INTRO [slide]

Hi everyone! I'm Dr. Manthey and the title of my talk today is "Queering the Rhetoric of Health and Medicine: Bodies, Embodiment, and the Future." This is a collaborative work in progress, so I'm going to talk a little bit about both the content of the project and some kind of meta commentary about collaborative writing at the faculty level. I'm hoping this will be useful both in terms of content (queering health and medicine) and in terms of transparency and demystifying what I (and others like me) do when we do academic scholarship.

Before I begin, though, I want to situate myself and my discipline for you all. [slide] I work in rhetoric and composition. Rhetoric, briefly, looks at the connection between language and systems of power. My specific area of work is in cultural rhetorics, which is focused on the connection between rhetoric (systems of power and language) in cultural contexts. Cultural rhetorics often focuses on identity-based work and works with story as both theory and methodology. Finally, I work in queer rhetorics, which is focused on queer as both an identity and as a verb. I'll say more about that later.

A NOTE ON THE PROJECT [slide]

The project I'm talking to you about today shares the same name as my talk. It is an accepted abstract for an edited collection (each chapter has different authors) for a book called [slide] *The Routledge Handbook of Queer Rhetoric*. The basis of the book is an overview of contemporary conversations in rhetoric and composition about queer theory. I am co-authoring a chapter with two colleagues [slide] Matt Cox and Maria Novotny. Collaboration is my preferred method of publication and scholarly work. As the director of the writing center I'm constantly telling anyone who will listen that writing is a social process and that we need other people to help us figure out what we know. Thankfully, my discipline values collaborative work as much as single authored work. It's not like this everywhere.

THE CHAPTER

The full abstract of what we proposed is on the website. For the purposes of our short time together, I want to focus on one main goal of the chapter: to "create a queered framework for health and medicine". I want to give you a preview of what I will share later--these are three of the takeaways that I have contributed to our drafting process. I will explain them in more detail when I share my story with you.

STORY AS METHODOLOGY [slide]

One way that we have been working through meeting the goals of what we promised in the abstract is to write our own stories about experiencing moments where our queerness bumped up against mainstream medical and health discourses and practices. By telling our stories we are able to generate claims and insights that may otherwise be ignored. This is the methodology for the project and is common in cultural rhetorical work.

KATIE'S QUEER THEORY [slide]

So, I want to share with you my contribution to the work so far. Not everything here will make it into the final chapter. Matt and Maria are still writing their stories and we plan to come together and see what emerges--a sort of "grounded theory-esque" approach. But what I'm about to share is my own theorizing of queerness, health, and systems of power.

CONTENT WARNING: fatphobia, emotional abuse, objectification, dieting, other forms of self harm

There are three things you should know about me: I self identify as fat, queer, neurodivergent. These identities are all connected and make me who I am today. This is the story of how I became this person.

My story starts when I was a teenager. When I was 17 I had a partner who praised me for having *almost* the perfect body. Unfortunately, while he was in awe of my body, he was always worried that it would expand. He told me very clearly that if I ever weighed more than 200 pounds, he wouldn't love me anymore. He would use our relationship as a weapon--accusing me of not loving him if I didn't lose weight or eat a restricted diet. This went on from ages 17 to 27. It shaped who I was and how I thought about the world. We built a toxic universe together about bodies, gender, sexuality, and health.

I'd like to say that I woke up one day and realized he was awful and left him. In reality, he was the one who ultimately ended it and I was devastated...and relieved.

At the same time that the relationship ended, I was starting my PhD and was introduced to both fat studies--[slide] the critical examination of weight bias in society and queer theory (more about that later). The practice of centering marginalized identities was revelatory for me. At the time, my most pressing identity was myself in relation to my size and my gender. If I was going to be okay as a single woman, I needed to figure out how to be okay with my body. I didn't need to love it, but I knew I desperately wanted to stop fighting it and give it space to be the size and shape it naturally wanted to be. My body would never be "perfect." I could be "Katie." I just needed to figure out how to be okay with that.

[slide] Enter queer theory.

My first entry into queer theory was to understand fat--the practice of being okay with not being the thin ideal-- as a queer experience. Here I meant queer not in the context or sake of queer relationships, but the more extrapolated verbiage of queer-- [slide] to be different, to be abnormal, to be worthy of love and acceptance in a world that will pretend not to see you if you are lucky and will try to destroy you if you aren't. Queer is a precarious position. I know there are multiple perspectives on this use of the concept--it's reductive, it's appropriative, it's fine. I didn't use queer in this way to try to hurt anyone--I desperately needed something that would help me

be okay. So I spent years thinking, talking, writing, and living with queer as an orientation to size and centering voices of people in larger bodies who were happy with themselves.

It was the beginning of something glorious.

Once I had the foundation of self acceptance to be okay in my physical body, I moved up my personal Maslow's hierarchy of **identity** needs and started exploring the thing that had been in front of me since my husband left: queerness. When I reached this point, I started being honest with myself about attraction. Who did I *actually* find attractive? The answer was not just men. [queer dance party slide lol] I realized that queerness had always been a part of me--now it was time to let that identity breathe.

During this time of exploration, my body continued to expand as I relaxed into my identities: fat, queer, and eventually neurodivergent. I explored what movements felt joyful. I tried to listen to what my body was telling me it wanted to eat. I was healing emotionally and not yo-yo dieting physically. But my time of healing was punctuated with brash encounters with medical professionals [slide?] that would send me back to the headspace of my abusive marriage: a new primary care physician who told me casually that I was both "totally healthy" and needed to lose 100 pounds. A psychiatrist who gleefully screeched that I just needed to "lose weight!" in response to me asking about exploring a different mood stabilizer.

These instances would take me out of the individualized, complex healing space I had worked to create for myself and immediately plunge me back into guilt, shame, and a compulsive desire to do something--something big--immediately.

This is why we need to spend more time talking about how to queer discourses of health. Just like how no two bodies are the same, no two experiences of queerness (in relation to size, in relation to sexuality, in relation to existence) are the same. [slide] Queering discourses of health opens space for people to think differently about their experiences in their bodies. Every individual's health goals are ultimately tailored to them and their multiple identities: different identities take prominence at different times. For me, I needed to prioritize my mental and emotional health over my physical health to stay alive as I explored the various facets of my queer body and queer relationships. [slide] We need a medical system that allows for/holds space for individualized notions of health (physical, emotional, social, etc.) in the context of identity. The current medical establishment takes apart and compartmentalizes the self: you are a size in one place (nutritionist), you are a neurodivergent person in another place (psychiatrist), you are someone with a wart on their foot (primary care physician). There is no overlap of these people, so I have to advocate and tell my story every time I meet someone new--and there's no guarantee that they will listen (psychiatrist omg).

CONCLUSION/NEXT STEPS [slide]

Obviously, this is all a work in progress, but a few things stand out to me from my story that connect to the abstract:

A queered framework for health and medicine would:

1. Address the whole person and offer advice that acknowledges their experiences and limitations/triggers
2. Hold space for the fact that not everyone is able or ready to make certain changes at a given time
    a. For me, I needed to be okay mentally/emotionally before I could reenter the trauma of my keeping my physical body “healthy”
3. Teach medical professionals with examples/models/identities that aren’t the “norm.”
    a. Here I’m thinking specifically about Health at Every Size as an approach to nutrition and exercise, which you could argue queers the discourse about health and fitness.

To wrap up: again, this is a work in progress--it’s my everyday life. Maria and Matt are writing their stories and we will see where and how they fit in terms of what we promised in the abstract. Check back in a year or so to see our chapter! :)