

# The Fantasy of Anorexia: Historical Entanglements of Evolutionary Thought, Food Restriction, and Curative Imaginaries

Erin Clancy

University of Wisconsin-Madison  
[eclancy2@wisc.edu](mailto:eclancy2@wisc.edu)

## Abstract

There has been a recent increase in literature that critically engages how anorexic people experience their symptoms and challenges the current approaches to recovery in treatment centers. Yet, this work does not grapple with transnational scientific histories of the medicalized construction of eating disorders that affect who is able to be legible as eating disordered. Doing so (re)naturalizes anorexia as a disease that predominantly affects white girls and women, reinforcing erasures of those not easily interpellated into anorexic subjective positions. I address this gap through a disability studies and queer science studies grounding. I analyze early French writings on anorexia's emergent forms, US dietetics in the burgeoning domestic science movement, and the differential pathologization of body size in the context of evolutionary thinking on capacity, debility, and nervousness. In doing so, I argue that *anorexia nervosa* emerges through racist sciences that spread and transformed across US-Euro imperial medical geographies, effectively functioning as a curative approach to the contradictions between white supremacist securitization of whiteness and its reproductive futurities. This paper highlights implications for present eating disorder diagnostic norms, re-situating them in a broader geohistorical context during which hierarchies of ability and personhood were organized through race, gender, and capacity.

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## Keywords

eating disorders, cure, capacity, disability

## Introduction

Despite scholarship that demonstrates the prevalence of food restriction and other disordered eating practices in Black, Latinx, and Indigenous communities (Cheng et al. 2019; Kilpatrick, Ohannesian, and Bartholomew 1999) and activist efforts to highlight the experiences of underrepresented populations in eating disorder narratives and treatment spaces (e.g., Nalgona Positivity Pride and the FEDUP Collective), the hegemonic image of eating disorders continues to be the emaciated, white anorexic girl (Ferreday 2011). This stereotypic population continues to also make up the largest percentage of those diagnosed with *anorexia nervosa*, perpetuated by racist medical practices: physicians are less likely to ask Black, Indigenous, and Latinx people and those considered “overweight” about eating disorder symptoms, provide them an eating disorder diagnosis, or to recommend them for treatment (Goel et al. 2022; Gordon et al. 2006; Sonnevile and Lipson 2018). Treatment is still developed to serve this singular population (Meraji 2019), while “obesity” is fixed primarily in the bodies of Black women (Strings 2015).

This cultural-medical imaginary can be understood in the terms of what feminist disability scholar Ellen Samuels (2014) calls “fantasies of identification.” She argues that in the face of the increasing inability to determine a person’s race in the nineteenth-century United States, “fantasies of identification” emerged to “fix and merge” individuals into legible group identities (2014, 6). These fantasies emerge and are sustained by both cultural and scientific discourses. In the case of *anorexia nervosa*, which was medicalized in the same period, these entanglements include medical writings on nerves and the digestive organs, cultural and naturalist work that pathologized and racialized body size, and domestic science thought on dyspepsia (i.e., indigestion) and diet. This period’s constellation of discourses produced today’s commonsense understanding of who is affected by anorexia. In turn, this understanding forecloses pathways to professional care for Black and Indigenous people, people of color, and fat people while also reaffirming and justifying the discipline of diagnosed women via patriarchal control.

I argue it is necessary to investigate the longer and contingent histories of anorexia as a disease entity to destabilize the formative logics and imaginaries that shaped it. This paper builds on the work of previous histories of *anorexia nervosa* by situating it in the broader histories of political and medical discourses and using a queer-feminist science studies and disability studies framing. Helen Malson (1998) and Joan Brumberg ([1988] 2000) acknowledge how the disorder

was predominantly, if not exclusively, reserved for white women of a certain class, and emphasize the anxiety around the sexuality of the self-starving girls. However, both silo anorexia from other coeval discourses and bodily sites of control—namely, race, gender, and disability. Until this history is confronted, the material consequences of this fantasy will persist, as it informs “what the medical institution imagines possible for different bodies” (Dumaresque 2020, 89)—that is, who can be anorexic.

Even though feminist disability studies and feminist science studies have not sufficiently engaged in the matter of eating disorders, scholars in these fields offer a rich conceptual frame for this project. For one, I apply disability studies’ methodological approach to diagnosis as an often-violent historical process that takes place through a curative imaginary that demands medical intervention (Clare 2017; Kafer 2013; Kim 2017). Following disability scholar and activist Eli Clare, diagnosis enmeshes with processes of treatment, cure, management, rehabilitation, and prevention, shaping “the ideology of cure” centered on elimination and control, with the goal of defining the normal and abnormal to secure “heterosexuality, whiteness, and wealth” (2017, 70, 74). For the US expansionist project in particular, diagnosis was used as a tool of anti-Indigeneity and anti-Blackness to capture land and labor, simultaneously rupturing non-settler foodways and kinship structures, creating ongoing and systemic debilitation (Baynton 2001; Burch 2016; Deerinwater 2021; McKinley and Jernigan 2023; Whitt 2021).

Anorexia has been limitedly engaged in disability scholarship, mostly with reference to the eating disorder as a disability (Gaeta 2019a, 2019b; Garland-Thomson 2002, 13; Tierney 2002). While this work is important for destabilizing the commonsense understandings of what is disability, it risks compounding the whiteness and privilege of disability and anorexic identity categories (Gorman 2013; Puar 2017) and elides the more fundamental question of how anorexic subjectivity itself has been constituted within/for the project of white supremacy. Framing this study of anorexia in this way, I follow Hester Parr and Ruth Butler’s call for a disability geography that “perhaps should embrace the multitude of embodied and behavioral characteristics which are seen as socially stigmatizing and amenable to medical categorization and treatments” (1999, 12). This approach in turn allows for “studying power, privilege, and oppression of bodily and mental norms which is not dependent upon the presence of disabled people, yet is informed by social perspectives, practices, and concerns about disability” (Schalk 2017). Here, I aim to understand how the clinical entity of *anorexia nervosa* was shot through with anxieties of debility and white femininity within the system of (dis)ability.

While a full genealogy of anorexia is beyond the scope of this article, I attend to evolutionary thought that undergirded both the foundational Western European

writings on the European clinical entity of anorexia and US dietetics. Within this body of thought, the capacity to be affected by one's environment was understood as both a marker of civility (i.e., white male sensibility) and a threat of debilitating said civility (i.e., white women's sensitivity) while racialized others were considered "impaired" for their ostensible inability to be similarly affected (Schuller 2018). While the symptomized desire for thinness was not yet fixed to anorexia, the entangled discourses of dietetics, dyspepsia, and anorexia between imperial geographies of health enabled the two's later consolidation. I hope to clearly demonstrate how the "master fantasy" (Samuels 2014, 3) of anorexia that continues to circulate today was always necessarily white and feminine, both threatening and supporting the (re)production of a white nation and attendant imperialist projects.

## Gut Impressions

Racialized and gendered discourses of the gut, nervousness, and body size interdependently functioned to fix anorexia as a uniquely white feminine pathology. These discourses were constituted transnationally through European-North American colonial networks of medical-scientific thought, while having peculiar manifestations due to diverse geopolitical contexts. Queer science studies scholar Angela Willey highlights this history in her writing on monogamy in sexology, which was "always transnational" and thus "must be understood as part of the colonial project and its experts' fantasies about geographically distanced Others and constitutive of its knowledges" (2016, 26, 27). These fantasies, too, positioned these Others as *temporally* distant (Willey 2016)—fixing them in the past and thus incapable of evolutionary progress or rehabilitation. I apply Willey's framing to *anorexia nervosa*, highlighting the flows of evolutionary thought that racialized and taxonomized body size and the capacity to be affected, with particular attention to the shift in affectability and nervousness discourses to the gastral-intestinal nerves. The naturalist writings Jean-Baptiste Lamarck (1744–1829) and George Buffon (1707–1788) allowed for the later nineteenth-century naturalization of fantastical ideas of the colonial Other and the justification of colonialism, the settler state, and slavery. Their influential work on impression theory linked the nervous system and environmental thinking that would be "fill[ed] out and buttress[ed]" by theories of biologization of race in France (Strings 2019, 85; Schuller 2018).

I analyze the early French writings on emergent forms of anorexia, US dietetics in the burgeoning domestic science movement, and the pathologization of body size (both "overweight" and "extreme scrawniness") together in the context of this evolutionary thinking. The subsections distinguish between the two sites of France and the United States. By doing so, I emphasize the ways in which the latter's conditions both helped reify anorexia as white and facilitated the diagnostic entity's attachment to the (white) desire for thinness. The distinction is necessary since the two geographical sites have decidedly different biopolitical

contexts. By biopolitics, I refer to the shift in state governance that tied the health and regulation of the individual's biological processes to the control of the nation's populations (Schuller 2018). As Kyla Wazana Tompkins (2012) has noted, biopolitics in the United States must be theorized differently from the original European context in which Foucault was situated. This necessity is born of the nation's contexts—namely, the burgeoning settler-colonial state built on the dispossession and genocide of Indigenous Peoples; the kidnapping and enslavement of African peoples on plantations and subsequent postbellum life; the late nineteenth-century immigration flows from Italy and Russia; and developing notions of American exceptionalism (Clare 2017; Samuels 2014; Strings 2019).

### **Nervousness and Impression**

Scholars have addressed the importance of nervous disorders as feminized in the medicalization of *anorexia nervosa*. However, there has not been an analysis of how this white feminine nervousness in anorexia functions within the broader schema of racial thinking on affectability, capacity, and debility—all of which are central to the contemporary conceptualizations of the nervous system. Here I draw on the work of feminist science studies scholar Kyla Schuller, whose work illuminates how “impressibility discourse” was crucial to the interdependent taxonomies of racial and sexual difference (2018, 4). As Schuller states, “impressibility brought...older ideas of bodily mutability into concert with the new geological and evolutionary theories of time and the new concept that reproduction involves the transfer of heredity, an innate but not immutable biological substance” (10). The biologization of impression theory via the nervous system and, importantly, the extension of this system to the gut naturalized the white woman's nervous predisposition to pathology, which was intensified through poor alimentary habits. For emergent anorexia discourses, I argue this predisposition positioned the hysteric figure as uniquely vulnerable to the specific form of debilitation that emerged through food restriction and subsequent emaciation. Further, this form of debilitation was subtended by a curative imaginary. While the whiteness of the patients is implicit in these texts, their femininity and the role it plays in their debilitation is centralized.

Impression theory shaped early understandings of human heredity, since accumulated impressions were inherited by biological kin, such that “individual experience radiated across time, linking the organism's history of self-discipline to the generational outcome of the species” (Schuller 2018, 48–49). In this theory, then, individuals are oriented toward both the past (the previous generation's disposition influencing the present) and the future (the present person's disposition determining the next generation). When self-discipline was not achieved, patriarchal discipline and surveillance intervened. This discipline was naturalized in impression theories. While white men could control how they were affected and improve as a result, white women were considered to always be at

risk of being too sensitive, too affected, by external impressions. This risked her degeneration and madness, thus justifying her disciplining. For example, and as will be expanded on below, French physicians Charles Lasègue (1873) and Louis-Victor Marcé cited “the influence of sensations” and “insanity from hereditary antecedents” in relation to the vulnerability of women to anorexia and related nervous disorders, which justified the forced feeding or stomach pumps to administer calories (Marcé 1860, quoted in Malson 1998, 61). While nervousness related to hypochondria and thinness would also intermittently figure into anxieties around (white) men’s virility, there is minimal evidence of young men receiving such forced treatments (Malson identifies two cases). This signals a lack of urgency around the intervention into and control over boys and young men’s diets.

As Sabrina Strings (2015, 2019) highlights, this disciplining of white femininity was codependent with the degradation of Black women via sensualism that marked them as “grotesque” and “deadly.” Strings analyzes this codependency as linked to a growing naturalization between body size and racial categories, but it is also bound to these theories of affectability. Where young white women were often pathologically sensitive but able to be controlled and rehabilitated, other racialized populations and Black women in particular were considered to be in “an impaired state of throwing off affects but being incapable of being affected by impressions themselves” (Schuller 2018, 13). This understanding was built on earlier discourses in relation to corpulence and race via humoral theories, in which dark skin was a result of an excess of black bile, which could “cause gastrointestinal disorders and weight gain” (Strings 2019, 85). From this, Black women especially were considered unable to control their consumption and embodied a deadly sensualism (Strings 2015). Together, a “fantasy of the racialized body” formed, which rendered populations from Africa and the Americas as disabled beyond rehabilitation. That is, they were simultaneously understood to be unable of cultivating sensibility in the present and in future generations and were thus positioned as ideal “mechanistic” enslaved laborers for the development of capitalism (Schuller 2018, 14).

More specifically, in the late nineteenth-century United States, “food moralism” undergirded virtues of “individual self-control, hard work, and restraint,” which were foundational for citizenship, though the understood possibility of achieving a citizen-level of self-control was unevenly distributed (DuPuis 2015, 18). Accordingly, white women could be enrolled in projects of moral reform (e.g., the temperance movement) and domestic science didactics, and thus in projects of rehabilitation (of the self and/or others). Whereas, Black freedmen, for example, were barred from citizenship due to the belief of Black people as unable to control their bodies or consumption (DuPuis 2015; Strings 2019)—a longstanding stereotype that still materially affects the livelihoods of Black people in the United States, as Strings (2015) and Anna Mollow (2017) have argued. Relatedly, the US

settler project that disrupted Indigenous kinship ties and relations to land hinged upon the hysterization of customs, such as the Ghost Dance, and the institutionalization of Indigenous people in part based on heredity: “that they came from a family with presumed inherent mental defects” (Burch 2016, 370; Whitt 2021). These forms of social control and incarceration signal how white women were recuperated into the US settler project while Black and Indigenous people were demarcated for different forms of elimination as impression and affectability discourses circulated.

Within this context, a Western European psychiatric cohort secured anorexia’s position as a nervous disorder that exemplified the biological sensitivity of the white woman. In dominant anorexia histories, scholars link writings in France and England to the United States in the late nineteenth-century (e.g., Brumberg [1988] 2000; Hepworth 1999; Malson 1998). It is accepted that the earliest medical writings on what today would be diagnosed as *anorexia nervosa* were published in 1873 by English physician William W. Gull (on “Apepsia Hysterica”) and French physician Ernest-Charles Lasègue (“Un cas d’anorexie hystérique”) (Malson 1998; Brumberg [1988] 2000; Lester 2019). While it appears Lasègue did not publish more on hysterical anorexia, he reportedly treated “more than 200 cases” of it (Vandereycken and van Deth 1991, 906). Scholars also argue French psychiatrist Louis-Victor Marcé described conditions akin to the eating disorder as early as 1860 via a case of dyspepsia-cum-insanity (Malson 1998; Silverman 1989; Trede et al. 2009). Each of these men “discovered” a unique symptomatology in the tensions, interstices, and entanglements of hysteria, hypochondria, and nervous dyspepsia (Malson 1998). Indeed, Lasègue first assigned anorexia as a subset of hysteria. Gull, conversely, argued anorexia was akin to but distinct from hysteria. It is no surprise that anorexia emerged from hysteria, since gastric and appetite symptoms, along with amenorrhea,<sup>1</sup> were included in a “catalogue of symptoms that ran to seventy-five pages” for the disorder (Briggs 2000, cited in Dumaresque 2020, 94; Malson 1998). Importantly, though, these men do not identify thinness as a motivating desire for food restriction; this symptom was not in the hysteria catalogue, though hysterics were known for their slenderness. Jean-Martin Charcot would be one of the first to do so in the 1890s, identifying the symptom as one *l’idée fixe* that emerged from the disease. Though the earlier writings went largely unnoticed by the broader medical community, they were well received in certain circles, such as that of Charcot at the Salpêtrière, famous for research on and demonstrations of hysterical women (Court and Kaplan 2016; Hustvedt 2011).

In this period (1870s–1890s), there were contemporaneous shifts in the conceptualizations of hysteria and the nervous system that left space for physicians, psychiatrists, and neurologists to consider disordered eating and digestive issues as unique disease entities tied to the issues of nervousness, rather than just symptoms (Williams 2007). For one, the uterus was no longer the site of

hysteria and was instead located in the nervous system (Hustvedt 2011). This shift was in large part due to the work of Charcot at the Salpêtrière. However, Charcot continued to exclusively study women and only involve them in the theatrics of hysteria. He thus reinforced the idea that hysteria was a uniquely womanly disorder, despite stating otherwise (Hustvedt 2011; Malson 1998). The “master fantasy” (Samuels 2014, 3) of the white woman discursively shifted to, as Malson suggests, pathologize white women’s “entire nervous system” (1998, 58). Schuller (2018) instead emphasizes the importance of the pinnacle of sexed nervous sensitivity, the vagina, as a site of analysis. Yet both discount the specificities of the digestive system as it was incorporated into the nervous system. Elizabeth A. Williams argues that by 1870, a “new science of nerves” had emerged in France that situated “appetite, eating, and digestion within the sway of the central nervous system” (2007, 56). This shift in the medical landscape can be seen in other nineteenth-century physicians’ attribution of “food aversion to disturbances in the gastric nerves” (Malson 1998, 55) and in debate between figures such as Lasègue and Gull on the distinctiveness of anorexia, as well as Marcé’s proto anorexia. Food restriction no longer had an unknown origin but could be located in the gastro-stomach nerves: a prime site of affectability.

In these writings, addressing the patient’s illness medicalizes the individual’s condition while situating her debilitation as an accumulation of the past and a threat for the future. Marcé understood today’s *anorexia nervosa* as dyspepsia morphed into a hypochondria delirium (i.e., insanity). Situating the illness as hypochondrial rather than organic (i.e., there is no apparent abnormality in the biomedical body) frames his interpretation and anxieties around the feminine subject. In his report, he makes observations on several young girls who have resisted eating, for one of two reasons: either a “distaste for food” or painful digestion “accompanied with flatulence, lowness of spirits, and discomfort” (Marcé 1860, quoted in Silverman 1989, 833). He notes, “These two varieties of dyspepsia, which are very common, when they occur in young subjects predisposed to insanity from heredity antecedents, and rendered still more impressionable by that profound nervous disturbance which accompanies the establishment of the menstrual functions, may...determine a state of partial delirium” (Marcé 1860, quoted in Silverman 1989, 833). These forms of dyspepsia are not unique to young women, yet Marcé suggests that when they occur in young women at the onset of puberty, they have more detrimental effects. The commencement of menstruation renders the girl more vulnerable to being impressed. Therefore, he suggests, what in boys and men is normal becomes a threat of insanity in girls and women. Further, he cites a predisposition “to insanity from hereditary antecedents,” which emphasizes the factor of inherited traits in the development of this peculiar transformation of dyspepsia. The young girl’s present state is informed by the habits and sensitivity of previous generations.

The environment of the afflicted girl was an early contributor to considerations of influences on the illness. This connection is clear in Lasègue's foundational 1873 text, which is couched in similar concepts as Marcé's, as they were in the same milieu (Walusinski 2020). In the text, he details what he understands as the standard progression of hysterical anorexia. He too notes the illness's distinction from all known forms of dyspepsia and asks, "is it not only the reflex impression of a perversion of the central nervous system" (Lasègue [1873] 1997, 493)? In line with impression discourse, Lasègue argues, "there is another positive law that hysteria is subject to the influence of the surrounding medium, and that the disease becomes developed and condensed so much the more as the circle within which revolve the ideas and sentiments of the patient becomes more narrowed. The fault does not altogether lie in a pathological vitiation of disposition" (494–95). In other words, the hysteric is a consequence of being overly affected by her environment and being unable to properly channel the effects of those impressions. In the hysterical anorexic, this becomes exacerbated further by the specific symptom of food restriction. Lasègue's above remark—in which "vitiating of disposition" refers to the impairment and debasement of her qualities of character and mind—stresses how the girl's sickness is co-produced through her environment. This acknowledgment does not depathologize the girl, since white women's nervous predisposition toward insanity had been established. As a result, when treating early cases of anorexia, it was ubiquitously encouraged to remove the girl from her home and family. This step was the first of three, the other two mandating fixed institutional routines and hierarchies of patients, staff, and doctors—where doctors and staff had an "authoritative relationship over patients" (Mistura 1997, 106).

Wellness and recovery of the anorexic were gauged by the patient's willingness to eat as well as the amount of weight restored. The lack of will to regulate the self results in emaciation, which is considered both a physical and affective debility. Paternal authority was thus justified by the patient's lack of interest in recovering and was supported by curative imaginary, which "not only *expects* and *assumes* intervention but also cannot imagine or comprehend anything other than intervention" (Kafer 2013, 27). This imaginary in turn produces violent and sometimes nonconsensual forms of "care" and makes clear that the hysterical anorexic's well-being is gauged by her adherence to this imaginary—that is, to normative behaviors and appearance. Marcé closes his paper noting, "This form of hypochondria is the index of a nervous predisposition which cannot be noticed without a feeling of uneasiness as to the intellectual future of the subject... The sickly predominance of the nervous system is kept up by the impoverishment of the blood which results from imperfect nutrition; and so long as patients will not apply their will to nourish themselves in a suitable manner, it will be impossible to reckon upon a solid cure and safety against all danger of relapse" (1860, quoted in Silverman 1989, 834). This passage demonstrates the entanglement of the nervous system, diet, and individual will in relation to an anticipated future. Marcé

understands the young girl as prone to lack the individual capacity to act in a way that will stem further sickness or impoverishment.<sup>2</sup> The primary site of concern here is the nervous system, which is linked to the anxiety around her “intellectual future.” *Intellectual* here refers to her mental capacity to participate in her social and cultural roles. Proper alimentation becomes crucial for the securement of the proper subject. Failure to nourish oneself becomes a woman’s willful failure to secure said subjectivity. Lasègue writes, “What dominates in the mental condition of the hysterical patient is, above all, the state of quietude—I might almost say a condition of contentment truly pathological. Not only does she not sigh for recovery, but she is not ill-pleased with her condition, notwithstanding all the unpleasantness it is attended with” ([1873] 1997, 495). In this quote, the hysterical anorexic’s will is pathologized. The anorexic girl resists the curative imaginary and what Alison Kafer calls “curative time,” which suggests “the only appropriate disabled mind/body is one cured or moving toward cure” (2013, 28). Accordingly, when resistance to cure becomes part of the illness,<sup>3</sup> as seen in Lasègue’s statement, pathways to cure come to necessitate medical discipline and surveillance of her. In this treatment model, medical authorities justified “often appalling ‘treatments’ ‘in utter disregard’ of women’s objections” that involved forced-feeding, enemas, and other forms of “moral control” (Malson 1998, 72). Marcé himself encourages these tactics: “If the refusal of food continues notwithstanding these efforts, it becomes necessary to employ intimidation, and even force” (1860, quoted in Silverman 1989, 834). Recovery was gauged by the patient’s willingness to eat as well as the amount of weight restored. If she is fed, she can be rehabilitated from debilitation, and should have the will and capacity to control her nervous disposition.

The urgency of curative time in these cases of food restriction was crucial in discussions of the possibility of cure and rehabilitation. As Marcé suggested above, there is no reliable, concrete cure, while Lasègue believed that “once established, the relative or complete cure is maintained” ([1873] 1997, 496). Marcé writes after describing how his patients were “reduced to skeletons” that “the nervous predisposition increases with the debility of the organism; the affective sentiments undergo alteration, and all intellectual energy centres round the functions of the stomach” (1860, quoted in Silverman 1989, 833). Similarly, Lasègue states, “emaciation makes rapid progress, and with it the general debility increases” before continuing to describe the physical effects and the patient’s inability to leave bed ([1873] 1997, 495). Over a short period of time, the window of cure closes, again justifying early and intensive intervention to recuperate her “intellectual energy.” In our current neoliberal context, debility and capacity function dichotomously, such that “those ‘folded’ into life are seen as more capacious or on the side of capacity, while those targeted for premature or slow death are figured as on the side of debility” (Puar 2017, 13). Jasbir Puar destabilizes this binary in part by considering figures who can pass through these categories and asks, “Which debilitated bodies can be reinvigorated for

neoliberalism, and available and valuable enough for rehabilitation, and which cannot be?" (2017, 13). While in the late nineteenth-century context, capacity and debility functioned within different political and medical frames than today, the two concepts function in a similar way—not in the name of neoliberalism, but for the white supremacist regimes that propelled the growth of capitalism. The debilitated anorexic figure in need of rehabilitation is imbricated in these regimes.

### Dietetics and Body Size

Turning to the US context, I argue the twinning discourses of dietary science and the racialized thin-fat dichotomy into which *anorexia nervosa* was inserted resulted in a contingent merging of the eating disorder and the white desire for thinness. This merge hinges upon a logic of cure that "is imagined beyond the medical realm" and "operates with the social compulsion of gender conformity and heterosexuality" that is in service to white settler futures (Kim 2017, 10). As mentioned above, the US context is decidedly different from Western Europe due to its position as a growing settler state, even while settlers adapted European racial thinking to their own ends. This adaptation includes a constituency of "neo-Lamarckians," who took up Lamarck's early work on impression to apply to the evolution and hierarchy of man (Schuller 2018). This thought would come to underpin social and dietary reform movements (Seiler 2020). At the same time, as the state expanded, there were anxieties around inclusion and citizenship. As biopolitical discourses were emerging, the site of this anxiety was predominantly in the body and gut. These discourses are in line with David T. Mitchell and Sharon Snyder's framing of biopolitics as that which "norms corporealities within categories of abnormalcy...As such, biologies are transformed into measured capacities assessed by the yardsticks of an increasingly medicalized culture" (2015, 10). Demonstration of proper citizenship, and thus of whiteness and wealth, was demonstrated through capacitating digestion for all, and appropriate thinness for women. Yet this desire for exceptional thinness would butt up against the anxiety of racial degeneration and the threat of reproductive futurities when women "overcorrected" and became *too* (i.e., pathologically) thin (Strings 2019). The curative logics that are found in the didactic texts for housewives undergird this ambivalence around white women's thinness and capacity. Here I look to domestic science manuals for these demonstrations and anxieties, due in part to their predominant concern of dyspepsia, known as "America's disease," at the time (Crellin 2004).

The gendered nervous digestion discourse is interdependent with the believed physical manifestations associated with different dietary-induced affective states. Poor alimentary habits were tied to poor Christendom and citizenship: dyspepsia can make one lazy and slow-witted, preventing one from working hard or going to church (Eaton Kellogg 1882; Strings 2019). Corpulence was also associated with sluggishness and thus seen as a hindrance to the US imperial project. This association drove the desire for thinness in white populations, particularly of

women. Thinness became further linked to class and health status, and the consumer market exploded with diet and weight loss technologies, which also advertised relief from general forms of dyspepsia (DuPuis 2015). Consequently, weight loss and the appropriate weight was connected to unhindered digestion, which gave people the capacity to fulfill their social and spiritual roles. Further, as fatness became attached to the debilitation of mental faculties and affectability, it was imbricated with notions of racialized otherness, particularly Blackness in the context of newly freed African Americans (DuPuis 2015). According to Strings (2015, 2019), the naturalized tie between corpulence and Blackness had been developing for over two centuries through transnational slave trade networks, imperial travel writings, Protestantism's racialized hygienic ideals, and circulating reproductions of the "Hottentot Venus." Racial discourse rendered the body "too 'legible'" as "body size was increasingly linked to racial category" (Strings 2019, 79-80).

This connection shaped understandings of the boundaries of inclusion and belonging at the scales of the body and the state, which informed politicized and moralized alimentary experiences (DuPuis 2015; Councilor 2017). That is, food and the affective states that consumption produced became crucial sites for the construction and negotiation of the boundaries of whiteness. As Katherine Massoth argues regarding New Mexico settlers' rejection of chilies, "acts of policing the boundary between the mouth and stomach assist in producing power and justifying constructions of racial difference and political inequality," which were sustained by a (Protestant) disgust that associated a visceral feeling (e.g., dyspepsia/indigestion) with a violation of morality and health (2017, 45). In the case that Massoth analyzes, the Anglo settlers avoided indigestion caused by spicy food to "separate themselves from Hispanas/os and Mexicans" (45) and secure their own whiteness, thus signaling their rightful place as a state in the nationalist project of expansion.

The imported evolutionary thought discussed in the above subsection informed this dietary and digestive discourse, which was crucial to the binding of thinness and anorexia. The neo-Lamarckians that "loosely" formed the American School of Evolution understood race "crystallized as a relative index of the body's degree of impressibility" (Schuller 2018, 55). These thinkers spun widespread "tales of bootstrapping and divinely elected species" (Seiler 2020, 21) that simultaneously scientized and moralized evolutionary progression along racial and gendered lines. Notably, there was a shift in neo-Lamarckian discourse at the same time the domestic science and home economics movements were taking shape (Biltekoff 2002; Seiler 2020). That is, neo-Lamarckians turned their focus to US social ills. This US shade of evolutionary thought thus came to bolster the domestic and social realms such as the home, kitchen, citizenship, and assimilation. As Charlotte Biltekoff argues, "reformers [of the domestic sciences and home economics movement] saw themselves as producing not only standardized

recipes and economical meals but citizens; citizens who were to understand themselves and be understood by others as directly linked to the well-being of the social order through their alimentary behaviors” (2002, 64). In this sense, the housewife was expected to both secure the health and normativity of herself as well as her family to secure their nation’s social civilization. This role became particularly important as urbanization, immigration, and insecurity over race increased throughout the century (Samuels 2014). While Biltekoff does not mention impressibility or the central nervous system, they emerge clearly in the domestic science texts themselves, particularly as the nerves connect to the gut and affect(ability).

The logics that enmeshed the digestive and nervous system manifested in these scientific-cultural publications that combined recipes and moral advice on alimentation. Although white women would come to lead the movement, white men such as Sylvester Graham (1794–1851) and later John Harvey Kellogg (1852–1943) were frequent writers of moral dietary prescripts that would stem the will to masturbate and prevent degenerative “scrawniness” of white women (Strings 2019; Tompkins 2012). These dietary regimes had strict guidelines that often denounced meat, rich foods, and large meals. A major figure in the domestic science movement was Kellogg’s wife, Ella Eaton Kellogg, who “followed the precepts of her husband” in her experiments and writing (Lowe 1976, 260). Her 1892 book *Science in the Kitchen* exemplifies the movement’s thought. She writes that “with the stomach and other digestive organs in a state of perfect health, one is entirely unconscious of their existence” (Eaton Kellogg 1892, 40). When poor choices are made, such as eating fat in excess or drinking too much fluid while eating, dyspepsia emerges. Dietary choices informed digestion, but as digestive organs had been discursively folded into the nervous system, certain dispositions ostensibly informed both these choices and resulting affective states.

Beside Eaton Kellogg, the popular and exemplary figure Marion Harland propagated these fantastical, didactic narratives that play into the ideology of cure. Harland has retrospectively been described as “the Julia Child, Danielle Steel, and Dear Abby of her day,” having written over seventy-five books across varying genres such as cookbooks, travel narratives, novels, and domestic manuals (Smith 1990, 1). Therefore, she had a wide cultural influence in the United States at the time. Harland published *Eve’s Daughters: Or, Common Sense for Maid, Wife, and Mother* in 1882. Throughout, she puts herself in conversation with a mother and/or daughter to whom she provides instructions, other dietary and social purity literature, and judgments on the upbringing of girls and the conditions of women. The framing of the book is cyclical: it begins with instructions on how to feed an infant and ends with delivery of a child. An explicit goal was to perpetuate the nuclear family through reproductive labor and healthy, spiritual lifestyles. She also underscores her claims with authoritative scientific language to interpolate women’s domestic responsibilities in the creation and

maintenance of the nation via individual bodies. Harland writes of young women, “at her age, a thorough indifference as to what and when she eats, is a *symptom of abnormal torpidity of the ganglionic nerves*—those which carry on the work of digestion, blood circulation and respiration—or of abnormal excitement of the cerebro-spinal system” (1882, 145, emphasis added). “Abnormal excitement” here linked to women receiving education, whose dyspepsia is triggered by “reading ‘solid’ books, or studying at mealtimes” (152).

As evolutionary progress of white civilization was bound to both individual and divine will, proper alimentation and digestion were an important site of control to help capacitate said wills. In other words, domestic science texts were shaped through a curative logic via their focus on building habits that produce a dutiful national and spiritual subject across generations. The tie between alimentation, digestion, and spiritual obligation is clear in Eaton Kellogg’s text when she disavows the tendency to feast before or after Mass: “the gorged condition of the stomach incident upon hearty meals...fosters headaches and indigestion and renders brain and mind so inactive that the participants feel too dull for meditation and study, too sleepy to keep awake during service, too languid for anything but dozing and lounging, and the day should have fostered spiritual growth is worse than thrown away. Nor is this all; the evil effects of the indigestion occasioned are apt to be felt for several days” (1892, 549). In this instance, dyspepsia produces dulled and negative states that rendered people unable to fulfill their spiritual obligations. Moreover, in the US neo-Lamarckian evolutionary thought, the *will* to have proper, civilized alimentation informed the exceptionalism of US Christian white citizenship: “what could be attributed to the organism’s efforts...could simultaneously be construed as the manifest will a deity who helped those helped themselves” (Seiler 2020, 21). That is, alimentation and digestion were tied to evolution through a theological science of diet and will.

Further, the inability to perform a proper Christian subjectivity and the “evil effects of indigestion” carried with them the threat of racial degeneration couched in the language of colonial racial stereotypes. Habits thus needed to be developed at a young age, since, for example, “those children who show the greatest tendencies to instability of the brain, insanity, and immoral habits are, as a rule, those who use animal food in excess” (Eaton Kellogg 1892, 448). In other words, a mother should not permit her children to eat much meat for fear of individual and racial digression. At other points in this text, Eaton Kellogg condemns overeating or “stuffing one’s guests” that also causes dyspepsia; she calls the practice “barbarous” and believes that once appropriate, simplified eating is a societal norm, then “we shall be sufficiently civilized to demand pleasures of a higher sort” (33). In Eaton Kellogg’s logic, dyspepsia is a symptom of incivility as well as that which perpetuates immoral, “barbarous” practices.

The moralized and racialized language embedded in discussion of the affective state of indigestion highlights the unstable, permeable boundaries of race that could be *secured or threatened* through dietary habits. Like Eaton Kellogg, Harland brings forth ideas of the “unconscious digestion” of the civilized man as contrasted to, quoting Mary Putnam Jacobi—one of the first female American physicians and an advocate for women’s education, the “digestive torpor of the savage, analogous to that of ruminating animals” (1882, 144). The lethargy depicted by Eaton Kellogg above is here further tied to the constitutions of racialized populations’ bodies. Slow, difficult digestion is more savage and less human: an assertion that works to reaffirm a value-laden racial hierarchy through visceral experiences of alimentation. A proper and evolved citizen is not affected by consumption, while those who are incapable of such digestion are marked degenerate. The anxiety and detailed rules around dietetics in these texts, though, denotes the continued need for *individual will* in addition to being further evolved/civilized. The restriction of certain foods and dietary behaviors are bound together through scientized understandings of digestive affects to discipline subjects. This restriction helps maintain “an approximation of normality through ‘habilitation’ (the acquisition of skills and abilities)” (Kim 2017, 8). This normality is defined against the racialized Other, particularly of the “image of the fat black woman as ‘savage’ and ‘barbarous’ in art, philosophy, and science, and as ‘diseased’ in medicine” (Strings 2019, 211).

These moral and scientific texts reinforced white supremacy fantasies of the knowable and controllable body that is necessary for securing biological and social reproduction. Yet tensions between approaches to these reproductive spheres illuminate the anxieties born of contradictory desires for white women’s thinness and the securitization of the nation’s future progress. As with the anorexia discourse above, threats to these forms of reproduction were bound up with anxieties of debility and disability. This relation is articulated in Harland’s engagement in ongoing discussions of white women’s education, diet, and health. Promotion of women’s rights hinged upon the proper dietary habits that, if underdeveloped, would create the “permanently disabled graduates” (1882, 178)—that is, overly excitable, too thin, and infertile—that would result in them becoming unmarriageable. Here ability is wrapped up with heterosexuality, with both ableism and heteronormativity shaping the proper white, feminine body. Harland somewhat pushes back on these claims, though does express her concern over the dietary habits of educated young women. She relays an exchange with a young woman who had only eaten “three spoonfuls of soup, half a cracker, an olive and a bunch of raisins” (147). Shocked, Harland states this sustained diet is detrimental to the stomach, to which the girl replies, “The stomach is...a diabolical machine...It and its appurtenances are a vile clog upon human happiness and human progress” (147–48). The young woman understands the individual effects on/of the nervous stomach as hindering collective progress, while Harland is stressed by the lack of “womanly beauty and vigor” and the

looming possibility of “permanent invalidism” (148). Vigor in the late nineteenth-century context euphemizes sexual capacity and force, here suggesting that if the young woman debilitated herself through her diet, she would be unable to have a productive social life. Both the woman and Harland are oriented toward the future, though in seemingly contradictory ways.

Accordingly, the nervous form of dyspepsia and the avoidance of it are couched in the same discourses of anorexia, priming the latter to converge with the US specific desire and anxiety for exceptionalized or disabling thinness. Harland references the specific class of these affected women as well; those women able to strive for an education at that time were predominantly white and upper class. Therefore, this form of dyspepsia, which was scientifically understood to both affect and be affected by the nervous system that extended to the gut, is delimited to the fragile, wealthy white woman. As the anxieties around the degeneracy of the white race intensified in the twentieth century, diagnosis of *anorexia nervosa* became more prevalent: a means to grapple with said anxieties. The curative imaginary that undergirded both dietetics and the rehabilitation of anorexic girls renders explicit the interrelatedness of the volatile nervous white femininity and the paradoxical nature of the role of white women’s thinness. Recalling Strings (2019), this imaginary continued to be dependent on the racial othering of larger bodies. Both excessive and insufficient consumption risked white racial degeneracy; the former signaled further distance from whiteness and the latter marked the pinnacle of white femininity. Accordingly, only the thin white woman would be vulnerable to this type of “dyspepsia bearing no relation to others” (Lasègue [1873] 1997, 495) and capable of rehabilitation.

## Conclusion

In this paper, I have tried to highlight the ways in which the hegemonic image of the anorexic body is entrenched in centuries-old anxiety born of the contradictory desires and imaginaries of white womanhood. I examined two diverse but deeply interconnected imperial sites. In the nineteenth century, evolutionary theorists began to articulate the capacity to be affected and thus become further civilized over generations through the nervous system, which came to include the digestive organs. These discourses capitulated dietary habits into the scientized schemas of human difference that fixed thinness to whiteness and ability. Consequently, incapacity was bound with fatness and Black and Indigenous populations. While white women in the United States were expected to conform through diet and fashion to the quintessential American “peaked” slenderness, there was the ability for them to “overcorrect” and become too thin, endangering their domestic and maternal capacities and the naturalized cis-hetero patriarchal reproductive futurity (Strings 2019). This disruption of curative imaginaries and reproductive futures affected not only the girl and her family but the future of the nation. Failure to confront this fraught history will leave the fantastical image of

the anorexic effectively unchallenged, which will continue to play out in uneven diagnostic practices and access to appropriate forms of care.

## Notes

<sup>1</sup> Amenorrhea is the irregularity or absence of menses. This symptom continued to appear as a criterion for diagnosis in the *Diagnostic Statistics Manual* until the fifth edition was released in 2013.

<sup>2</sup> The emphasis on individual will also positions the illness as wholly elective—a myth that continues today. In previous research, many anorexic people told me they have been asked, “Why can’t you just eat?”

<sup>3</sup> In her book *Famished: Eating Disorders and Failed Care in America*, Rebecca Lester (2019) unpacks the implications of this tension in regard to accessing treatment and insurance coverage for anorexia in the twenty-first century.

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## Author Bio

**Erin Clancy** is a PhD candidate in geography at the University of Wisconsin-Madison whose research focuses on the intersections of feminist health geography, disability studies, and feminist STS.