense of rebellion, and impression of the middle versus the margins.

Theoretical Framework

Gilles Deleuze and Félix Guattari propose the rhizome as an organism demonstrative of the characteristics of multiplicities as dynamic and interacting ways of being. Specifically, these philosophers believe the rhizome embodies the ways in which different ontologies are constantly interacting with each other and creating new ontologies. Deleuze and Guattari present their theory of the rhizome as an alternative to

[6] The term "story of life" here refers to the story, or rather stories plural, of what life should be: what is living, what people should live for, what is a 'good' versus a 'bad' life, who should be living a 'good' life, etc.

Western hegemonic epistemology in which knowledge is assumed to be collected and sorted in distinct categories. These philosophers describe Western hegemonic epistemology as a tree; each branch of the tree represents a discipline, a strain, a species, or some other category. Each branch has a beginning and an end. For example, in the case of this project such an epistemological view would treat diabetes and fatness as separate things; 'diabetes' refers to a disease of the pancreas, where as fatness is a bodily experience that may or may not include external recognition of one's size or weight as 'too much'. As you will read in this research paper, fatness and diabetes are linked both causally and in their kinship as embodiments subject to strict body-shaming and value judgements. In contrast, the model of the does not exclude branches from growing beside each other or intersecting in a given moment, but those moments or approximations are considered discrete. Returning to diabetes and fatness, the branch of fatness could run along diabetes, but the treatment of both in clinical settings would not be the same.

Deleuze and Guatarri argue that such a model does not represent realities because being is not an experience or set of experiences that can be placed within a box. To do so, elements must necessarily be ignored and ways of being are rendered unintelligible and partial. Delueze and Guatarri argue that a subject or ontology does not exist as "either/or", but rather as "and, and, and, and, etc.". There is no diabetes without weight, lipids, digesting fats, gaining weight, and fatness in general. Likewise, there is no fatness without the fear *and* risk of diabetes, nor without food policing.

Deleuze and Guattari's theory on the rhizome is relevant to my project because the theory itself embraces the indistinguished realities of diabetes, fatness, madness, and queerness. My mind and body are neither One or Two parts of me. I live my life through my mind, and my body, and my body-mind. There is no clear border between diabetes symptoms and anxiety, nor is there a clear border between fatness and gender non-conformity. If I were to try to explain how these four anchors/factors were branches on a tree, you as a reader would not understand the full significance of these factors interacting with my whole self. Deleuze and Guattari's theory embraces the mess and further asserts that we cannot claim to genuinely know a thing while simultaneously minimizing the object of knowledge into digestible portions.

As my blood sugar rises and my brain starts to fog, I feel like I am shutting down. I feel like there is a weight in the centre of my forehead, in my frontal cortex, that is pulling out and downward, as if there is a wormhole opening up for my brain to tumble over and over again until I can lift my head again. The feeling is more than just exhaustion. I am not simply tired; I am afraid of this tiredness. It comes when I am in class, or watching a movie, or before I start a meeting. When this happens during work or school, I am reminded of the exhaustion of academia and of retail, or of sexist colleagues who interrupt and derail board meetings. In simpler terms, there is a distinct type of exhaustion that diabetes brings, but it does not come alone. Or, it does not arrive alone. When that exhaustion comes, so do bad memories of more than just diabetes. The extent of this overlap is: I do not know, sometimes, if I am going high or having an anxiety attack. So when I say that there is no clear border between my body

and my mind, Deleuze and Guattari's theory accepts this reality, where as some other theoretical approaches would assert that there is one true explanation for my experience of brain fog.

Canguilhem takes inspiration from the lecture notes of a French medical professor of the mid 20th century, Claude Bernard. Bernard explains that his students first need to observe hospital settings and patient cases before they can move to analysis and laboratory work. The logic behind this path is that the laboratory is a space for imagination, but the imagination can only be so relatable to the patient and the medical professionals that serve the patient if the research behind treatment is completed at arms length of the disease. One needs to have an open mind to the diversity of symptoms, of causes, and one needs to analyze not simply the features of disease but the framework from which the medical researcher views disease. Essentially, Canguilhem believes that Bernard is commenting on the limits of the researcher, the limits of academia, and the limits of observation. Further, Canguilhem suggests that the limit of the scope of human observation is in the assumption of the "norm", "normal", and "pathological".

According to Canguilhem, the "norm" is an academic concept, the "normal" is the popular extension of this concept (existing in the public sphere), and the "pathological" refers to those bodies, minds, and people who do not fit the "norm" of biomedicine. Canguilhem explains that: ""Normal" is the term used by the nineteenth century to designate the scholastic prototype and the state of organic health." (Canguilhem, 1991, p. 237). Essentially, the "norm" is a functional concept in medical

schools and academia as it refers to the assumed natural state of humans—the natural state of the mind, the body, and the person they both form, without error. Canguilhem uses the term ‘organic’ to refer to the emergence of humans from their evolutionary history. The “norm” or “normal” health is itself composed of assumptions around reproductivity, ablebodied productivity and sense of time, and psychological compatibility with the social norms of the time. Also, “the state of organic health” assumes that genetic error, disease, and accidents impair the organic state of the body (Canguilhem, 1991). For example, diabetes is perceived as an intervention in the organic, natural course of human health. Diabetes is the inability to produce and use insulin to process blood sugars in order to run internal organs on a daily basis. The productivity and longevity expected from an able-bodied person is the benchmark imagined through the pursuit of the “norm” or “normal”, and diseases like diabetes are seen as preventing a human from reaching their potential. Rather than let diabetes be a “norm” of existence on it’s own terms, biomedicine assumes a base model of humanity to which diabetes is compared and imagined to be a failure, a model with a manufacturer’s error that needs correction, a “pathology”.

Canguilhem argues that the “normal” is an assumption that is temporal, political, and geographical—among other limitations. The influences of the local politics, of a community’s history with disease or prosperity, and of other forms and degrees of conflict affect the way the “normal” body and “normal” health are imagined. He argues that these factors affect the reliability of what we assume to be “normal” in our life and that the “normal” cannot assume to be fact. Canguilhem explains that life is not

stagnant; “life gambles against growing entropy” (Canguilhem, 1991, p. 236). Here he eludes to the randomness of evolution and the futility of science’s efforts to nail down what human is, what the purpose of evolution is for human existence. Canguilhem posits that the meanings we attribute to human physiology and progress are darts thrown at a moving board. When we try to describe the normal, we are constructing a truth (the dart) and aiming for accuracy (the bullseye), but the error in such an attempt is believing that the target is rooted in one place. What Canguilhem is describing is that existence—human, non-human, rocks, etc.—is in a state of chaos and entropy. There is no intention behind evolution or fixed present any more than there is a plateau that humanity will reach.

Everything about our existence is constantly moving: the planet we live on, the cities we live in, the bodies and minds we live through, and the politics and communities we search for, leave, and fall into. Canguilhem, perhaps not in the same words as me, is saying that the meaning we make to fit a snapshot observation of what we assume to be “normal” may already be obsolete to someone else and has the potential to become obsolete to ourselves. For example, the biomedicine once believed there were two kinds of diabetes. Contemporary research now understands that two categories do not provide explanations for all cases of diabetes. What we once believed to be fact was disproved. Indeed, medical professionals also once believed that upper and lower classes were afflicted with diabetes for different reasons, and that the morality of each class of people played a role in the disease (O’Donnell, 2015). Canguilhem explains that the pursuit of describing a “normal” or “baseline” is

not a pursuit of exploring what “normal” attempts to describe and that which it can extend to, but rather is a close-minded pursuit wherein “those who themselves [try] most vigorously to give “normal” only the value of a fact have simply valorized the fact of their need for a limited meaning” (Canguilhem, 1991, p. 236). Such a criticism of fact-searching applies to both oppressive and anti-oppressive discourses because the nature of discourse is to develop a sense of the normal, be it a critique of other normals or an attempt to define the world in a fixed manner.

Research Objectives

This research project is meant to be a stone amongst many in a path built by fat scholars and activists to connect subsections of critical theory that are specialized but not separate. Specifically, this research aims to rephrase existing connections between: fat positivity and the theory of the closet (queer studies), pity of fat and disabled bodies (critical disability studies), and the dehumanization of fat bodies and gendered bodies (feminist studies). Such an objective will be fulfilled by exploring the stories of my body where gender bleeds into fatness and fatness bleeds into disability. In order to recognize the connections between these bodies of literature and these bodily experiences I will apply a theory that challenges the separation of these nodes in the first place: rhizomatics by Deleuze and Guattari (1987). The model of the rhizome will allow us to explore the following research objectives:

1. List and explain what concepts form a basis for solidarity between critical fat studies, critical disability studies, queer studies, and feminist studies.
2. Describe and explore how my lived experiences illustrate and inform this basis for solidarity.

Methodology

The method of research I choose to argue through is autoethnography. Autoethnography is a vulnerable method of research that allows me to illustrate examples of the theoretical connections I explore as a feminist scholar. I also use critical theory analysis as I discuss scholarly themes on fatness, disability, and queerness, while I present a selection of stories about my experiences around these nodes of existence.

Interdisciplinary research primarily frames narrative studies as the exploration of people's life stories through research methods such as in-depth interviews and focus groups. Such life stories can be based on a single individual or collected from many members of a group (to represent a collective narrative). Scholars who investigate the patterns and implications of narratives-as-data tend to focus on the relationship between themselves, as researchers, to the participant's narrative, as Other and data point. In this paper, I am presenting stories of my mind, my body, and my life as data points that both present facts and opportunity for me, as a researcher, to reflect upon and discuss meaning therein.

First I must address two critiques of autoethnography in academia: that this discourse is white, colonial, and prone to de-value the personal narratives of marginalized folks under the guise that they are not sufficiently "authoritative": and that autoethnography is a selfish, egocentric whose biased data is weakly relatable to society. I shall address both of these critiques through the literature about the method by a few Western academic sources, but much of this debate is discussed at length by

oppressed folks for whom autoethnography can both perpetuate colonialism and be use to publish anti-colonial perspectives. It is unacceptable that autoethnography conducted by black feminists, disabled scholars, immigrants, and other marginalized folks informs white Western methodological texts and courses without proper credit. As such, the scholarship of black, queer, fat, and Indigenous researchers who both conduct and criticize autoethnography are our authorities as we work through this methodology.

Autoethnography as a tool against oppression

There are many manners in which telling stories about the self are anti-oppressive: we can show our anger, grief, resilience, joys, community celebrations, and sense of humour. Rachel Alicia Griffin, a professor in Communications at the University of Utah and intersectional feminist scholar, explains that autoethnography is a tool against oppression because it makes space for black women's histories to be recorded and for their experiences of anger take the form of authoritative, published knowledge. A number of black women argue for greater respect of autoethnography on the basis that black bodies and lives are used against their consent in medical experiments, capitalist expansions (agricultural, infrastructure, through prison labour and slavery), and in the media to propagate Western neoliberal narratives of productivity.

To write about the self as black folks, as black queer folks, black disabled folks and black women in particular, is a process of claiming ownership over one's body and narrative (Williams, 1988). To write about the self is to be loud, to come out of the

closet, to begin to reverse the alienation from the self that internalized oppression installs within us, and to reroute the energy we spend policing ourselves to the pursuits of our joy and survival. Audre Lorde refers to this energy as “the erotic”, not in the sense of sexual energy but in the sense of intimacy and love for ourselves and our differences (Lorde, 1978). Re-routing the energy from hiding and restraining the emotions of oppression into stories of the self is a use of the erotic, inner power to challenge the expectation that marginal folks will be silent and passive or angry and aggressive, where neither are seen as authoritative. Griffin’s own writing is example and argument that black women are expected to be restrained and detached from the affective aspects of oppression. She argues that without autoethnography as method of expression and documentation of the real and the painful, the unorganized chaos of oppression not only continues to exist but is never fully understood because the threads of oppression are broken, knotted, frayed and cannot be stitched together neatly (Griffin, 2012; Richards 2008).

The critique that writing about the self is egotistical and biased rests upon the assumption that being interested in the self and being biased are inherently bad. Rather than deny that autoethnography is a selfish pursuit, scholars argue that marginalized folks ought to indulge in themselves to document their unwritten dialogues around disability and racialized bodies, to acknowledge queer disabled and black folks’ community-based activism, and to add to the scholarship that is already biased in favour of publishing white stories, heteronormative stories, and colonial stories. Essentially, marginal groups deserve to be a bit narcissistic, to share their stories, and

should not be faulted for indulging in building their histories (Kipnis, 2017). Erik Mykhalovskiy, a Sociologist from York University, explains that the argument made by Western scholarship against autoethnography on the basis of bias and overly emotional content not only erases the fact that Western scholarship historically sanitizes it's content, but also that argument against autoethnography specifically targets marginalized folks who most need to tell their stories under intersecting systems of oppression perpetuated by Western scholarship (Mykhalovskiy, 1996). Autoethnography has the capacity to uproot the comfortable, privileged folks of academia by narrating not only the details of lives subject to racism, sexism, transphobia, and more, but also by critiquing the attitude of academia towards these marginalized stories (Chávez, 2012).

Most importantly, feminist academics must avoid forcing these stories of oppression through their own writing at the expense of marginalized folks' autonomy and over-writing their experiences through the language of white-mainstream feminism (Stivers, 1993; Smailes, 2014)

Community and Indigenous Perspectives on Research

Indigenous scholars, such as Kathleen E. Absolon, Tracey Lindberg, Linda Tuhiwai Smith, and Paul Whitinui to start, who write about methodology and epistemology of marginalized stories. These scholars explain that research is inherently violent. For folks whose oppression is dispersed and a community is not necessarily formed through shared discrimination, it is essential to learn from Indigenous folks'

experiences and opinions on academia, research, and Western institutions because they are the authorities on organized resistance to Western heteropatriarchy and capitalism. Smith explains that research, even for the purposes of challenging white academic discourses, threatens the relationships between Indigenous researchers and Indigenous communities. The nature of academia and research has traditionally been distant from community based initiatives. The knowledge collective from these practices has not be returned to communities for their interpretations (Smith, 2012).

Lindberg explains that when non-Indigenous researchers talk to her in terms of “sister”, they erase the history of colonialism that clearly shows white mainstream feminism to not be in authentic solidarity with Indigenous folks. Her article “Not My Sister: What Feminists Can Learn about Sisterhood from Indigenous Women” contains pauses with Cree words and definitions explaining the different familial relationships and the words that show genuine depth to the appreciation for sisters in Cree (Lindberg, 2004). What we can learn from her argument is that an Indigenous framework for seeing relationships between humans and non-humans takes on a network that does not adhere to a reduced, starched hierarchy of roles like in Western heteropatriarchal societies.

Western research fashions the data collected through colonial methods of research into hierarchical bundles of knowledge. As we explored in the Theoretical Framework, Deleuze and Guattari point out that Western research and institutions do not allow this information to lie where it falls; raw data from the world is sanitized and polished to become a tree that illustrates an order of things that fits the values of

Western societies—ableist, heteronormative, capitalist, alienating, etc. Absolon presents us with an alternative view of methodology and epistemology in a research project: she created a tapestry with thread, fabric, beads, and appliqués to visualize and engage with her project in a tactile manner (Absolon, 2011). The tapestry is flat. The viewer is not meant to read the words sewn into the fabric from any singular angle. The terms and ideas of her project are spread out in a circle. Some of the flowers and words are connected by a looping trail of stitched thread. There is no hierarchy, but there is a central focus and harmony. The tapestry, the image of which is published in Absolon's book *Kaandossiwin: How We Come to Know* (2011) reminds me of a similar winding, non-linear path that my academic journey and stories seem to take. Neither Absolon's tapestry or my jumbled selection of stories take on a hierarchical, tree-like model. Absolon's perspective on the alternative visualization of research and knowledge is that breaking from colonial research patterns is liberating and gives opportunity to focus on fostering Indigenous relationships, values, and histories. My own impression of my research journey and the stories I tell is one of disorientation: I do not have a community to come home to, but this project does function as a healing journey where I am leaving a walk-in size closet and finding out where to go to next.

Paul Whitinui, an Indigenous Māori scholar, provides rich discussions of the merits and limitations of autoethnography as research method. Whitinui explains that autoethnography is a valuable tool for exploring the self as an Indigenous person who is split between Indigenous and colonial ways of knowing and living in the world. He further argues that autoethnography presents an opportunity to address misconceptions

of Māori people and their culture, and that autoethnography allows one to manipulate their writing to be more accessible for different audiences to read. The difficulty in engaging with autoethnography, at least for Whitinui and Māori scholars, is that there is a cultural perception of talking about the self that reads such behaviour as vain and self-centred. While we have visited arguments in favour of vanity and egocentricity for some marginalized folks, Whitinui argues for a conscious interaction with autoethnography as method that takes community needs and attitudes into consideration (Whitinui, 2014).

Considering what Whitinui says about self-awareness and autoethnography, we might be able to imagine that the concept of the "feminist killjoy" appears rather individualistic and call into question whether "feminist killjoy" moments, stories, and research projects might have the potential to be violent. I believe Whitinui's argument for sensitivity to community needs and good timing for storytelling to illuminate some of the Western values that are imbedded in this research project: as a feminist scholar I have internalized the powerful concept of the "feminist killjoy", and its presence is both in the structure and content of this research paper. It is possible that some readers may not like the stories I am telling about them and myself. However, Whitinui's argument is in favour of living up to the purpose of research *for the community* and not the self. Thus, this research project may be both disruptive and insensitive while also providing support to those who share my experiences and will gain courage from my vulnerability.

Autoethnography: The Method

At the same time as autoethnography is used to break down boundaries of authority and classification, the method is also a tool and medium for reconstructing the self. Autoethnographies can take the form of testimonies, narratives of emancipation, and stories of destabilization. Testimonies and narratives of emancipation have the potential to educate readers on different modes of being, but the destabilized narrative is the most radical because it communicates a disruption, a break in the sense of self and future of the self (Richards, 2008).

Diana Raab (2013), memoirist and PhD in Psychology, writes that many researchers who write about and use autoethnographic methods report a number of outcomes to this method that extend well beyond the base need for research and publication. Spry reports that conducting autoethnography to explore her history with anorexia helped her find personal strength, while Jacobs asserts that researching her history of sexual abuse and incest opened up space to not only process her identity but also reclaim her voice. Furthermore, researchers such as Arthur Frank, Carolyn Ellis, and Arthur Bochner express that autoethnography does not simply offer stories as guides to readers, but stories of the self (or other forms of autoethnography) are useful tools for researchers to navigate their own experiences that warrant critical analysis. Indeed, Raab explains that much of the scholars in autoethnographic studies explain that the researcher, participant, and reader are not so distinct. One might compare

autoethnography to therapy in that both have the potential to focus on, evaluate, and come to terms with trauma.

So how does one go about conducting autoethnography? Saab recommends listing institutions, people, relationships, places, and topics in which cultural meaning can be 'found' or negotiated. For some researchers, this might involve pro-active evaluation of everyday interactions and movement; one might need to make an effort to reflect on the themes present in interactions with a local coffee-shop employee, or perhaps on the bus, or even in a walk-in clinic waiting room. In short, some researchers made need to dig a little for inspiration or controversy from which they can draw the point of tension their autoethnographic content will expand upon.

For others, such as myself, one's life is already filled with points of inspiration: a collection of memories one would rather forget except in times of research when one can use already accumulated anger, pain, or joy as data. In order to determine what personal moments had a place in this project, I made a list of moments, people, feelings, parts of my body (old and new), and other experiences that stuck out like a mosquito bite or pimple: I could ignore them, but they bugged me in the back of my mind. I chose stories that were unresolved or on my mind because I have been working to heal those wounds. Upon building a list, I carefully chose what parts of myself I was ready to show and what experiences I needed to stay hidden. The stories you read in this paper are the experiences I am ready to expose, healed and unhealed.

The method of autoethnography must involve a dynamic story for the audience to engage with. Ken Plummer, a contributor to the Handbook of Ethnography, explains that

autoethnography—be it through written stories, poetry, photography, or another mode of expression—is effective when it presents plot, tension, and a sense of trajectory or course (Plummer, 2007). For example, the personal history of a researcher might include a short story of cat-calling in the street. An effective autoethnographic account of cat-calling might then begin in the authors home as they describe getting ready for the day and their internal dialogue about their hopes for the day, their concerns, their excitement for the clothes they picked out, or perhaps an internal debate about whether to shower or attempt to style themselves. When the researcher—acting as participant—recounts the basic details of the plot, they may not immediately be able to communicate the role of affect or oppression politics in their story. Thus, the method of autoethnography requires a great deal of skill to take a notable memory, repeatedly revisit the facts and emotions therein, tease out the words that describe the hidden thoughts and actions that were forgotten, and write down the version of the memory that will best envelope the audience in the researcher's perspective.

We can locate this research project somewhere between Narrative and Ethnographic approaches to research (Creswell, 2013). Narrative inquiry primarily looks at collections of stories, assesses common themes, and presents a generally comprehensive and accurate representation of a person or persons life/lives. Ethnography similarly looks for common meaning, but the focus in mind is to determine cultural meanings of a group and patterns therein—such as patterns of speech, acts of friendship, or consumer behaviours. Ethnography seeks out information through

interviews and observations as opposed to collecting stories or biographies seen in Narrative studies (Creswell, 2013).

My own research project uses stories as data, like in Narrative studies, but I will not be using them to build a comprehensive narrative of my life. Instead, I am using these stories as testimonies, similar to interviews, that signify cultural meanings and patterns specific to being fat, diabetic, and gender non-conforming. With the generous donation of art from three people in my life—Daphne Enns, Mikaël Phipps, and my dad, Murray Dineen[7]—I have weaved each story around a visual representation of the emotional impact of the story. I shall expand on the significance of this art in the Discussion. Each story is followed by academic reflections, and the larger theoretical implications will be explored in the discussion following all the stories. In some of these stories we might notice where my data is and further become destabilized narratives, but I have not reached a stable point of self-awareness as I am still undergoing a process of destabilization from a heteronormative, ablebodied human into the unknown world of a queer, trans person with multiple disabilities.

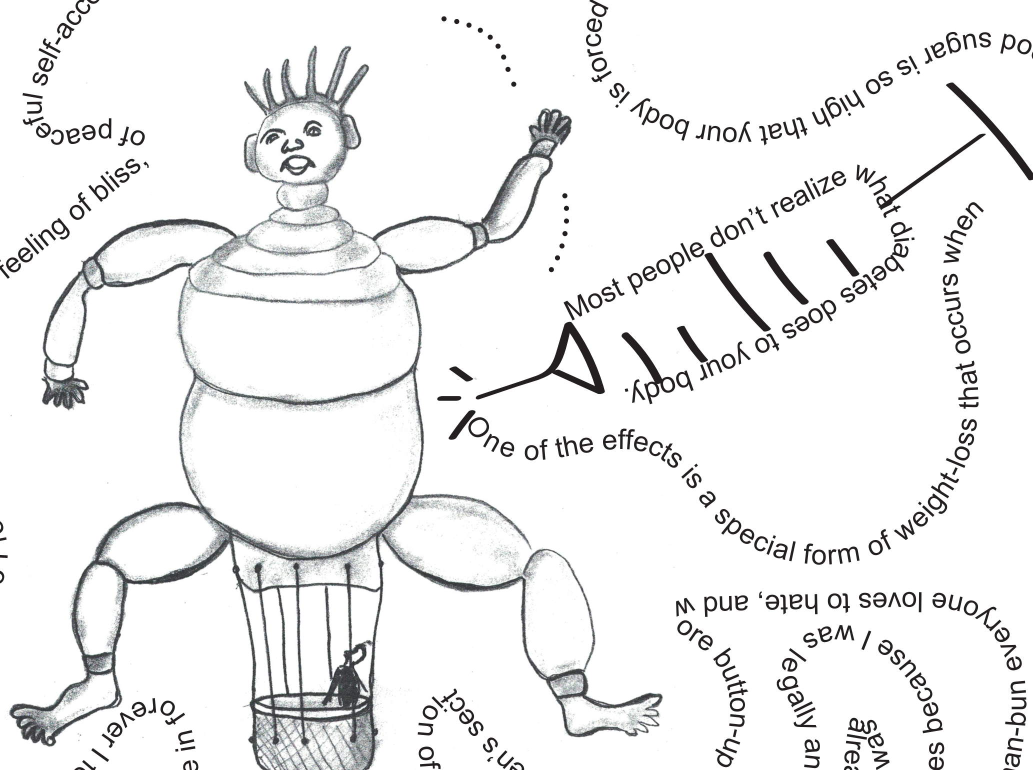
Data: Stories and Reflections

The following stories as data entries are combined with art. The text version of these stories can be found in Appendix A on page 84.

[7] Please refer to page 4 for information about these artists.

PART 1

2. Diabetes Transition



Most people don't realize what diabetes does to your body. One of the effects is a special form of weight-loss that occurs when your blood sugar is so high that your body is forced to take energy from fat storage in order to run itself. At the height of my diabetes-induced weight loss I had lost over 130 lbs. I was smaller than my mother for the first time in over twelve years. And for the first time in my life . . . I could shop at stores like Banana Republic and the regular clothing sizes at Old Navy, the Bay, H&M, and Forever 21. For the first time in my life my fashion was not limited to the designers at Penningtons and Addition Elle - the two plus sizes stores I could shop at in Ottawa. And for the first time in my life my stomach wasn't too big to fit into men's dress shirts and tank tops. For the first time my chest was small and I could dress like the gender queer folks I'd admired around Ottawa. I got an undercut, wore my hair in that hipster man-bun everyone loves to hate, and wore button-up shirts from the men's section of Old Navy. For the first time in forever I felt like the outside matched who I felt on the inside. That feeling of bliss, of peaceful self-acceptance did not last for long. I talked to my doctor about my concerns about my diabetes and she referred me to a new endocrinologist. In my first meeting with this new specialist, I shared my instincts: I felt I was misdiagnosed. I felt I was fighting a mountain of fatigue no matter what I put in my mouth. I told her I was first diagnosed when I was quite young, but that I thought my diabetes nurse assumed it was type 2 diabetes because I was legally an adult when they caught it. My endocrinologist listened to me, we ran a special test, and we learned that I have, in fact, type 1 diabetes not type 2. For years I had been fighting sleep every time I ate a meal or snack. I walked with such exhaustion I felt like I could lie down on the sidewalk and die there. When I learned my instinct about my body was right, I felt anger that my former nurse wrote a story over my body rather than listening to the one that was already there. I felt relief that I finally had a course of treatment, insulin, that was necessary rather than an option that previously told me I wasn't working hard enough on my own. So I started taking insulin full-time.

I find it difficult to find the words to describe how people reacted to my weight loss. Random strangers made more eye contact, friends and neighbours paid me many compliments, and some friends even asked me how I managed to lose the weight. As I struggle with weight gain from insulin treatment I realize it hurts to look back and think about how weight loss gave me access to romance, to job opportunities, to new friendships, to gender expression, and to imagined futures. I was treated better as a thin person than when I was fat beforehand and than as a fat person now. My rapid change in body weight and shape was due to illness, but I prefered to keep diabetes private from a world of judgement around diabetes and fat bodies, so most people thought I lost the weight through diet and exercise. I became a 'super' figure of the neighbourhood.

Typically "super-crip" applies to disabled folks who are outwardly perceived to be incapable of everyday activities and behaviours. When non-disabled folks learn that folks with physical disabilities do their laundry, parent children, go for hikes or travel places, the reaction is typically surprise. When a person with a disability is perceived as inspiring or super-human for being disabled *and* a parent, or academic, or politician, or expert white-water rafter, this is ableism. Specifically, this is the "super-crip" model. Disabled folks are assumed to be passive, silent, meek, and in need of assistance. In reality, disabled folks are diverse. The needs of disabled folks are as varied as the forms of disability themselves. To assume a disabled person would not normally be capable or competent enough to lead an independent life is ableist. To then construct such mundane, average disabled folks as super-heroes, "super-crips", is an extension

of pity and condescension that says: “I did not believe you were capable of being normal, and you inspire me because you’ve achieved normal”. The concept of “super-crip” is thus a back-handed compliment.

As I lost weight from untreated diabetes, I received many of these back-handed compliments. Someone once told me they never realized I had a waist. I was told I looked great. One neighbour affectionately called me “skinny Minny”. Their intentions were to compliment me, but what they really did was romanticize a scary and normal experience of diabetes. At the time I benefited from the attention, from the newly opened doors into social interactions I was excluded from as a fat person. My body was celebrated. I was “super” because I achieved a normal weight. The facts about diabetes and weight loss from high sugars are not important here. I have no desire to flip the narrative to show the scary side of diabetes because to do so would invoke the pity I wish to challenge here. Rather, I wish to disrupt the joy normal people get from engaging in either narrative: the joy from pity and the celebration of normal or cure. As I faced these super-crip celebrations of my weight-loss, I realized how much courage it took as one person to kill the joy of these people’s reactions to my shrinking body. As I reflect on these experiences with the knowledge of critical theory concepts today, it becomes clear that non-fat, non-diabetic feminists and queer people and disabled folks all benefit from challenging the celebration of weight-loss. And if I do not have the courage to defend myself and my shrinking body from super-crip, pro-weight-loss celebrations, someone with a different embodiment of body integrity ought to be prepared to argue against body-shaming and celebrations of thinness alongside me.

2. Diabetes Transition (Part Two)

After I was re-diagnosed in last January 2016 as type 1, my new nurse at the Riverside Hospital taught me how to inject insulin. Within a few weeks I had figured out my [ratio], approximately 1 unit of insulin to 10g of carbs, and was taking insulin anytime I ate carbs. With any of the bigger bigger bigger. I couldn't wear everything was bigger, my stomach grew bigger, my chest grew bigger. My chest grew bigger, my stomach grew bigger, everything was bigger. I couldn't wear any of the clothes I had gained back 70 lbs.

But most of all,

I was sad and angry that after years of living as a fat body I still hadn't learned to love it enough to welcome it back. And my mind. I was distraught on numerous occasions and my already unstable mental health worsened. My "lesbian plaid" shirts didn't fit anymore, and I felt like a fraudulent queer person because I don't look queer enough (for me); my chest meant female, feminine, cisgender, hetero, even though my feelings counted for more than the associations with my flesh. I felt lost again. I felt like I had found love for myself and that self abandoned me. I regretted taking insulin. I should have thought about stopping it, stopping the weight gain at any cost. cute, queerable clothes I bought. I couldn't hunch my shoulders and minimize my chest anymore. A tsunami-size wave of internalized hatred and fatphobia washed over my body

As I visit this over-exposed, feminine body from my conscious queer self, I feel like I am watching a stranger's body but I have visceral/physical memory of the emotional and bodily trauma this body had gone through. Until going through extreme weight-loss and re-gain I had no real idea of how cis-normativity, ableism, and fatphobia intersected. And I realize how much violence I have gone through and how much healing it demands. My gender, my appreciation for my body, and my diabetes could not exist at once. I could not be thin without risking death, I could not feel queer while I was fat but with decent sugar levels, and I could never escape the shame of either fatness or diabetes. It was exhausting to think about radical self-love and it was easy to imagine going off insulin and embracing all the symptoms of high-blood sugar in order to shrink small enough again to sneak around the sharp edges of the gender binary.

3. Ivan Coyote

*Thursday, July 13th 2017 — Ivan Coyote and their band performed a mixed set of music and spoken word call "Tomboy Survival Guide" at the National Arts Centre in Ottawa. I don't remember what pissed me off earlier in the day, but by the time I reached the basement theatre I needed a drink. Two double vodka oranges later and I was ready to commit to the performance. My friends sat with me at a round table near the edge of a classic dinner-theatre type set-up. Rows of chairs lined the back walls and every seat was full. As the lights dimmed, the room transported me from a gathering of local queer and ally folks to another place where we floated with the band on a platform that could not be touched by the world around us. Ivan's voice and wit lifted my tired spirit up and I was transfixed, and *trans-fixed[8], for the entire night. Their bandmates, Alison, Sally, and Pebbles were like beacons; their bodies, voices, faces, and clothes were each unique versions of androgyny. The four of them moved confidently around the stage, each effortlessly playing their instrument and singing their stories. I could hear my stories in their words and harmonies, and for once I could see my future as joyful and communal as theirs. They lay me bare from beginning to end. I cried through*

[8] The term "fixed" in this story is meant to both describe the intensity of my focus on the performance, and to express a feeling of being healed—although the term is part of cure culture rhetoric.

most of it —I ran out of cocktail napkins to blow my nose into. And yet, not only did I feel in company with the people on the stage but also with the people in that theatre. I knew I wasn't the only one who got lost in gender and needed Ivan and their band to carve out a path for me when I couldn't see a way out. If Ivan, and Alison, and Pebbles, and Sally could find each other and thrive together, then I could do the same.

Recounting the experience of being in the audience of "Tomboy Survival Guide" is important in communicating to you my own connections between gender non-conformity, my body, and my spirit. Now, spirit can mean a lot of things, so please take note that I use the term 'spirit' to refer to my creative energy and potential to thrive as a non-normative body. For me, creativity is crucial to thriving because, like Ivan Coyote and their band, I have to carve out spaces for me in every friend group and institution I join. In class and at work I have to explicitly draw attention to my preferred pronouns, in my friends group I have to speak up for social activities and locations that don't make my body and mind feel uncomfortable—e.g. bars with bad seating for fat bodies, or events that require dressing up (I have no non-femme formal wear). This is creative work. Whether I work to match the environment or step up to stand out I am improvising, acting, and rehearsing. I am drawing queer, fat art on my body with my fashion, and dancing when I carefully step through calling people out. But most of all, I am writing stories in my head that allow me to bear with my body and it's reminders that who I am in my head is not who people read off my size and shape.

As a fat person in a body with XX chromosomes and estrogen aplenty, I have soft curves and a chest—I prefer to use the term 'chest' to refer to the typical anatomy coded as female. I struggle with the words, with the physical feelings, with the look of clothes on my body, and with the personal knowledge of what my body looked like

when I was 100 lbs lighter. I remember when my chest was smaller and my body became less female behind boyish clothing. Even when I find masculine clothing that fits these days, my body shape and the size of my chest are read as female. I resent my present body: the fat rolls, the soft chubbiness of my face, the way my chest is still obvious despite not wearing shaped bras. When I say the Ivan Coyote band was like a beacon, I mean I could see their estrogen-generated features but also their chosen tomboy clothes, and I could imagine myself in their shoes. I could imagine a future where I was as comfortable in public with my body as they were with theirs.

When we talk about fatphobia and the gaze on fat bodies, the literature and grounded experience inform us that fat women are judged for their fashion choices (colours, patterns, size, and style) and how they take up space, among many other bases of judgement. Some feminists critique fatphobia on the basis of bodily integrity, saying that the only person who gets to dictate how a body should look and move is the owner of that body. Some examples, such as curves and stretch-marks, are used in to argue that fat bodies are natural and thus there is no need change. The concern queer fat feminists have with some fat-positive feminists is in the moments when argument for the normalization of fat bodies takes the direction of gender essentialism. The gender essentialist argument for the normalization of fat bodies argues that curves and stretch-marks are part of being a “real” woman, and the argument is sometimes further extended to argue that mothers “earn” stretch-marks in the process of pregnancy. Such an argument excludes folks who do not want to link their fatness to

gender—be it from a genderqueer position or a position that motherhood and femininity should not be the solely valid reasons for fat acceptance.

Ivan Coyote's band's performance is also a deep source of joy for me and the story illustrates the concept of the erotic power from Audre Lorde in the sense that we all invested our energy into the project of self-acceptance and the fluidity of living paths of our own creation. The band itself is made of tomboys who chose to use their talents and stories of lesbian love and awkward gender encounters to make entertaining content that fulfilled their sense of self, rather than simply play in bands that followed heteronormative, cisgender, Western music. They dedicate their creative energy to forming their authentic selves true to their gender expression. And in turn, their performances are activities that people such as myself invest in as an expression of our gender identities, political values, and sense of self. The band's performance did not reproduce cure rhetoric; there were no messages about the limits of accepting sexuality, mental health, gender, mobility, ethnicity, education, or desirability. The songs, poems, and stories Ivan Coyote performed did not try to define the normal or abnormal, and thus there was no imagining of the pathological. No audience member was assumed to be gender binary or straight. My body shape, gendered and fat, did not make me less welcome in the audience or when I went up on stage to meet the band members at the end of the show. The feeling of being in a space undefined was comparable to being released from a too-tight shirt; Ivan Coyote and their band cut me loose at least for one night.

4. I live therefore I know

Tonight is Jenny's goodbye party. We drive out to Orleans, where her friend, Polly, lives and is hosting us. Polly is a psychology student focusing in neurobiology. There's cheese and whole spread of food ready: pizzas in the oven, a cheese salad on the table, and store-bought cheesecake in the fridge. They open up a bottle of white wine, and I make myself a rye and ginger. I dose for the alcohol: reach into my bag, find a needle amongst the pens, highlighters, etc. floating in my backpack, pull out needle, set dose, uncap needle, take off needle nib, lift shirt, inject in to stomach fat not-too-near-the-belly-button. Nobody seems to notice. Jenny sometimes stares, but nobody looks over or asks me what I'm doing.

We continue to chat, get to know each other, drink, and eat cheese. We talk about Jenny's upcoming travels — she is leaving for 6 months. We talk about ex-partners — ex-boyfriends mainly. Then Polly remembers the cheesecake and brings it out to the coffee table where we are chatting. As I pull out my needle to dose for my piece of cheesecake, Polly suddenly says: "Oh, am I killing you?! I have fruits if you prefer!" as she points to a large pile of apples, oranges, pineapple, etc. on her kitchen island. I start to explain that diabetes doesn't work that way, that she is not "killing," me, and that insulin actually acts as a key to open many doorways rather than act as a life-line like Epipens. Jenny interrupts me and says "Yeah," she knows, she's a medical student!"

...

...

...

I AM IN SHOCK.

Jenny continues, "Like, I know you know it from the patient side, but Polly also knows it as a future doctor."

I can't speak. I know what Jenny is telling me is one of the most ridiculous things I've heard, but I'm at a wine and cheese with girly girls and I can't just rip into someone the way I would at a louder party where I could walk away. I have no way of leaving, and if I did I would be greatly insulting Jenny, as the mutual friend, and Polly, as the host. But I am still pissed the fuck off. Jenny has assumed that anyone studying a science used in medical institutions must therefore be a current or future medical expert, AND she assumes that diabetes is not so complicated to deserve a very specialized field of medicine that takes years to understand, AND she assumes that as a patient I could never be informed enough to even know better than a student who hasn't even finished their undergraduate yet. I am pissed. How dare she tell me to shut up.

My body is typically read as able-bodied. I have to disclose my disabilities, of which diabetes is one, in order for people to understand that my approach to health is much different from the normal body. I do not eat without thinking about the composition of the food in my hand: how many carbohydrates are in this slice of toast? How much fat is in the sauce on my pasta? How many grams of protein are in this salad? The word "healthy" is a violent word to me the way that "research" is a violent word to Indigenous folks, according to Smith (2012). The assumption that I, as a diabetic and a fat person, would unquestionably agree to non-diabetic, non-fat people's interpretation of nutrition and normal body weight, is an ableist assumption. It assumes I must agree that fatness is bad, that sugar is bad, that one would and should eat raw food over processed food, and that I am sad if I don't live up to the standard of health. To assume prerequisite values that shame food consumption choices, body shape, and health status is an act of compulsory ablebodiedness and compulsory thinness. At that party I had a choice: shut up and let them believe what they want to believe, or speak up and correct their misunderstandings. I chose the latter, and my friend reacted in defence of the norm.

What we see here is an instance of the feminist killjoy. The joy in this story is a colonial joy, a joy that comes from believing one knows the truth about a body and thus having power over that body through ownership of that knowledge. When I raised my voice to explain Polly's knowledge was incorrect, I broke the character I was expected to play: a silent, passive, feminine person who is grateful for the noble offer of fruit. I killed the joy that non-diabetic people have in their *assumed* better knowledge of my body. But this story does not stop with diabetes, it continues to my fat body, my

unintentionally femme body, and my body's history with other people. My invitation to this goodbye party was on the condition that I fit into their expectations: one of the girls, enjoying the food but not overeating, heteronormative and interested in talking about boys as partners, and supportive to Jenny who talked about her plan to lose weight on her upcoming.

In one evening, fatness bled into compulsory heteronormativity and diabetes with no change in space or people. The topics happened all as if food, medication, and desirability were three conversations bubbling over each other, at times one would take precedence like in the moment of the cheesecake. My thoughts on health and happiness are not based in my body shape—despite internalized fatphobia—or my health—despite internalized ableism—and certainly not on whether I had a romantic partner. My internalized fatphobia and ableism entwine to create a series of judgements for why I do not have a partner because they inspire me to think I am undesirable. But without welcoming these non-normative ways of being, and the tangled mess of threads they resemble, Jenny and Polly maintain these intersecting systems of oppression.

5. Shield in my Skin

December 2017—A friend of mine is getting a tattoo from an artist in Montreal. It's a big piece across her chest. I go with her for company and to drive her home afterwards. As I sit in the tattoo parlour my eyes wander to the art on the walls. One of the parlour's artists displays her botanical designs on the wall. I am drawn to the shading of her work, the style of her line work, and I feel a connection to the romantic 17th century vibe of her flowers and birds. Her work reminds me of the early women scientists I studied in early university. I exchange phone numbers with the artist and she promises to send me photos of her design book.

A week later I'm looking through the designs on my phone. I see flowers, elegant ladies and their blushing cheeks, woodland animals, and then I see it: a pair of old

embroidery scissors. The body of the scissors is a crane, whose beak reaches out to become the blades and whose feet grow into the handles. In my heart I know this is my tattoo. I feel possessive, I feel like I have to claim it right away before someone else steals it from me.

A few weeks later my friend and I are back in the tattoo parlour. As my friend lies on the table continuing her tattoo, my artist and I align the scissors on my left forearm. We line it up with the bone, facing outward.

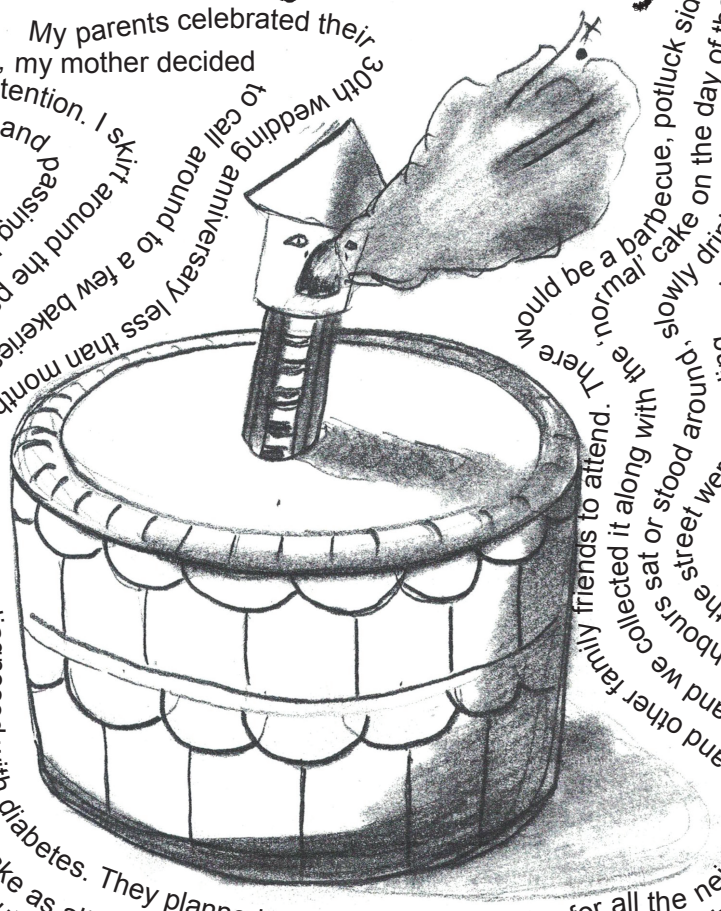
It takes me longer to realize why I feel so connected to the scissors. They are my shield. I wield them to cut people out of my life. I've wielded them to cut myself. I've used them to build things: embroidery, sewing, multimedia paintings, cooking. These scissors on my arm make me feel safe. They make me feel less exposed, less vulnerable. I'm safe behind this ink.

Embroidery scissors, and scissors in general, have come to symbolize self-care and self-empowerment to me. While scissors and other sharp edges—both real and emotional—have hurt me in the past, they are nevertheless powerful tools for carving out space for my body and mind to live in without suffocating. Scissors cut open packages of plus-size and masculine clothing I've ordered online, they've made breaks in my skin for self-hatred and internalized phobias to escape through, and I become the scissors when I need to cut out transphobic, ableist, and violent people out of my life. And at the same time as the scissors cut out toxic people and thoughts, they also give me opportunity to replace the purged with friends who genuinely show solidarity with diabetes and fatness. These scissors remind me that I have the power to break weak and ill-placed threads and re-direct my energy to sew new seams with myself and my community.

We can compare the scissors to the concept of the "feminist killjoy". The killjoy appears to be disruptive and destructive. At a party, the feminist killjoy does not laugh at jokes made at the expense of diabetes. They do not find it funny when someone says

they should stop eating birthday cake because they might get diabetes. The feminist killjoy says “that’s not funny”. My scissors say “that’s not funny, or sexy, or kind”. My scissors cut through the back-threads of the picture society has stitched together until the image falls apart. And because these scissors are inked into the skin of a fat body, they will always be fat feminist killjoy scissors.

6. Wedding Anniversary



My parents celebrated their 30th wedding anniversary less than month after I was first diagnosed with diabetes. They planned a big party at our house for all the neighbours and other family friends to attend. There would be a barbecue, potluck side dishes, and a very large cake. Considering I had been recently diagnosed, my mother decided to call around to a few bakeries to see if she could order a sugar-free cake as alternative to their party cake. She ordered one from the Rideau Bakery, and we collected it along with the 'normal' cake on the day of the party. On the day of the party, I stayed around the edges of the party - I much prefer to not be the centre of attention. I skirted around the party, saying hello to a few people, eating a piece of cauliflower or broccoli from the snack table, and ducking back into the house. Meanwhile, neighbours sat or stood around, slowly drinking and catching up. I don't remember the exact words she was saying, just the general context that she was explaining a few minutes inside, and passing back out through the kitchen near the back door. The door stood ajar, leading to the side of the house where a few of middle-aged mothers on the street were standing … listening to my mother. I could have screamed. I want to scream at all of them, but it was caught in my chest. I wanted to reach out and choke and shake my mother for taking my body and showing it to people without my permission, as if she had any right or ownership to me. I wanted her to take it back, to beg for forgiveness, for my neighbours to be appalled, for them all to understand the grief and anger that was swelling in my body because I just witness my own bodily privacy be betrayed for the brief pleasure of disclosing a secret.

Years later, neighbours make it their business to ask me about my diabetes. At a Christmas party, one asks me how I'm doing: "Surely you must have it under control by now?". The question is all I remember from the party. On Halloween night, when I visit my parents to hand out candy, another neighbour sees me eating a chocolate bar and says: "Shouldn't you not be eating that?" I retaliate: "Shouldn't nobody be eating candy?" Each time I'm asked about my illness I lose a bit of love for my childhood home, a place I could live without being questioned until then.

MY THROAT CLOSED UP

How do I deconstruct the world I grew up in? I was one of two fat children in my neighbourhood. As puberty hit, I gained more weight and never lost it until I got sick. I have lived as a body under a suspicious and critical gaze my whole life in that social space. My body was never invited to the neighbour's pool. My snack choices were commented on by neighbours. I became ashamed to walk around the block without a bra because I was scared people would look out at me from their living room windows and be disgusted by my jiggly, fleshy body. I attended neighbourhood gatherings expecting someone to try talk to me about my health and body size. I dreaded people asking about my weight loss when I was sick because I neither wanted to confront their ableism upon learning I had diabetes nor did I want to feed into their ideas that weight-loss was always a positive achievement.

The interaction I describe with my mother is another feminist killjoy moment. A feminist killjoy does not have to challenge sexism, and in this case my anger towards my mother is not because she imposed a gendered reading of my body. This feminist killjoy moment targeted ableism and bodily integrity. My mother did not have consent to talk about my illness with other people. In fact, I explicitly asked her to keep it quiet. I wanted to control what people knew about my body, and she breached that boundary. She silenced me in two ways: first through disregarding my rules about my body, and second through talking about my body as if I was unavailable to speak for myself. The first is a matter of consent. The second is a matter of ableism and consent because she forced me into the role of silent, passive, disabled child-of-hers. When I confronted her I committed an act of the feminist killjoy because I destroyed whatever comfort she had in

talking about my body without my permission. I disrupted her sense of ownership as a parent to her child's body. I killed her joy in sharing her family's news with other families, and I killed her joy in receiving sympathy and respect from pitying mothers.

Unfortunately the damage was done. My neighbours learned I was diabetic. In sharing this story I, as an academic, am using this experience as an example for how feminist killjoy-ship is wrapped up in politics of 'cure'. Cure rhetoric dominates my interactions with these neighbours in the margins of my life because they expect me to have been cured—by my efforts, by medication, by sheer good will—and cure culture is based on the assumption that everyone has the right to ask disabled and ill people if they've reclaimed their health yet. The premise of this inquiry is rooted in a binary of pity or celebration. If disabled folks are cured of their disability or disease, they are assumed to have completed a great achievement by escaping the status of 'pathological'. However, disabled folks who live their own normal are subject to pity and sympathy because society believes being 'normal' by ablebodied biomedical standards is objectively better than being disabled. In the story above, we can see there are times when I have the energy to be a feminist killjoy to my neighbours attempts to impose cure rhetoric on my body, and there are times when I do not have the energy. Feminists and queer folks who use feminist killjoy moments to disrupt narratives that oppress them also experience killjoy fatigue, and I argue that genuine solidarity would be to extend killjoy-ship to challenging systems of oppression that one is not subject to, as a way of giving energy and showing detailed understanding of how others' oppression works.

Discussion

Compulsory Silence

A common theme connects the main concepts that my stories attempt to illustrate: an expected silence and passivity in the face of oppression. Compulsory heteronormativity requires silence about desirability unlimited by fatness, gender, ability, skin colour, etc. Compulsory thinness requires silence from queer folks who link radical self-love of their bodies with radical love in queer relationships and from fat people who don't need weight-loss to live as their authentic self. Compulsory abledbodied-ness requires silence about hidden mental health struggles, rejection of ideal body and health measurements, on the real experiences and subjective knowledge of diabetes, and the anxiety about friends, partners, and neighbours judging the co-existence of diabetes in a fat body. These compulsory normativities demand silence from folks who both do not embody the constructed norm and do not value the norm enough to become it. The function of compulsory silence is to maintain the model of the tree of knowledge.

Feminist killjoy moments disrupt the peace and silence of an unquestioned hierarchy of desirability and the classification of people and behaviours as 'belonging' and 'queer', where 'queer' describes not only gender and sexuality but *any* way of being that breaks from the norm and threatens the familiarity of norms. Desirability is a key component in the classification of 'normal' and 'pathological' ways of being. Members of society are judged on their capacity, and a perception of their will, to embrace and embody: productivity through employment; reproductivity through heterosexual, monogamous, and reproductive relationships; normalized 'sexy' aesthetics and physical

attributes; and physical and mental independence from state resources. This non-exhaustive list of ways in which a member of society is expected to become morally and ethically synchronized with normative value structures determine the degree of belonging by way of determining how desirable a person's identity, attributes, behaviours, and beliefs are for the whole of society. Essentially, queerness and feminist killjoy moments disrupt and resist narratives of desirability and belonging which are weighed on scales of compulsory normativities.

At the same time, there is no linear relationship between resistance and labelling queerness, feminist killjoys, undesirability, and the 'pathological'. Interventions in normative pathways and narratives may be recognized at once by individuals and social groups who embrace and defend normative social structures and values—where recognition is sometimes made possible through fear- and hate- mongering stories. But it is also possible for disruptions and resistance to manifest at different speeds and thus be perceived as disruptions at different stages of intimacy with the norm. To clarify, not all forms of resistance resemble each other; one person's coming out may be more peaceful than another person's, and both may be radically different from the experience of a trans person on public transport, or a queer elderly person moving from their house to a retirement complex. Challenges to compulsory silence about non-normative existences come in many forms, at many times, and across geo-political boundaries. As such, we can understand that from a sociological perspective it makes no sense to seek out examples of the 'pathological' and resistances to pathologization from the model of the tree of knowledge because the tree of knowledge does not represent the multiple

points of entry where the ‘pathological’ and the ‘normal’ meet, interact, and negotiate local and national meanings of desirability and belonging.

The Rhizome, The Normal, and Intersecting Oppressions

Feminism, fatness, diabetes, and gender are connected through a shared critique of the notion of a ‘whole’ human, or indeed the value of wholeness in the first place. First, we can contest the binary of wholeness as contingent upon certain physiological or mental capacities. Second, we can contest the notion that whole is better than broken or incomplete. In fact, we can see the capacity for solidarity between literature and scholars who focus on feminism, disability studies, fat studies, and queer studies in that each have a stake in challenging the ‘normal’ or ‘whole’ human in order to resist the devaluation of women, disabled folks, fat folks, and queer folks.

First, let us return to the ideas of Canguilhem, and Deleuze and Guattari to remind ourselves that the normal is not fact or fixed. According to Canguilhem, part of the function of a ‘normal’ human model in medicine is the evaluation, classification, and correction of so-called aberrant bodies and minds. Classifications of “abnormal” and “pathological” have included non-reproductive bodies, madness, genetics-based diseases/disabilities/deformities, gender non-conforming bodies and minds, non-white physiologies and cultural readings of illness. For example, bodies who do not reproduce (by choice or because they are unable to reproduce) are read as bodies of error—that is, they are interpreted to be of flawed or failed design because they cannot gestate or inseminate, or because they choose not to. The significance of this ‘error’ in their body

or mind is that this person is failing to live up to their potential because they are not becoming a parent—itself a concept typically rooted in biological kinship and the model of the nuclear family.

Such is a problem that feminist scholars continue to challenge: the notion that a human must become whole and that becoming whole must take a fixed, normal path determined by gender among other factors. A person who deviates from the path is viewed as an incomplete or fragmented, and the reactions to incomplete people are filtered through the rhetoric of oppressive frameworks. A similar interpretation—that one fails to live up to their potential—is directed towards folks with disabilities who face mobility or other barriers, and towards fat folks who are assumed to not reach their romantic, sexual, and physical potential because they are "slowed down" by weight and size. The medical reading of such existence as 'error' is one such mechanism that maintains the notion of 'normal' and 'whole' because the labelling of error allows for the imagining of 'cure' or 'correction'.

The function of critical studies based on feminism, crip theory, queer theory, and anti-colonial theory is to challenge the reading of non-normative bodies and minds as "pathological" or in need of correction. Essentially, when we think of 'wholeness' and the 'normal', critical anti-oppression scholars are connected by shared aim to expose 'wholeness' as not a tree-trunk from which aberration branches off, but rather 'wholeness' is a node in a larger network that is ever-changing and ever-responding to Otherness. When we imagine 'wholeness' or 'normal' in the model of the rhizome, we can understand that the neither 'normal' nor 'abnormal' came first, but that they are

repeatedly defined, manipulated, and re-imagined in an unending network of political geographies, series of events, and reflexive dialogues. Oppressed folks share a struggle against the exclusionary criteria of wholeness even if we don't share one set of meanings around identity and 'wholeness'.

As we can see in the story "I live therefore I know", the concept of the normal versus the pathological is used to argue against the authentic self represented in the story: the authentic self asserts its power and knowledge, and is subsequently told by the character Jenny to stop claiming power. The assertiveness comes from a sense of self, a knowledge of diabetes and the relationship between diabetes and food. However, when Jenny is presented with a disabled narrative that presents a diabetes version of 'normal', she is disrupted. Her comfort in the norm of patient-as-passive and medical professional-as-all-knowing is disrupted. These expectations about the distribution of knowledge prevent disabled folks from being recognized authorities on their bodies. By revealing my disbelief in the normative hierarchy of knowledge I posed a threat to the norm Jenny and Polly subscribe to as abled-bodied folks. The intervention of my authentic, disabled self appears an absurdity in their story of events, but in the story written for this project the intervention of a disabled person's narrative is a heroic and power-claiming intervention. This story illustrates the defense of thin and ablebodied norms at the expense of erasing fat and disabled versions of normal.

We can extend the implications of the feminist killjoy moment in "I live therefore I know" to the story "Con-ascending", where the model of the rhizome helps us full appreciate what is at risk when feminists exclude and erase other feminists' and

non-feminists' versions of normal. The story "Con-ascending" describes an encounter with a colleague who does not appear self-aware enough to realize she is being oppressive by expecting two different bodies to climb the stairs at the same pace. The role of this colleague is not that of an intentionally fatphobic and patronizing feminist who purposely excludes my reality from her knowledge of oppression. But nevertheless the colleague fails to notice that her motivations are borderline ableist and most definitely fatphobic in a condescending, infantilizing tone. Her commitment to cheerful phrases of encouragement are a commitment to a comfortable interpretation of the scenario: we are forced to take the stairs, we take the stairs, we triumph over the stairs. The body and mind defeat the stairs in her abled-bodied normative perspective of the situation. In contrast, the normal of the me in this story is vastly different: the stairs are not mastered by my body or mind. In fact, my body and mind are being mastered by the stairs and the fat body climbing up the stairs must follow its own pace out of sync from the abled-bodied, thin feminist colleague ahead.

This is how the rhizome applies to critical, interdisciplinary studies: feminism invests in meanings that validate its claims of oppression, but these investments are also boundaries of exclusion because each are wrapped up in the oppression of others - other feminists, disabled folks, non-white folks, and more. For example, a fat femme feminist might exclude fat genderqueer and asexual folks' needs from her dialogue if she solely argues for fat acceptance on the basis that curvy, plus-size women are natural and sexy. Essentially, what we first see as solidarity can grow into suspicion and exclusion, and exclusion can grow into resistance and isolation. Resistance could grow

into education and community outreach, which can grow back into solidarity. Feminism, fat studies, critical disability studies, anti-capitalism, etc. thus resemble a rhizome moreso than a tree-model because they fold back into each other constantly. Furthermore, even if some groups of anti-oppressive folks grow distant in real life and then come back together in new bonds of solidarity, there are still some feminists who have no interest in bonding with genderqueer folks: there will always be folks who do not accept others despite being under the same cage of oppression. And similarly, there will be marginalized folks who do not wish to rekindle friendships with transphobic, ableist, and racist mainstream feminists.

In the fat, disabled version of “Con-ascending” the following facts are given space to exist: I make it to the 8th floor, but I am out of breath; I am overheated. It’s possible that a burst of physical activity triggered an old human instinct in my body to release sugar from storage into my bloodstream; I’m too tired to remember to check my sugars; my fat body is in pain from exertion and I know I will feel the effects of the climb the following day. These details are not given the same respect and space as the compulsory abled-bodied normal. As we see in the story, the feminist killjoy moment is not welcomed despite being directed at a feminist scholar who ought to recognize the interjection for what it was: an invitation for solidarity and support on the terms defined by a fat person who has difficulty climbing stairs not a thin person from whom the stairs are not the same barrier. Not only do these stories show how I am fragmented everyday through battles of internalized fatphobia, disabilities, and gender non-formity in a cis world, “Con-ascending” shows how I am split between me and my colleague’s version

of the stairway journey because she, too, does not have ready-made-space for all the ways that I am ‘abnormal’.

Authentic solidarity between feminism, fat activists, disability, and queerness—at least as imagined through my stories—would recognize that fat positivity is more complex than challenging the meaning of a mathematical reading of size. Fat positivity necessarily involves the critical assessment of what gendered meanings we read off of fat bodies and fat distribution on the body. To truly challenge the binary coding of thin bodies as normal and fat bodies as pathological one must interrogate what it means for a body to be attractive, what the heteronormative implications of gendered readings of fatness are, and what the implications of racialized readings of fatness are in terms of racism and colonialism. The pathologization of big, non-white bodies is conducted as an investment in the thin, white, cishet norms of physical and societal health. The social attitude that celebrates thinness as superior to fatness is from the same commitment to hierarchy that believe the factors of sex, race, ability, class, and more affect one’s allegedly natural standing in society. In truth, these value judgements are unnatural. They are constructed and continuously reinforced through bullying, debate, child rearing, legislation and criminal codes, public health magazines and fear testimonies that warn people of the dangers of breaking from the norm. Solidarity against all oppressions is lip service at the best of times unless feminism regularly practises humility and makes space for the voices of marginalized folks who bear criticisms of mainstream feminist solidarity. Feminist killjoy interventions must be applied to mainstream, middle-class feminism—and thin-privileged folks in queer studies, and

cisgender disabled folks, and other permutations of allies who have not made space for fatness and transness—in order for genuine ally-ship to take place.

Art and Stories: Visualizing Experience

A key function of ethnography, about the self or others, is the effective and accurate representation of the research subject. In the case of this project, autoethnography and narrative studies strive to capture the reader's attention in the story through diction, plot development, tone of voice, grammar, and artistic modes of communication. As a researcher I aim to impart a snapshot of the emotional impact these experiences upon the reader by applying my stories onto a background around a commissioned drawing and winding the phrases into uneven paths of text. These drawings were constructed upon request to manifest feelings of exasperation and anger which I cannot fully capture in words. The only stories which do not capture these emotions are stories three and five, "Ivan Coyote" and "Shield in My Skin", respectively, because these are stories of hope, of self-empowerment, and of sustenance. I have chosen not to incorporate a drawing into either of these stories because as I reflect on these stories I do not envision a image or scene of peace or empowerment. Putting an image to the stories of rage and grief give me a means of communicating trauma when words do not capture the full impact. In the case of stories three and five, the images of peace escape me. As a researcher, such a disconnection might signify an ongoing process of healing and growth. It may be disappointing to us, writer and readers, that there is no visual for either story, but this disappointment is a rooted in two unrealistic

expectations: first, that a story must be complete when it is told, and two, that an academic's writing must be neatly wrapped and tied with a bow, ready to be read and evaluated. The reality of anti-oppressive research is that there are no strict endings or neatly tied bows. To be true to the experience of myself as data and researcher, I must not force the completion of my stories. As such, I will explain the significance of the art and stories of four out of six stories.

Beginning with "Con-ascending", the story-art features a person's face showing irritation. Combined with the story, one might later interpret the face to be tired, aggravated at how the bubbly colleague ignores the subject of the story as they struggle to maintain their pace on the stairs. The text is arranged in such a way that when the reader reaches the part of that story about the fat narrator climbing the stairs they are forced to. Stop. and breath. And. Stop and. Re-adjust the. Echo of words in. Their head. Next, the second story, "Diabetes Transition: Part 1" is wrapped around a drawing (drawn by my father) of a hot air balloon where the balloon has been replaced by a large, bulbous body. The story talks about my ever-changing body and the experience of losing weight only to gain it back as a secondary effect of insulin treatment. The first words of the story are wound into the shape of a needle whose tip is pointing towards the body-balloon. This body-balloon represents my growing body taking me up out of comforting zones to heights where looking down reminds me of a past life and body beyond my grasp. The needle-tip pointed towards the body-balloon represents simultaneous healing and threat: the needle delivers insulin to a body that needs it to live, but the needle also threatens to burst the body-balloon desires to fit into the clothes

and gender they want to live. Part two of “Diabetes Transition” features my own face, lips pursed in anger and frustration at the unfairness of reaching a self-desirable weight only to ricochet back into fatness, albeit via a live-saving medical treatment.

Story number four, “I Live Therefore I Know”, features an exasperated subject fitting of the story about my frustration with my friend’s failure to support my knowledge about my disability. The sixth story it written around a drawing of a cake. The cake is angry, it is furious, it is screaming from its steamwhistle. The cake represents my anger at being exposed, paraded, dangled in front of my neighbours by my mother. The steamwhistle-cake also represents a killjoy moment, both feminist and not feminist. On one hand the cake, a symbol of celebration, is interrupted by a screaming steamwhistle that symbolizes my feminist killjoy anger disrupting the expectation that parents have a right to their childrens’ bodies and stories. On the other hand, the feminist killjoy moment is a reaction to a preceding killjoy moment when my mother violates my bodily integrity in an oppressive manner. The steamwhistle-cake embodies interruptions, both of my body and her perceived right to my body.

Conclusion

By presenting a selection of stories about joy, anger, and grief in my fat, diabetic, gender non-conforming life, this project challenges the compulsory silences around these norms and exposes the nodes and roots that challenge the assumed limits of bodies, sexualities, gender, and joy. The writing of this research illustrates the difficulty of documenting one's experiences from an inside perspective: I cannot step out of myself to see all of the tangled threads behind me. I weave this document to testify to my experiences, to criticize the feminists and non-feminists who oppress me, and to describe a future of inclusion and self-acceptance, and the front of me becomes an intentionally exposed tapestry for my readers to consume and evaluate. The back of me is an untidy collection of loose threads that knot into each other and bunch up under broader stitches that tighten awkwardly against the loopy ends on the underside of my tapestry. As I try to pull a few of these threads out, they become further entangled. I try to snip a few loops loose and straighten their path with my fingers behind my back, but the threads make even less sense as I try to tease them apart. This is a messy tapestry whether I try to tidy it up or not.

Furthermore, the project as an autoethnography contributes a series of data points to critical fat studies, sociology, and feminist studies in the sense that each story is point on a graph plotted through the intersection of many factors and which reveals a greater narrative than each individual factor can reveal. The pressure to present a clean, coherent narrative that withstands criticism from other academics and laypeople is strong. The pressure to fit these stories and analyses into a cozy box comes from the

same place as the pressure to discipline the body into thinness, to minimize the difference until it fits flush with norm. It is an internalized belief that we can master our oppressions and produce an undefeatable argument against fatphobia, racism, ableism, etc. In reality, people rarely embody the norm; we are all taught to desire the norm and that a good life is in pursuit of the norm. Feminist, anti-racist, queer, and other anti-oppression scholarship commit to criticizing normative constructs, but they fall short of truly embodying their researched ideals and intersectional solidarity if they do not apply those criticisms in a reflexive manner. Thus, presenting a criticism of both feminists and non-feminists, writing about the joys and grievances with my body, and drawing connections between subsets of anti-oppression discourses under the model of the rhizome is a radical research project.

One of the overarching narratives that these stories string together is that of time and tempo: my body does not match the tempo of other bodies. By writing about these clashes in tempo and temporality, this research project contributes the the Sociology of illness and disability, and also to Critical Fat Studies and Intersectional research by explaining how body tempo is inconsistent as it is affected by overlapping experiences. Although all bodies are different, the tempo my body subscribes to is unique from those around me, and my fat body tempo is expressed through a body different from other fat folks. In “Con-ascending” my body is set to a tempo that a non-fat, non-diabetic person does not experience. In contrast, the story “Ivan Coyote” describes a pocket of time in which the bodies at Ivan Coyote’s performance are invited to be in tempo with the music, the beat of the poetry, and the phrasing of their stories. Interjections of laughter

and crying are welcome. The audience is invited to be in sync, but their own tempo is not ignored. Although my colleague in “Con-ascending” may not find the incident of the stairs memorable, that night, and the other stories I present in this paper, stick out in my memory. Thus, this research paper also contributes to an archive of ‘abnormal’, ‘pathological’ experiences that are often overlooked in Feminist and Sociological discourses governed by researchers and academics who may not embody or be aware of these realities.

Amongst the many challenges to this autoethnography, as a researcher I find myself sensing the project is prematurely finished. Academia prefers comprehensive works, perfected prose, and disciplined research scopes. Although we all test these boundaries by introducing creative elements, such as in-text art, poetry, photography, there is one boundary we cannot overcome: due dates. This project, as with many others, takes data from decades of memories and events and polishes them into a selection of plots strung together to communicate a story about oppression, about self-love, and about journey and growth. However, as a researcher and student I am forced to commit these experiences to paper and they will be archived in my University’s library while my life continues to unfold in unknown directions. Much like my memories are archived in my head, this paper is an archive of select versions of myself that will always co-exist with whomever I am at any given moment. There are multiple versions of myself, those in memory and those in the moment. Thus, autoethnographic research appears incomplete because it can only capture the meanings of who we were and what we experienced up to a certain point in time. Autoethnography allows us to

exist in multiple times at once, and the experiences and versions of ourselves in each moment can relate to each other through a conversation uniquely built through stories, photographs, poetry and other mediums. However, the challenge remaining is still that such a conversation had a finite end in written form while our personal reflections and verbal exchanges about autoethnographic works are infinite.

The significance of the finiteness of writing about lived experiences is that ethnographic works collectively begin to portray an ongoing story of feminist and sociological discourses. The model of the rhizome allows us to envision connections between past experiences, present thoughts, and imagined futures: a story jumps from a memory to a fear of the future and back to a present expectation, which can then return to the past. There is no linear journey to the meanings we attach to people, places, objects, bodies, etc. A tomboy in front of me in the street might remind me of the night I attended Ivan Coyote's performance, and both those moments remain alive as I might continue to walk down the street and imagine the countless tomboys I might meet or become. Feminist and other anti-oppressive research are complex discourses that are ongoing, living, becoming new ideas and modes of being, and rearranging already familiar ways of being. This research project contributes to the living archive of feminist, sociological, disabled, and fat ways of knowing, of being, and of documenting these realities. With each project I and others read, write, and share, more and more folks of marginal realities will be encouraged to tell their stories and contribute to the same living archive that I ventured into—be it through academic or non-academic ways of documenting existence. As I have been encouraged by the vulnerability of writers,

scholars, and artists before me who tell the stories of their 'abnormal' lives, I hope that future students and members of non-academic communities widen their expectations for a valid life and offer their own stories in a project of an ever-expanding rhizome where 'normal' and 'pathological' interact, blur, and create infinite space for diversity[9].

[9] As I finish this project, completed over five years of struggles and joys, I commemorate its end through a new tattoo of the Vulcan Salute. Although there is a famous greeting associated with the fictional ethnic group from Star Trek, there is a lesser-known phrase from Vulcan philosophy that has floated in the back of my mind since I first came across it in high school: "Infinite Diversity in Infinite Combinations (IDIC)." There is no fixed start and end to the connection between my learning of the IDIC, the spirit of my Masters project, and my new tattoo. We can pick any of these three and find our way through different plots to tell a story about spreading a message about embracing diverse ways of being.

Appendix A: Story Texts - One, Two, Four, and Six

1. Con-ascending

We're in Toronto for a conference. On the third day there's a conference party at a hotel downtown. Myself and one of my colleagues change out of our work clothes, put a bit of bright lipstick on, and pub crawl our way to the party. We look good: our hair looks good, my colleague has a cute dress on, and I'm wearing some new leggings I found at a plus-size clothing store in Eaton Mall.

We roll up to the party distinctly less than sober and ready to dance. The conference rented the hotel ballroom and we're over the moon about the catering: a cheese bar. A freaking cheese bar with charcuterie and a market stall full of cut veggies and dip! My colleague spots a whole round of super niche vegetable-ash goat cheese that neither of us would be able to afford. We dance and fill our bellies - and pockets - with cheese.

Later, after we've walked back to the hostel laughing and reminiscing about our evening before it has even ended, we arrive to find the hostel elevator is not working. Our other colleague is working on the main floor, avoiding the 8 flights of stairs between the lounge and our beds. Having partied for a few hours and rather sleepy from all the cheese, my colleague and I decided to make the trek up to our room.

Now let's pause for a second. I am rather heavy. I am strong, but I still carry at least twice the body weight of my slender colleague. I start ascending the stairs with understanding that I need to maintain a realistic pace - I'm in no rush, I will lose my breath rather quickly and rushing will make me pass out. So I take it slow.

My colleague, however, is trying to maintain her joy. She's giggly and happy and the elevator being broken is threatening to kill her buzz from the party. She's bounding up the stairs and calling out to me "It's okay! We can do it!" and cheering as if pure fucking excitement will lift me almost 80 feet in the air to our floor.

I am incensed. My brain literally goes from "Save your energy" to " Are you fucking kidding me?" I feel patronized. She doesn't get it. She doesn't understand that she doesn't know my body and she's crossing a boundary by assuming what I need to get up the stairs. And every time she says "You can do it!" or "We're almost there!" I have to use my precious energy and breath to tell her to "Shut up!", to "Stop it!", to "Just go on ahead." She doesn't listen to me. My lungs are burning. She only seems to care about keeping the smile on her face. All I can think is how much I want to send her back to Ottawa on the bus rather than drive her selfish ass home.

2. Diabetes Transition (Part One)

Most people don't realize what diabetes does to your body. One of the effects is a special form of weight-loss that occurs when your blood sugar is so high that your body is forced to take energy from fat storage in order to run itself.

At the height of my diabetes-induced weight loss I had lost over 130 lbs. I was smaller than my mother for the first time in over twelve years. And for the first time in my life I could shop at stores like Banana Republic and the regular clothing sizes at Old Navy, the Bay, H&M, and Forever 21. For the first time in my life my fashion was not limited to the designers at Penningtons and Addition Elle - the two plus sizes stores I could shop at in Ottawa. And for the first time in my life my stomach wasn't too big to fit into men's dress shirts and tank tops. For the first time my chest was small and I could dress like the gender queer folks I'd admired around Ottawa. I got an undercut, wore my hair in that hipster man-bun everyone loves to hate, and wore button-up shirts from the men's section of Old Navy. For the first time in forever I felt like the outside matched who I felt on the inside.

That feeling of bliss, of peaceful self-acceptance did not last for long. I talked to my doctor about my concerns about my diabetes and she referred me to a new endocrinologist. In my first meeting with this new specialist I shared my instincts: I felt I was misdiagnosed. I felt I was fighting a mountain of fatigue no matter what I put in my mouth. I told her I was first diagnosed when I was quite young, but that I thought my diabetes nurse assumed it was type 2 diabetes because I was legally an adult when they caught it. My endocrinologist listened to me, we ran a special test, and we learned that I have, in fact, type 1 diabetes not type 2. For years I had been fighting sleep every time I ate a meal or snack. I walked with such exhaustion I felt like I could lie down on the sidewalk and die there. When I learned my instinct about my body was right, I felt anger that my former nurse wrote a story over my body rather than listening to the one that was already there. I felt relief that I finally had a course of treatment, insulin, that was necessary rather than an option that previously told me I wasn't working hard enough on my own. So I started taking insulin full-time.

2. Diabetes Transition (Part Two)

After I was re-diagnosed in last January 2016 as type 1, my new nurse at the Riverside Hospital taught me how to inject insulin. Within a few weeks I had figured out my ratio, approximately 1 unit of insulin to 10g of carbs, and was taking insulin anytime I ate carbs. Within 3-4 months I had gained back 70 lbs. My chest grew bigger, my stomach grew bigger, everything was bigger bigger bigger. I couldn't wear any of the cute, queerable clothes I bought. I couldn't hunch my shoulders and minimize my chest anymore. A tsunami-size wave of internalized hatred and fatphobia washed over my body and my mind. I was distraught on numerous occasions and my already unstable mental health worsened. My "lesbian plaid" shirts didn't fit anymore, and I felt like a fraudulent queer person because I don't look queer enough (for me); my chest meant female, feminine, cisgender, hetero, even though my feelings about gender should have counted for more than the associations with my flesh. I felt lost again. I felt like I had found love for myself and that self abandoned me. I regretted taking insulin. I thought about stopping it, stopping the weight gain at any cost. But most of all, I was sad and angry that after years of living as a fat body I still hadn't learned to love it enough to welcome it back.

4. I live therefore I know

Tonight is Jenny's goodbye party. We drive out to Orleans, where her friend, Polly, lives and is hosting us. Polly is a psychology student focusing in neurobiology. There's a whole spread of food ready: pizzas in the oven, cheeses and salad on the table, and store-bought cheesecake in the fridge. They open up a bottle of white wine, and I make myself a rye and ginger. I dose for the alcohol: reach into my bag, find needle amongst the pens, highlighters, etc. floating in my backpack, pull out needle, set dose, uncap needle, take off needle nib, lift shirt, inject in stomach fat not-too-near-the-belly-button. Nobody seems to notice. Jenny sometimes stares, but nobody looks over or asks me what I'm doing.

We continue to chat, get to know each other, drink, and eat cheese. We talk about Jenny's upcoming travels — she is leaving for 6 months. We talk about ex-partners — ex-boyfriends mainly. Then Polly remembers the cheesecake and brings it out to the coffee table where we are chatting. As I pull out my needle to dose for my piece of cheesecake, Polly suddenly says: "Oh, am I killing you?! I have fruits if you prefer!", as she points to a large pile of apples, oranges, pineapple, etc. on her kitchen island. I start to explain that diabetes doesn't work that way, that she is not "killing" me,

and that insulin actually acts as a key to open many doorways rather than act as a life-line like Epipens. Jenny interrupts me and says "Yeah, she knows, she's a medical student!". … … ... I am in shock. Jenny continues, "Like, I know you know it from the patient side, but Polly also knows it as a future doctor."

I can't speak. I know what Jenny is telling me is one of the most ridiculous things I've heard, but I'm at a wine and cheese with girly girls and I can't just rip into someone the way I would at a louder party where I could walk away. I have no way of leaving, and if I did I would be greatly insulting Jenny, as the mutual friend, and Polly, as the host. But I am still pissed the fuck off. Jenny has assumed that anyone studying a science used in medical institutions must therefore be a current or future medical expert, AND she assumes that diabetes is not so complicated to deserve a very specialized field of medicine that takes years to understand, AND she assumes that as a patient I could never be informed enough to even know better than a student who hasn't even finished their undergraduate yet. I am pissed. How dare she tell me to shut up.

6. Wedding Anniversary

My parents celebrated their 30th wedding anniversary less than month after I was first diagnosed with diabetes. They planned a big party at our house for all the neighbours and other family friends to attend. There would be a barbecue, potluck side dishes, and a very large cake. Considering I had been recently diagnosed, my mother decided to call around to a few bakeries to see if she could order a sugar-free cake as alternative to their party cake. She ordered one from the Rideau Bakery, and we collected it along with the 'normal' cake on the day of the party.

I stayed around the edges of the party - I much prefer to not be the centre of attention. I skirt around the party, saying hello to a few people, eating a piece of cauliflower or broccoli from the snack table, and ducking back into the house. Meanwhile, neighbours sat or stood around, slowly drinking and catching up. On one of my rounds - passing in through either the back or front door, spending a few minutes inside, and passing back out through the other - I found myself in the kitchen near the back door. The door stood ajar, leading to the side of the house where a few of middle-aged mothers on the street were standing … listening to my mother. I don't remember the exact words she was saying, just the general context that she was explaining to them that there was another cake in the house, where the neighbours weren't even hanging out, that was for me because I had been recently diagnosed.

My throat closed up and my head felt such intense pressure I could have snapped. I want to scream at all of them, but it was caught in my chest. I wanted to

reach out and choke and shake my mother for taking my body and showing it to people without my permission, as if she had any right or ownership to me. I wanted her to take it back, to beg for forgiveness, for my neighbours to be appalled, for them all to understand the grief and anger that was swelling in my body because I just witness my own bodily privacy be betrayed for the brief pleasure of disclosing a secret.

Years later, neighbours make it their business to ask me about my diabetes. At a Christmas party, one asks me how I'm doing: "Surely you must have it under control by now?". The question is all I remember from the party. On Halloween night, when I visit my parents to hand out candy, another neighbour sees me eating a chocolate bar and says: "Shouldn't you not be eating that?" I retaliate: "Shouldn't nobody be eating candy?" Each time I'm asked about my illness I lose a bit of love for my childhood home, a place I could live without being questioned until then.

Appendix B: Fat Flip Book Template

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