

Loki Klister

Transnormativity and the Biopolitics of Eating

Lacuna, Journal of Theory, Culture and Events, 1/2024, 1-11

<https://lacunajournal.org/transnormativity-and-the-biopolitics-of-eating/>

TRANSNORMATIVITY AND THE BIOPOLITICS OF EATING

LOKI KLISTER

TRANS BODIES IN THE MEDICAL CONTEXT AND ON INSTAGRAM

In this essay, I explore how discourses around eating relate to culturally dominant representations of trans¹bodies in the medical context and on Instagram. In the main part, I critically analyse the biopolitical discourses that regulate trans people's access to medical health care. This part tackles the normative and exclusive representations of trans bodies within psychiatric and psychological research on "eating disorders". The studies aim at changing trans diagnostics to include the symptom of eating disorders and at changing eating disorder diagnostics to include trans people. My analysis of these studies focuses on the normative power of discourses as for example Judith Butler has formulated it in relation to heteronormativity (Butler 2007). In a similar fashion, I construe that the research on trans people's relation to "eating disorders" – along with other medical definitions of transness – co-constitute the representative intelligibility and recognizability of possible trans bodies and identities in the medical context. Thereby, these discourses are "delimiting and constructing the domain of the unspeakable" (Butler 2007, 89) of transness. To pursue this, I deploy the concept of "transnormativity" formulated by Jasbir Puar in the chapter "Bodies with New Organs: Becoming Trans, Becoming Disabled" of her book *The Right to Maim – Debility, Capacity, Disability* (2017). According to Puar, the "transnormative subject" (Puar 2017, 34) not only qualifies as "trans" but is also biopolitically controllable through screenings, diagnosis, therapies, and medical treatments. I transfer Puar's concept of the "exceptional trans body" (45) to the exceptionalization of a self-transitioning body through eating within recent medical studies on eating disorders. While

¹ In the analysis of the medical context, I use the term "trans" both to refer to people who medically transitioned and to people who haven't/can't/don't want to medically transition (yet).

most of these studies work against the exclusion of gender variant people from dominant understandings of “eating disorders,” the very context in which they address trans identities already presupposes an exclusively racialized construction of the medicalizable, controllable, governable white subject to be healed. I will show how the shifting significance of a body’s transness in the trajectory of healing implements the self-transitioning eating as a continuous marker for a transnormative body. This body not only heals its problematized relation to eating through medical transitioning but continues to embody normative gendered body ideals through controlled eating. Following Puar, I want to further understand how biopolitical discourses construe trans bodies’ eating practices in ways that exclude some bodies to be recognized as “trans” in the medical context and beyond. This understanding of the trans/gendered biopolitics of eating will frame my autoethnographic perspective on the representations of trans bodies on Instagram in the end of my essay. Here, I briefly look at how the appearance of trans bodies on Instagram is mediated through prevalent normative gendered body ideals. I aim to critically approach how Instagram centres specific representations of trans bodies while marginalizing others.

THE DISCOURSE OF “EATING DISORDERS”

The understanding of “eating disorders” within medical research became crucial for current understandings of trans bodies and identities. Recent psychological and psychiatric studies conducted in the US grapple with trans people’s relation to eating. While these studies carefully avoid drawing any causal relations between “having an eating disorder” and “being trans”, both the previous medical understandings of “eating disorder” as well as the understandings of “trans” already carry specific meanings with them. The study participants become recognizable as “trans” in the medical context in a specific way. Consider the current Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by the American Psychiatric Association (APA) which defines transness with the term “gender dysphoria”. One aspect of gender dysphoria is the “incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics.” (APA 2013) How is this incongruence imagined to be faced by a trans body? Moreover, how is the “strong desire to be of the other gender (or some alternative gender different from one’s assigned gender)” (APA 2013) imagined to be faced by a trans body? I diagnose that the studies possibly produce normative representations of how a trans body eats or refuses to eat its way through its own “incongruence” and “strong desire.” To argue this, I suggest looking at how recent psychiatric and psychological studies variously address the new findings on the proportionately higher prevalence of eating disorders among gender variant populations compared to gender conforming populations.

In the discursive proximity of gender variance and eating disorders within the studies, different configurations between eating, body, gender, identification, stress, and compensation are addressed. Uniacke et al. suggest that mental health providers should in any case consider “trans and non-binary” individuals’ likelihood for having an “eating-related

psychopathology” as well as their risks of developing one both due to transphobia and a lack of “transgender congruence” (Uniacke et al. 2021, 1). In the studies, the prevalence of eating disorders among gender variant people is on the one hand explained by an individual’s relation to their body. Here, eating is studied in relation to body dissatisfaction (Jones et al. 2018), gender dysphoria (Cusack, Iampieri, and Galupo 2022; Hartman-Munick et al. 2021), “weight misperception and thin-ideal overevaluation” (Romano and Lipson 2022), and “gender related distress” (Coelho et al. 2019, 9). On the other hand, the prevalence of eating disorders is explained by the stress of identifying as trans within a transphobic society. Here, the “minority stress model” looks at the social stressors caused by the fact of being part of a minority (Uniacke et al. 2021; Muratore et al. 2022). Examples of such social stressors are “interpersonal violence, discrimination, internalized transphobia” (Nagata, Compère, et al. 2022, 44), but also “increased body image concerns” (Uniacke et al. 2021, 1). These two main factors are differently related to “psychopathological” eating, that is, restrictive eating on the one hand and binge eating or “loss of control (LOC) eating” (Uniacke et al. 2021, 2) on the other. Overall, eating behaviours resulting directly from stress of being part of a minority (binge or loss of control eating) are distinguished from eating behaviours that result from the approximation of the body to gendered body ideals (restrictive eating). To add complexity, both restrictive and stressed forms of eating are understood as being paired with “compensatory behaviours (e.g., self-induced vomiting, misuse of diet pills, and laxatives)” (Jones et al. 2018, 120), or compulsive exercise (Uniacke et al. 2021, 1).

To conceptualize the possible normative imagination of the trans body’s eating in these studies, I suggest focusing on the discursive construction of a controlled body that attempts to approximate itself to gendered body ideals and reach a transgender congruence. This body is self-transitioning to “reach” the body ideal of another gender.² For gender variant people, the approximation to gendered body ideals through eating is grasped by Cusack et al. in the following way: “trans men restrict food intake to suppress curves or stop menstruation..., and trans women may restrict their food intake so that thinness reflects a stereotypical femininity or compensates for height” (Cusack et al. 2022, 423). As inquired by another study, the ideal of muscularity for transmen is also related to eating disorders and to the consume of “appearance and performance-enhancing drugs and supplements (APEDS)” (Nagata, McGuire, et al. 2022). Because the approximation to gendered body ideals can also cause stress, some studies assert that both stress and gender-ideal related behaviours are often found in one body (Muratore et al. 2022, 871), albeit mostly in combination with an overall weight concern (Uniacke et al. 2021, 3). To critically address the normative construction of trans bodies within these studies, I hypothesize the following: The configuration of eating, the trans body’s self-relation and normative gendered body ideals constitutes a

² This includes a non-binary gender ideal of the androgynous, thin, and mostly white body. This means that transgender congruence can but must not be necessarily related to the binary of female/male.

trans/figuration of a controlled body that can self-transition through (not) eating. In the next section, I will introduce Puar's concept of transnormativity and analyse two studies to make sense of the transnormative body's eating.

THE TRANSNORMATIVE BODY'S EATING

For her concept of transnormativity, Puar focuses on how the biopolitical controllability of an exceptional trans body relies on the historical disavowal of transness as a form of disability (Puar 2017, 45). Because of this disavowal, only bodies understood as *either* disabled *or as* trans have a minimum capacity to be recognized as bodies in need of protection against discrimination (36–37). Puar understands this as the production of an “exceptional” transnormative body and an “exceptional” disabled body (41). These exceptionalizations of bodies can't think through an intersection of transness and disability: The disabled subject is casted as gender normative, and the transsubject is casted as able-bodied (41–42). For a further understanding of the exceptional trans body, Puar's term “piecing” is helpful. Puar understands the “piecing” of bodies as a “capacity” that constitutes the recognition of trans bodies (49). Piecing refers to the process through which the white “new transnormative citizen” is “galvanized through mobility, transformation, regeneration, flexibility, and the creative concocting of the body.” (45) By foregrounding the (supposed!) capacity of white bodies to be mobilized and transformed (45), an ableist and exclusionary framework is constructed that ultimately results in “de-capacitating” other bodies from being recognized. I want to follow this trajectory of the exceptionalization of the trans body to conceptualize how some forms of “psychopathological” eating within recent psychoanalytical and psychiatric studies are related to an able-bodied white trans body.

At first, the established proximity between gender variance and eating disorders seems to work *against* the exclusion of gender variant people: It is recognized that, just like gender conforming people, gender variant people can have different – potentially disabling – eating disorders for which they should receive treatment. However, as argued by another study which reviews the racialized implications of the findings on the proximity of gender variance and eating disorders, this inclusion is again exclusive (Gorrell et al. 2021). According to Gorrell et al., recent studies critically address the dominant definition of a proper eating disorder that is most often associated with a heterosexual cis female who has anorexia. This definition resulted in a focus on feminine body ideals in relation to weight, dietary restriction, shape and eating concerns. (Gorrell et al. 2021, 1–3) Ethnicity/race is neither considered in the presentation of treatment for eating disorder nor in the design of the studies themselves who mostly focus on white people without recognizing this focus. (10) Following Gorrell et al., I argue that the studies I will analyse risk to mainly add the gender variant body to the dominant definition of eating disorder. By not critically addressing the dominant definition of an eating disorder and how it is discursively most often constructed as being related to white gendered body ideals, they exceptionalize the trans body's relation to eating disorders according to comparably dominant white

gendered body ideals. I suggest that if eating is problematized along these dominant lines and becomes an important factor for the recognition of an individual as “trans” within the medical context, then the racialized presentation of the treatment for eating disorders as fitting a thin white cis-female body might be reified. This trans body, then, is also figured as thin and seemingly more frequently restricting or (re-)controlling its eating. In this context, it gets clear that only the restrictive eating practices are constructed as capacitating the body’s self-transitioning according to normatively gendered white body ideals of thinness as formulated above.

To further conceptualize the difference between the “capacitating” and “de-capacitating” eating practices of the body in transition, I ask the following question: How is the recognition of a body as “trans” exceptionalized as soon as its eating practices are imagined as capacitating its transition according to gendered body ideals? To prepare the answer to this question, I recall the first distinction I made in the previous section: On the one hand, there is the stressed body that is imagined as de-capacitating its self-transitioning according to gendered body ideals through eating “too much”. On the other hand, there is the controlled body that is imagined as capacitating its self-transitioning according to gendered body ideals through (not) eating (including drugs and supplements). As I have stated, both discursive constructions of bodies can be inhabited by one person. However, I will now show that it is the controlled body’s self-transitioning eating practices that trans/figure the white *transnormative* body. The construction of the controlled body within the studies has not only a closer relationship to body dissatisfaction within the scope of eating disorders, but the controlled body can also self-transition through (not) eating to manage its “gender dysphoria” (and, if needed, to compensate its stress-related eating practices). I will now argue that this piecing body, as Puar puts it, also “performs medicalization as strategic embodiment” (Puar 2017, 45).

As indicated in the first section, in the studies which explain the proximity between gender variance and eating disorders with body dissatisfaction, gender dysphoria, identity, or expression, the discussed eating disorders are mostly related to gendered body ideals. This configuration produces the image of a controlled body that is concerned about weight, shape, gendered body functions and that practices restrictive eating. The study I will first analyse specifically represents a controlled body who self-transitions through (not) eating *because* of not yet being medicalized. In their study, Jones et al. suggest that “transgender people” have a proportionately higher risk to develop “eating disorder psychopathology” because of being “particularly vulnerable to body dissatisfaction due to the distress and incongruence they experience with their gender and body” (Jones et al. 2018, 120). Especially while not being on cross-sex hormones, the dissatisfaction concerns transgender people’s “body shape and/or weight” (121). They conclude that through cross-sex hormone treatment (CHT), this dissatisfaction as well as the risk to develop an eating disorder from it could be “alleviated” (127). What follows for Jones et al. is that eating disorder patients with “gender identity issues” should be transferred to “transgender health services so

that they can be evaluated for CHT” (127). In this study, the body prior to its receiving medical treatment is problematized as already “trans” precisely through its risk of developing an eating disorder that would aim at self-transitioning to reduce its dissatisfaction. The eating disorder is therefore indistinguishable from the “strong desire” to be another gender. Precisely because of having a risk for an eating disorder related to gendered body dissatisfaction, this body qualifies for potential hormonal treatment. This study, intentionally or not, produces the image of a trans body prior to medicalization that is piecing itself through dietary restrictions, compulsive exercise, disordered eating, and body dissatisfaction. This self-transitioning trans body with a risk to develop an eating disorder is not only made capable of receiving care for both gender dysphoria and the risk of an eating disorder, but is also, at best, made capable to be healed from both *through* strategically implementing medical transitioning.

In response to Jones et al.’s study, a more recent article looks at the relation between eating disorder and “trans and nonbinary (TNB) individuals’ gender identities and expressions” (Cusack et al. 2022, 422). They further distinguish between eating disorder (ED), disordered eating, and body image dissatisfaction, all of which could but must not be related. Cusack et al. argue that Jones et al. and others focused too much on gender dysphoria as being the sole cause for “trans and nonbinary” individuals’ EDs. Findings nevertheless suggest that the ED symptoms of “trans binary” individuals who are receiving medical treatments for gender dysphoria are lessening. (Cusack et al. 2022, 422–423) Other than the previous study, this study produces the image of a body that qualifies as trans through gender identification, expression, and dysphoria, but not necessarily through an eating disorder. As this body might not want to or can’t transition medically, Cusack et al. suggest that this body might want to – what I call – self-transition through eating and exercising without it necessarily being psychopathological (Cusack et al. 2022, 424). However, they also argue that if such a body already shows an eating disorder psychopathology that is not (yet) related to the body or gender, this self-transitioning through eating poses risks. Moreover, in this body, the recovery of such a psychopathology which includes weight gain can possibly worsen the symptoms of gender dysphoria.

In both studies, restrictive eating is constructed as piecing a controlled, thin body that grapples with its own form *and*, related or not, its transness. It seems that the transness of a body whose problematized eating practices are not exclusively related to the self-transitioning according to gendered body ideals loses significance in the recovery of the psychopathological eating. Its transness is, as it were, kept as a presupposed identity in the background. However, it is understood as gaining significance again if the eating-related recovery threatens this identity, for example by gaining weight or by losing muscles. This can not only reinforce the psychopathological eating practices and recall for the capacitation of the body to self-transition according to gendered body ideals through restrictive eating. Moreover, it can finally call for a medical transitioning through hormone treatment. Following Puar, I therefore understand the problematization of restrictive eating in the

body that is already trans/figured as desiring thinness as a form of piecing. This piecing can determine the biopolitical capacitation of different bodies to be integrated into the medical production of their transness. Within the biopolitical realm of control, it is thus the “passing” *as* trans and *as* desiring thinness through the process of piecing – the integration of its pieces in a whole through restrictive eating – rather than the passing *as* female or male that is at stake (Puar 2017, 49). These biopolitical technologies of distributing capacity therefore constitute which bodies are fundamentally constructed as “subjects” that can be healed and turned into capable trans bodies. In the context of eating disorders, I already suggested that the proximity between gender variance and eating disorders allows for different configurations of the body and eating. It is, then, these very different configurations within an already established proximity that further constitute how the transnormative body is produced, controlled, and recognized. In this proximity, the dominant definition of “eating disorder” as related to gendered body ideals of thinness trans/figures the normative biopolitically controllable trans body who is capable of mobilizing its pieces through (not) eating. I suggest that the “other” body who loses control in eating and doesn’t restrict its eating might not be seen as having the “privilege” to transform itself in a healing trajectory that is “victorious, empowered by choice, or ultimately capacity building” (Puar 2017, 48). But precisely by remaining unrecognized as normatively “trans,” this body builds the backbone of a controlled white transnormative body invested in “fluidity,” “futurity,” and “flexibility” (46). It is, then, the white body with its proximity to white gendered body ideals and its supposed permanent risk for practicing restrictive eating that is made capable to be recognized as “trans” in the context of eating disorders.

BIOPOLITICS OF EATING ON INSTAGRAM

Following my analysis of the biopolitical regulation of trans bodies through discourses of eating, I will now turn to representations of trans/gendered body ideals on Instagram. The reason for looking at Instagram stems from the platform’s accommodation of dominant cultural and biopolitical discourses on fitness, gender, health, lifestyles, trans/national identities, and other phenomena. Eating practices themselves are deeply related to the subsistence of capitalist, neo-colonial, and environmentally destructive structures of food distribution and the reiteration of global and local gendered, racialized, and classed inequalities. However, an analysis of the broader discursive materializations goes way beyond the scope of my paper. Rather, I want to give a tentative account of the interplay between dominant cultural and biopolitical discourses. I argue that in this interplay, relatively more marginalized trans people are threatened to be left unrecognized in their transness and their possible medical needs. I therefore want to focus on the representations of bodies on Instagram and connect it to the question of recognition. My autoethnographic perspective certainly has limits, and it is in the recognition of these limits that further research can follow. Precisely because of my positionality on Instagram as well as because of Instagram’s affordances, I am pushed towards some observations while being blind for others. Therefore, I am committed to the ethical stance

that trans people themselves are the best narrators of their own perspectives and that researchers – even if they identify as trans – can’t represent their perspectives.

In my journeys on Instagram, I often asked myself: What possibilities and conditions of representationability does Instagram provide? On the one hand, Instagram offers an opportunity for me as a trans person to finally see and identify (if possible) with other transpeople who are out, who appear as trans, who represent trans perspectives that were lacking before. On the other hand, the possibility of seeing others appear can transform into a pressure to appear, to become visible and be recognized as trans by others. Of course, the appearance of trans bodies on Instagram introduces a non-normative representational difference on the platform. Yet, this difference presupposes the hegemony of normative representations that didn’t allow for the appearance of difference in the first place. In some way or another, Instagram confronts me with normative representations of how bodies “should” look like. But according to what cultural ideal? These bodies are mostly white, thin and/or muscular, have specific faces, pure skin, a specific style, and specific material conditions. To what extent are trans people threatened by such representations? How are these representations negotiated by trans people—are they reiterated or parodically subverted? And what is at stake in trans people’s relation to these normative representations? While I am not able to answer these questions in this essay, I nevertheless want to formulate the critical direction that possible answers could take.



FIGURE 1: ANATOMICAL STUDIES: A LEFT FOREARM IN TWO POSITIONS AND A RIGHT FOREARM, PETER PAUL RUBENS (FLEMISH, SIEGEN 1577–1640 ANTWERP), CA. 1600–1605.
[HTTPS://WWW.METMUSEUM.ORG/ART/COLLECTION/SEARCH/342377](https://www.metmuseum.org/art/collection/search/342377)

As indicated in my analysis of the biopolitics of eating that regulate trans people's access to medical health, the medical discourse around transness centres some bodies in their recognizability of being trans. Instagram, I suggest, fuels the discourse around capacitation through self-transitioning eating by allowing for the hyper-visibility of hegemonial white gendered body ideals. Is the transnormative body centred on Instagram not only white, thin/muscular etc., but always already medically treated without visible complications and post-op without visible scars? My problem here is not the appearance of some trans bodies who seem to be able to incorporate the normative gendered discourses – the recognition of this ability is a discursive shift itself. I am, however, concerned about the marginalization of other perspectives of both content-creator and/or content-watcher. What does, then, the centring of some bodies on Instagram do to the recognizability of trans bodies in the medical context and beyond, given that it seems to focus on a similar cultural hegemony of white gendered body ideals cultivated on platforms like Instagram? Which appearing bodies are readily identified as “trans” and which bodies are still struggling to be recognized as “trans”? Scrolling through the front page of “my” Instagram—the page that remixes ads with posts of the profiles I follow –, the visible wants to trick me. The visible wants to influence what eating and living practices I feel drawn to, take up, reiterate; what eating practices I let go of, lose control over, feel stressed by. Its capitalist logic wants my algorithmic research positionality to buy these new eating and living practices: “Healthy” food boxes, recipes, protein shakes, training equipment and clothes, fitness studio offers. While my thumb moves over the screen, the visible harnesses the invisible and makes use of its movability. In fact, it is not the visible that moves, it is the invisible that takes the visible on a journey. On my search for profiles of trans activists, trans bodybuilders, and trans people in general, I am trying to find the invisible. What is the invisible in the visible they make visible? Many of those profiles themselves are grappling with a similar question. However, this does not free Instagram from the power to displace the invisible of being trans: Not only is there more to see than one's transness, but there is more than seeing.

X.

Loki Klister (he/they), born in 1998 in Germany, is a researcher, activist, drag performer, creative writer, and poet. From 2018 to 2022, he did his undergraduate studies in Philosophy and General and Comparative Literature at Freie Universität Berlin and at Universitetet i Bergen. In 2024, he will complete his master's degree in Critical Gender Studies at Central European University in Vienna. Since 2022, he is a scholar of Studienstiftung des deutschen Volkes. Loki's research interests are situated in Queer and Trans Studies, Theories of Performativity, Affect Theory, Critical Race Theory, Feminist Phenomenology, and Feminist Epistemology. In his activist work, Loki focuses on queer and trans struggles, anti-racism, and anti-colonialism – be it in form of workshops, student initiatives at universities, or in politicizing his academic writing. In Vienna, his activism centres the Türkis Rosa Lila Villa, a 41-year-old cultural, social, and political habitat for Vienna's diverse queer and trans community.

REFERENCE LIST

- American Psychiatric Association. 2013. 'Criteria: Gender Dysphoria in Adolescents and Adults'. In *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Butler, Judith. 2007. *Gender Trouble: Feminism and the Subversion of Identity*. London, New York: Routledge.
- Coelho, Jennifer S., Janet Suen, Beth A. Clark, Sheila K. Marshall, Josie Geller, and Pei-Yoong Lam. 2019. 'Eating Disorder Diagnoses and Symptom Presentation in Transgender Youth: A Scoping Review'. *Current Psychiatry Reports* 21 (11): 107.
- Cusack, Claire E., Alan O. Iampieri, and M. Paz Galupo. 2022. "I'm Still Not Sure If the Eating Disorder Is a Result of Gender Dysphoria": Trans and Nonbinary Individuals' Descriptions of Their Eating and Body Concerns in Relation to Their Gender'. *Psychology of Sexual Orientation and Gender Diversity* 9 (4): 422–33.
- Gorrell, Sasha, Daniel Le Grange, Dan V. Blalock, Philip S. Mehler, Craig Johnson, Jamie Manwaring, Alan Duffy, Emma Huston, Susan McClanahan, and Renee D. Rienecke. 2021. 'Gender Identity, Race/Ethnicity and Eating Pathology in a Treatment-Seeking Community Sample'. *Journal of Behavioral and Cognitive Therapy* 31 (1): 77–89.
- Hartman-Munick, Sydney M., Scout Silverstein, Carly E. Guss, Ethan Lopez, Jerel P. Calzo, and Allegra R. Gordon. 2021. 'Eating Disorder Screening and Treatment Experiences in Transgender and Gender Diverse Young Adults'. *Eating Behaviors* 41 (April).
- Jones, Bethany Alice, Emma Haycraft, Walter Pierre Bouman, Nicola Brewin, Laurence Claes, and Jon Arcelus. 2018. 'Risk Factors for Eating Disorder Psychopathology within the Treatment Seeking Transgender Population: The Role of Cross-Sex Hormone Treatment: Eating Disorder Symptoms in Transgender People'. *European Eating Disorders Review* 26 (2): 120–28.
- Muratore, Laura A., Annesa Flentje, David Schuster, and Matthew R. Capriotti. 2022. 'Disordered Eating and Body Dissatisfaction in Transgender and Gender-Expansive Adults: An Evaluation and Integration of the Gender Minority Stress and Resilience and Tripartite Influence Models'. *Behavior Therapy* 53 (5): 869–86.
- Nagata, Jason M., Emilio J. CompTE, F. Hunter McGuire, Jason M. Lavender, Stuart B. Murray, Tiffany A. Brown, Matthew R. Capriotti, et al. 2022. 'Psychometric Validation of the Muscle Dysmorphic Disorder Inventory (MDDI) among U.S. Transgender Men'. *Body Image* 42 (September): 43–49.
- Nagata, Jason M., F. Hunter McGuire, Jason M. Lavender, Tiffany A. Brown, Stuart B. Murray, Richard E. Greene, Emilio J. CompTE, et al.

2022. 'Appearance and Performance-enhancing Drugs and Supplements, Eating Disorders, and Muscle Dysmorphia among Gender Minority People'. *International Journal of Eating Disorders* 55 (5): 678–87.

Puar, Jasbir K. 2017. 'Bodies with New Organs: Becoming Trans, Becoming Disabled'. In *The Right to Maim*, 33–62. Durham: Duke University Press.

Romano, Kelly A., and Sarah K. Lipson. 2022. 'Weight Misperception and Thin-Ideal Overvaluation Relative to the Positive Functioning and Eating Disorder Pathology of Transgender and Nonbinary Young Adults'. *Psychology of Sexual Orientation and Gender Diversity* 9 (4): 446–53.

Uniacke, Blair, Deborah Glasofer, Michael Devlin, Walter Bockting, and Evelyn Attia. 2021. 'Predictors of Eating-Related Psychopathology in Transgender and Gender Nonbinary Individuals'. *Eating Behaviors* 42 (August).