INTERNATIONAL MAD STUDIES JOURNAL
VOL 2, ISSUE 1, 2024

ORIGINAL ARTICLE

Moving Beyond "Recovery": Exposing and Disrupting the Eating Dis/Order Industrial Complex

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Abstract
In this article, we begin by discussing the historical ideologies and practices that have evolved into the prevailing understandings of 'eating disorders' (EDs) and their association with mental illness, psychiatric treatment, and recovery. We argue that psychiatry's authoritarian control over so-called EDs and the circular reasoning that justifies its questionable efficacy present a paradoxical trap for those labelled as ED. While scholarly critiques of the psychiatric ED monopoly have expanded clinical framings of ED recovery, it is the psychiatric survivor movement that has exposed psychiatry itself as something to recover from. In line with this movement, and moving with Mad Studies, we call for a more radical scholarship that resists prevalent notions of 'recovery' and expresses *Mad outrage* in response to the *systemic violence* that is perpetuated by psychiatry's totalitarian control of treatment and recovery. Toward this end, we began the process of curating radical imaginations for a transdisciplinary project to include alternative analyses of ED-related phenomena that expose what we have come to understand as *the eating dis/order industrial complex*. We conclude by pointing to alternative analyses that we suggest can inform *critical eating dis/order studies,* drawing from: economics, communication and technology studies, public health, radical dietetics, practitioners, activists, artists, survivors, peace studies, and multi-species studies.

Keywords
autoethnography, eating disorder, recovery, Mad Studies, User/Survivor Movements, Disability Studies, Intersectional analyses, critical eating dis/order studies, eating dis/order industrial complex, transdisciplinary, activist research

History
Received 22 Mar 2023
Revised 1 Nov 2023
Accepted 29 Nov 2023

In this article, we begin by discussing the historical ideologies and practices that have evolved into the prevailing understandings of 'eating disorders' (EDs) and their association with mental illness, psychiatric treatment, and recovery. We argue that psychiatry's authoritarian control over so-called EDs and the circular reasoning that justifies its questionable efficacy present a paradoxical trap for those labelled as ED. While scholarly critiques of the psychiatric ED monopoly have expanded clinical framings of ED recovery, it is the psychiatric survivor movement that has exposed psychiatry itself as something to

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recover from. In line with this movement, and moving with Mad Studies, we call for a more radical scholarship that resists prevalent notions of 'recovery' and expresses Mad *outrage* in response to the *systemic violence* that is perpetuated by psychiatry's totalitarian control of treatment and recovery. Toward this end, we began the process of curating radical imaginations for a transdisciplinary project to include alternative analyses of ED-related phenomena that expose what we have come to understand as *the eating dis/order industrial complex*. We conclude by pointing to alternative analyses that we suggest can inform *critical eating dis/order studies,* drawing from: economics, communication and technology studies, public health, radical dietetics, practitioners, activists, artists, survivors, peace studies, and multi-species studies.

Historicizing the Invention of 'Eating Disorders'

'Eating disorder' (ED) is a concept invented by humans, and medicalized explanations of what is named ED started trending in the 18th century (Dell'Osso et al., 2016), and the meanings of anorexia nervosa (AN) have evolved across time and space (Brumberg, 2000). Within the Western cultural context, in the Middle Ages, feminized religious ideals were associated with ascetic practices such as "food deprivation," "reclusion," "self-flagellation" and "humble dressing" (Dell'Osso et al., 2016, p. 1652) and "anorexic fasting" – even to the point of death – was interpreted as female holiness and awarded the status of sainthood. But this saintly status was subverted; by the end of the 18th century, a "complete pathological nosography" was proposed to classify lethal "voluntary fasting practice" as a disease "*caused in* young women by *the obsessive idea* of being too fat" (p. 1654, italics ours). AN became understood as a "condition involving the control of appetite rather than loss of it" (p. 228), a condition that could only possibly affect white middle upper-class women of the Western world (Schott, 2017). By the "second half of the 19th century, food-refusal was progressively described from a clinical point of view" (Dell'Osso et al., 2016, p. 1654).

Not only was food-deprivation medicalized; the meanings of fatness changed also across time and space, becoming a clinical matter of 'obesity.' Once popularly read on the human body as signifying wealth, beauty, and fertility, fatness became systemically denoted across much of the globe as laziness, lack of self-control, ugliness, and moral failure; "many internalized the notion that the size and shape of the body was a measure of self-worth" (Brumberg, 2000, p. 245). Further, fatness was racialized and used to uphold white supremacy. Sabrina Strings' (2019) book titled *Fearing the Black Body: The Racial Origins of Fat Phobia* unearths 200-year-old roots that reveal how white supremacist logics im/materially conflated fatness with blackness and 'savagery' to infer racial inferiority, thereby laying the groundwork for the medical industry's racist crusades against 'obesity' that followed. Bordo (2003) also outlined how the relationships between Western philosophy's body/mind dualism and gendered and racist ideologies became tied to thin supremacy/fat inferiority that "construct[ed] [women and] non-European 'races' as

'primitive,' 'savage,' sexually animalistic, and indeed more *bodily* than the white 'races'" and men (p. 9). The body became "an instrument of competition, a way to demonstrate one's mettle" (Brumberg, 2000, p. 252) so that "women…[tried] to distinguish themselves as thin, and therefore in control of their body, as opposed to the racialized 'other' who gives in to bodily desires" (Schott, 2017, p. 1035).

In tune with these shifting, overlapping, and layered contexts, near the end of the 19th century, psychocentric[1] conceptualizations of EDs began being formulated. In 1860, Marcé psychiatrized what is now classified as 'anorexia nervosa' (AN) through "outlining *the delusional beliefs* which led to food-refusal" (p. 1654, italics ours), followed by Gull inventing the term AN in 1874. Fast forward to the middle of the 20th century, when AN had become scientifically accepted as a 'psychological disorder' and 'officially' categorized as a 'neurotic illness' in the 1952 publication of the first edition of the *Diagnostic and Statistical Manual of Mental Disorder (DSM-I)*.

Psychiatry's Totalitarian Authority Over EDs

Since *DSM-I*, there have been four additional editions published, and with each, different ED diagnoses, such as 'bulimia nervosa', have been added. There have also been recent calls for a new instrument to better describe the complex and widespread pattern of EDs (Dell'Osso et al., 2016). It is important to note that this push to broaden the scope of ED phenomena has been happening despite scholarly recognition that "the psychological characteristics associated with AN" mirror "those expected of women generally in contemporary Western societies" (Till, 2011, p. 439).

In her book, *Psychiatry and the Business of Madness*, Bonnie Burstow critiques the power of institutional manuals, which relates to the DSMs:

> As one traces the use of these texts to generate subsidiary texts and investigates how all the texts come together at once to enact and to rationalize, one begins to glimpse the profound ideological circle which characterizes the ruling regime and the intricate ways in which people are trapped (2015, p. 18).

This totalitarian authority over EDs is evident in the following two examples.

> The top medical ED authorities in the city of Toronto - *Toronto's National Eating Disorder Information Centre (NEDIC)*, *The Canadian Mental Health Association (CMHA),* and *Canada's Center for Addiction and Mental Health (CAMH*) - use the DSM as doctrine to assert that EDs are psychiatric illnesses characterized by individual abnormalities and socio-cultural vulnerabilities that can only be determined and

[1] Expressing the idea that all human abnormality is a result of individualized mind or body pathologies (Rimke, 2016).

treated by medical professionals (https://nedic.ca/eating-disorders-treatment/). *McCallum Place*, a 'nationally acclaimed' ED treatment center in the United States, states on their website: "Please note that eating disorders cannot be self-diagnosed. The only way to determine if you or a loved one has developed an eating disorder is to complete a thorough assessment with a qualified healthcare provider" (https://www.mccallumplace.com/admissions /dsm-5-diagnostic-criteria/).

Conflating EDs with Mental Inferiority/Illness

The mental health industrial complex has successfully promoted the wide-spread belief that EDs require psychocentric imaginaries, research, and treatment, what LaFrance and McKenzie-Mohr (2014, p. 504) call the "ever-expanding bracket creep" of DSM diagnoses. Framed as having diagnosable conditions, those who are deemed ED - which is disproportionally women and girls - are acted *upon* with dehumanizing logics, labelled as mentally inferior (Ferrando, 2019 on becoming 'infrahuman') and deemed to be in need of individual cure exclusively by psychiatric 'experts.' Other disparaging characteristics become attributed to the ED-labelled, like being untrustworthy/uncredible, and incapable of making their own decisions or having a valid perspective (Holmes et al., 2021; Lester, 2019; Malson et al., 2011). As such, ED-labelled folk experience restrained agency and vitality, and their insights are routinely debased and silenced not only in psychiatric settings, but also inside and outside the academy more broadly (Leblanc & Kinsella, 2016; Mills & LeFrançois, 2018). For example, Amena (pseudonym), one co-creator of the knowledge of first author Nicole's dissertation research, told her that the nutritionist she was referred to through her ED service provider, "…was really hurtful one session where she told me: 'I want you to go home and journal why anorexia makes you stupid'…" (Schott, 2022, p. 165).

The contemporary institutionalization of EDs as a psychiatric condition illustrates the power of sanism, "a devastating form of oppression…" that "…describes the systematic subjugation of people who have received 'mental health' diagnoses or treatment" (Poole et al., 2012, p. 20). Once diagnosed with ED, people are deemed in need of psychiatric treatment to 'correct them.' In this way, psychiatry has successfully conflated ED treatment with ED recovery in many respects, and the urgency for treatment is underscored when EDs are cited as having the highest mortality rate of any type of mental illness (Murray et al., 2017). While the notion of being corrected through recovery is arguably a contested and 'elusive construct' (LaMarre & Rice, 2016), what is clear is that this medicalized version of recovery has obfuscated what psychiatric survivors say are nuanced and complex 'recoveries', imposing in their place a measuring system that weighs individual success *or* failure (McWade, 2016). As a result, the psychiatric version of recovery as singular casts those diagnosed with an ED as individually responsible for ridding themselves of 'the disorder', a prognosis that is in line with other forms of "neoliberal state making" (McWade, 2016). These types of ED-recovery discourse are "part of the fabric people use to weave their identities" (LaMarre & Rice, 2021a, p. 7111), as evidenced in clinical and popular references

to "full recovery," "struggling to recover" (Shohet, 2007), "perfect recovery" (LaMarre & Rice, 2021a), and "treatment resistant" (Schott, 2022).

The paradox in these framings is that once labelled as ED, one is deemed to have a chronic illness that is part of one's materiality, who you *are* as a person. Therefore, while notions of the possibility of 'full recovery' exist 'on the horizon' of the psychiatric framework, the more prevalent belief is that you can never fully rid yourself of 'the disorder'; for the rest of your life, you must work to maintain and correct yourself. You have, in a sense, been given a 'life sentence.'

Exposing the Paradoxical Trap

The psychiatric approach to treatment and recovery as never-ending is but one example of how those labelled ED are "trapped" by the "ideological circularity" of psychiatry (Burstow, 2017, p. 33) and its tyrannical *regime of ruling* (2015). Sacha Kendall explained how circular reasoning plays out in the context of EDs:

> …[B]iomedical conceptualizations of AN can be interpreted such that resistance to treatment is understood as inherent to the illness, which in turn implies that recovery *requires* compliance. This presumed need for compliance suggests that persons diagnosed with AN who resist treatment are incompetent to make treatment decisions and *require* intervention and supervision (2014, p. 37).

In this way, once a person is labelled as ED, they are 'trapped' because a psychiatric diagnosis is tautological in that a personal rejection of a diagnosis can be framed as itself proof of this diagnosis. As argued by Martin (2007), "indeed, studies in psychiatry explicitly regard 'poor insight,' defined as disagreeing with the psychiatric diagnosis one is given, as diagnostic of mental illness" (p. 130). As such, "[t]his circular logic of diagnosis makes it difficult for the diagnosed to challenge their diagnosed irrationality" (Peters, 2017, p. 398).

Operating in concert with the diagnosis-and-resistance-to-diagnosis trap are additional traps created with psychiatric ED 'logic,' for example, with respect to 'patient improvement.' As noted by Burstow (2015), progress in treatment is used to justify forced compliance to treatment; and conversely, complying with treatment is used as an indicator of progress with treatment, resulting in a situation that is "hopelessly circular" (p. 127). A similarly hopeless situation occurs during ED treatment where often the advice is unrestricted eating with force-feeding prescribed for noncompliance. When the patient complies, it is defined as recovery.

Other traps related to EDs broadly-defined are evident when we consider how cultural messaging 'sets the stage' for dis/ordered eating. It is popular in Western culture to pathologize everyday experiences of eating (e.g., 'too much' *or* 'too little') and moving (e.g., 'too much exercise' or 'too little exercise'- i.e., 'too sedentary'). Such pathologizing relies on the quantification and dichotomizing of dis/order, and exemplifies the *business of madness*

(Burstow, 2015) at its 'creep work.' That is, within the dichotomy schema, fatness is systemically discriminated against, as is being too skinny. So then, what is sought after and accepted as desirable is an 'ideal' body that isn't either 'too fat or too thin.' This situation allows for only a small space within which a person can achieve perfection, or frankly, exist comfortably - what LeFrançois (2020) referred to as the "shrinking notion of 'normal' behaviour, thoughts and feelings" (p. 188). It is as if the *shrinking* notion of the 'normal' has led to the pathologization of eating itself!! Hence this apparent collective/individual panic of: Okay how do I eat!?!?

Seeking solutions to this cultural conundrum leads only to further entanglement in traps. For example, diet solutions are often costly; or, purchasing 'plus sizes' will lead to more public service announcements aimed at selling more clothing and/or 'diet solutions' and/or surgical removals or 'enhancements.' Then, if a person 'falls off the wagon' in the continued pursuit of perfection, and veers toward/into a pathologized situation, there will be another 'answer' to deal with the 'failure' and to extract money from that person. Whichever trap you fall into, you are 'damned if you do and damned if you don't.' No matter where you turn, you are captured by the eating dis/order assemblages.

Critiques of the Psychiatric ED Monopoly

Critical ED Recovery Scholarship

LaMarre and Rice (2021b, p. 233) argue that the majority of ED scholarship remains focused on addressing the question of "what ED recovery 'is' and how to get there," measuring progress through the use of "biometric markers such as 'normal' eating and weight restoration" (LaMarre & Rice, 2016, p. 142; refer to Bardone-Cone et al., 2018 for a recent review of conceptualizations of ED recovery in the literature). Still, the majority of this research is grounded in the assumption that ED is a mental illness.

LaMarre and Rice (2021a) have contributed to ED scholarship by moving away from analyses that cast ED recovery as an individual responsibility and achievement, pointing to many additional aspects of ED recovery that are not typically included in research, clinical, or popular framings. They apply a critical feminist, new materialist perspective (i.e., bodies are both acted upon and have agency) that attend to complex power dynamics and temporalities that offer understandings of ED recovery as "a dynamic, intercorporeal, and non-linear process" (p. 707). Further, they posit that "recoveries, and hope for recoveries, are not achieved by individuals, but rather by collectivities and maintained in a relational network, in time, and in space" (p. 710), with no singular way of understanding ED recovery, which "might be conceptualized as life itself" (p. 713). Other ED-recovery scholarship has offered additional recommendations around the need to address the psycho-emotional aspects of recovery (e.g., Bardone-Cone et al., 2017; Conti, 2018; Kenny et al., 2020), the importance of helping patients help themselves (Churruca et al. 2020, p. 298) and the

tensions in healthcare provider perspectives of how ED recovery is communicated (LaMarre et al., 2022).

LaMarre and Rice also locate ED recovery within a broader culture that normalizes, encourages, and morally superiorizes eating and movement practices which are oriented toward achieving thinness/health. These 'paradoxes of eating disorder recovery biopedagogies' refer to how 'normal' ED recovery eating is indeed abnormal. They conceptualize eating disorder recovery as an 'assemblage' in order to "facilitate an understanding of how human forces (people, systems of care, etc.) and nonhuman forces (affect, discourses, etc.) generate possibilities or impossibilities for recovery" (LaMarre & Rice, 2021b, p. 232). In this way, they situate ED recovery as relational, plural, dynamic, nuanced, contextual, and embodied – and suggest that a 'supportive eating disorder recovery assemblage' characterized by "trust and love mobilized in interactions and relationships…can scaffold new understandings of recoveries as multiple and co-produced" (p. 232). Engaging with posthumanist philosopher Rosi Braidotti's (2002, p. 235) work on the "transformative capacity of affect" as hope-inspiring and im/materially productive, they suggest that the mobilization of love, trust, respect and understanding between 'those in recovery and supporters' make possible the imagining of affirmative futures. Further, LaMarre and Rice (2017) have provided an analysis of "what the assemblage of eating disorder recovery on Instagram *does*" which they contend "both opens and delimits the meanings of recovery" (p. 5).

LaMarre and Rice's theorizing contextualizes and extends the psychiatric treatment-recovery model, providing a more complicated depiction of what is involved 'in ED recovery'. The concept of "assemblage" strives to communicate these complexities. Nonetheless, our analysis is that LaMarre and Rice are still fundamentally basing their analyses on popular and prevailing assumptions about 'recovery' as a clinical solution to EDs - they do not entirely unseat a psychiatrized notion of recovery.

Some critical scholarship has also noted that the stereotype of who has EDs (i.e., white middle- to upper-class young women) leads to those who do not meet that stereotype - "ethnic minorities," for example - being discriminated against regarding diagnosis and treatment (Sinha & Warfa, 2013). These critiques illustrate some of the activism that is fuelled by humanism - the idea that recovery is a complicated and multi-faceted process, and that all individuals 'with eating disorders', regardless of features of identity should be able to avail themselves of ED treatment and recovery. However, these efforts do not sufficiently question the foundations of the psychiatric monopoly, resulting in more people being identified as fitting within the psychiatric, eating disorder/mental illness category. When this happens, wait times for ED treatment become lengthier (e.g., more than one year in Toronto, Canada), exacerbating the already exalted status of the treatment/recovery model (i.e., "It must be good if so many people want it!"). Consequently, issues around treatment and recovery become portrayed as one of access, thereby allowing the ED

treatment/recovery model to go unquestioned. In this way - albeit unwittingly - humanist analyses feed into psychiatry's vested interests in 'capturing' more people as mentally ill in relation to EDs. For, as we discuss later, ED psychiatric treatment is very profitable 'big business.'

Calling for More Radical ED Scholarship

Because the majority of ED scholarship does not break through the shackles of the psychiatric hold, 'recovery' as a framework still lies within psychiatric assemblages in this scholarship. This is, perhaps, not surprising given that this is the governing logic that we have been taught and that most often goes unquestioned. However, the tautological and paradoxical relationships among psychiatric 'diagnosis,' 'treatment' and 'recovery' render these 'solutions' to be logically untenable even though intuitively the psychiatric approach may seem to be a logical response to EDs. It is well-established in the scholarship that ED treatment efficacy is low and can result in "worse outcomes" (Botha, 2015, p. 333), blaming young women "for sabotaging their own recovery" (Yeshua-Katz & Martins, 2013, p. 506). As Burstow argues: "In point of fact, effectiveness studies are inconclusive [in psychiatry]…" (2015, p. 127). Notwithstanding poor success outcomes in practice and arguably bad science in research, we recognize that psychiatry *does* provide life-sustaining hope for some people who are struggling and given the classification of ED. So, although we take a strong position against psychiatry's approach to EDs, we must stress that it is psychiatry's *monopolistic authority* over EDs that we oppose. It is a prescriptive approach that leads to corruption, for as the 'only game in town' it holds all the power, and this encourages abuse within the institution. Psychiatry should be one of many diverse options when it comes to understanding EDs.

First author Nicole's PhD dissertation research (2022) highlighted how psychiatric and ED recovery assemblages operate together in ways that restrain agency and injure as well. Her ED participants' experiences with psychiatry illuminate how one can 'fail' at recovery while being *kicked out* of the pursuit of thinness that is deemed normal for, and expected of, women (Till, 2011) within our fat phobic culture (Hartley, 2001). During this research, ED service providers and users stressed that in their experience, ED treatment was inaccessible (e.g., lengthy waitlists), ineffective (e.g., not achieving intended results), impossible (in a culture that superiorizes thinness and inferiorizes fatness), and harmful (e.g., sizeist, fat phobic, sexist, classist, racist, and over-prescribing with respect to psychiatric drugs).

The following three examples are just a few of many scenarios provided by Nicole's research participants that speak to the types of abuse and systemic violence that are common in the experiences of ED-labelled folks who have been in psychiatrically-informed treatment. Not only do these folks describe being abused and traumatized through treatment, given the paradoxical traps detailed earlier in this article, we note that ED-labelled folks are abused

again after treatment because they are still subject to the injurious impacts of sanism and sizeism. This, we argue, reflects cultural gaslighting.

Meredith shared what her forced psychiatric ED treatment programmers had named 'the table procedure.' The table procedure dictated that every 'patient' had to sit together at a table and finish all the food they had been prescribed to eat. No one was allowed to leave until everyone had emptied their plates. This rule often meant sitting at the table for long periods of time and having to witness others be force-fed via the procedure. On one occasion, a person refused to finish eating for *eight hours,* and Meredith had to sit at the table enduring this collective experience of trauma, an experience that still haunts her.

Kelly, who was diagnosed with anorexia, presents a telling example of what we argue is emotional abuse when the head of one of the best eating disorder programs in the country said to her friend: "Do you know how many people have died on the waiting list while you've been resisting treatment here?"

Natalie told how her treatment recovery plan dictated that she was not allowed to run. She defied her psychiatrist's orders by making the difficult decision to run in secret out of survival. She contended that running represented an act of defiance according to her treatment/recovery plan, but she ran as a life-sustaining practice that made recovery possible on her own terms.

These participants' story-sharing echoed ED scholars Joyce et al. (2019, p. 2075) who said that many of their "participants felt that the inpatient experience contributed to their 'revolving door' admissions through which they 'came out worse' than they went in." Because of the unequal power dynamics involved in ED treatment, patients are not listened to, but instead have psychiatric drugs 'pushed' on them by experts (Schott, 2022). This showcases the violent paternalism that is endemic in the medical approach to ED-labelled folk (Kendall & Hugman, 2016) and how this approach fuels the pharmaceutical industry's *business of madness* (Burstow, 2015).

Nicole's research has informed our call for a much more radical scholarship that resists prevalent notions of 'recovery' and expresses *outrage* in response to the *systemic violence* that is perpetuated by responses to ED and psychiatry's totalitarian control of treatment and recovery. As Burstow noted in her critique of "psychiatry as a regime of ruling:" "…[W]e have discovered something at the core of it dishonest, self-interested, reductionistic, imperialist, and circular. We have also discovered something *intrinsically violent*" (2015, p. 71, emphasis ours). We defy the artificial separation between those who 'have eating disorders' and 'the rest of us' and argue that we are all embedded in and entangled with eating philosophies and practices that operate with inferiorizing/superiorizing dualistic 'logic.' As the authors of this article, our personal experiences and knowledge of others' experiences certainly attest to the centrality of these harmful cultural philosophies and practices in everyday experience.

We turn now to what we suggest Critical Eating Dis/Order Studies can offer as we work toward avoiding the trap of psychiatry's paradoxes of ED (un)recovery and the systemic violence that is perpetrated by its totalitarian control.

What Critical Eating Dis/Order Studies Can Offer

If we are to move beyond the psychiatric monopolizing of 'EDs,' we must name and free ourselves from the systemic violence that is the process and product of ED knowledge production and practices. Toward this end, we began the process of curating radical imaginations as a critical part of a transdisciplinary project. Our intention was to offer something that moves with 'porous, fuzzy edged and indeterminate' boundaries (Wolmark & Gates-Stuart, 2004) and builds with the social sciences and humanities' interdisciplinary bridges of solidarity, collaboration, mutual feedback, and more. We anticipate a post-discipline with a madly (i.e., against sanism) un/disciplined approach that disobeys established organizations of knowledge that institutionalize violent logics (Darbellay, 2019). Further, we seek an approach that welcomes, engages, and applies multiple perspectives through a networking community hub for coalitional activism. We are calling this initiative *critical eating dis/order studies (CEDS).*

We began CEDS by working with contributions from multiple critical perspectives. For example, moving with an impulse against sanism, we applied Tanya Titchkosky's (2003) critical disability studies suggestion to 'suspend the problem and solution of disability.' This coalitional work allowed us to escape dualistic traps of eating dis/order and un/recovery to expose the *eating dis/order industrial complex.* It also inspired our musing and perusing about how we might work toward creating worlds free from ED violence by offering possibilities that are vital for revolutionary change.

In what follows, we identify an initial list of contributors who we believe can meaningfully inform CEDS. Their critical orientations will be engaged with to produce intersectional analyses that 'dig below' the systemic violence that is "the (culturally normative) order of things" (Malson & Burns, 2009, p. 2). We underscore that it is the *diverse* assumptions, philosophical differences, and substantive foci of these critical analyses that will strengthen CEDS, in keeping with Mad Studies' notion of "a loose assemblage of perspectives" (Menzies et al., 2013, p. 13). We also anticipate that these approaches will be fluid and constantly in flux, sometimes similar to, and sometimes different from, one another. Our priority is to think-feel in terms of what these intersectional analyses can 'do' with the goal of contributing to ED liberation in heart/mind. This will create a space for research that is more likely to 'notice' the interconnected complexities within and around eating orders, a kind of orientation that others have argued "still needs to be thoroughly engaged with" (Labelle, 2020, p. 421).

1. Calling for Critical Economists

Systemic ED violence synergistically assembles and is assembled by the *eating dis/order industrial complex,* which includes weight-loss and 'mental health' industries. This lucrative complex generates big business forming a global networked *eating dis/order economy* that gains billions of dollars in profit through the successful marketing of weight and 'mental illness' control. For example, the world-wide 'weight management' market size has been estimated at 137.7 billion USD in 2021 and forecasted until 2030 to keep growing. In addition, economic analyses that position EDs as responsible for economic costs are used to demand increased research funding for psychiatric ED treatment, and are often accompanied by arguments like: "anorexia nervosa yields the highest mortality rate of any psychiatric illness" and "targeted attempts to treat the most lethal of psychiatric presentations may likely be thwarted" if more treatment isn't forthcoming (Murray et al., 2017, p. 321).

2. Calling for Communication, Culture, and Information Technology Scholars

Key to ED violence production are predatory business practices such as virtual targeted advertisements that market anti-fatness and ED psychiatric treatment (Schott & Langan, 2015; Schott et al., 2023). A plethora of research supports the argument that mass media and social media impact body image and disordered eating. Often this scholarship is dismissed by critical scholars for being technologically deterministic; yet such analyses are needed to expose how the normative order systemically shapes, and is shaped by, communication and information technologies.

3. Calling for Peace Studies Scholars

Peace studies scholars Bridget Conley and Alex de Waal (2019) introduce and apply the concept of *starvation crimes* to reveal the political, military, and economic purposes of creating mass starvation, such as to "control through weakening a population" and for "material extraction," as we have seen recently with the total blockade of resources (food, water, power, medical supplies, and communication technologies) from the Gaza strip. Conley and de Waal argue that "mass starvation has throughout history been mis-categorized as a natural phenomenon, or an unfortunate side-effect of conflict and political oppression" (p. 699), when it is actually a tactic used for genocide. Their analysis has pertinence for us in that the "process of deprivation" (p. 699) - driven by the diet industry and the pursuit of the thin ideal - is a cornerstone of the eating dis/order industrial complex which profoundly detracts from a robust quality of life.

4. Calling for Radical Practitioners, Activists, Artists and Survivors

There are radical practitioners, activists, artists, and survivors who are revolting against the eating dis/order industrial complex's weapons of ED violence. This collective challenges the

assumptions underpinning 'evidence-based practices' in dietetics, and resists the colonizing rules of 'civil' eating that mark particular people's feeding practices as 'abnormal', 'out-of-control', 'savage', and 'animal-like.' For example, in working toward a suspension of these violent assemblages, radical dietitian, spoken word poet, and professor Lucy Aphramor (https://lucyaphramor.com) invites us to

> Imagine a world where no-one is starved of food, dignity, company or security. Where no-one wakes up ashamed of themselves, dreading their next binge or being insulted for what they look like. Where people from different social backgrounds have similar opportunities for meaningful lives and health inequalities are a thing of the past.

In brief, these radical efforts seek to dismantle the deep dualistic roots of violence that make food/body oppression, despair, and privilege so prevalent.

5. Calling for Researchers Who Move Beyond Anthropocentrism

For decades, research on apes and monkeys has asserted that "dominance hierarchies, patriarchy and violence are fixed in our own nature" (Kirksey et al., 2014, p. 2). However, radical primatologists' studies of bonobo primates have challenged the belief that patriarchy and other forms of hierarchy are *The* natural order of the 'animal *king*dom', and therefore, the inevitable organization of human affairs (Clark, 2020). Bonobos co-create affirmative societies where violence is rare (e.g., de Waal, 1995), and we can learn about biosocial skills, food leadership, and resource abundance sharing (e.g., Fruth & Hohmann, 2018) from bonobos. Bonobo scholarship also makes strange the myth of human exceptionalism that perpetuates ED violence, moving us to suspend the animal/plant dualism and imagine possibilities of (un)learning from other 'non-human' agents such as trees who form social networks (forests) and share food to support their communities (Wohlleben, 2016). These moves expose the global exploitation of food, and inspire us to appreciate how the eating dis/order industrial complex limits the agentic possibilities of food (e.g., 'good' versus 'bad' food) for profit.

CEDS Moves with Mad Studies

The development of CEDS is grounded in our past research on the topic of "eating disorders," the progress to date in our approach, and what we anticipate will be an ever-evolving depth and breadth of knowledge as we pursue this area of study and its liberatory agenda. In what follows, we identify some of the many ways in which CEDS moves with, and is moved by, Mad Studies. Both share a critique of psychiatry's monopoly over 'mental illness,' exposing the power and authority of psychiatry's "recovery rhetoric," and critiquing psychiatry itself as something to recover from (Poole, 2011; Harper & Speed, 2012). Understood in this way, recovery - from eating, and other, disorders - becomes resistance

to, and escape from, psychiatry, and "the profound discrimination faced by people who have been psychiatrized" (Morrow & Weisser, 2012, p. 28). As such, both Studies provide "a space of social action and theorising about oppression and psy[chiatric]-violence" (Gorman & LeFrançois, 2017, p. 107-108) and in so doing "fundamentally [turn] the gaze" (LeFrançois et al., 2016, p. 5) from those who are deemed mad or eating disordered to the psychiatric profession itself. As noted by LeFrançois, Menzies and Reaume (2013), Mad Studies "is not just a critical or scholarly 'discipline' – but has aspirations for liberatory action, policy, and practice" (Spandler & Poursanidou, 2019, p. 2), guiding political principles which are central also to CEDS. As Poole and Ward (2013, p. 96) explain:

> By Mad we are referring to a term reclaimed by those who have been pathologized/psychiatrized as 'mentally ill,' and a way of taking back language that has been used to oppress…We are referring to a movement, an identity, a stance, an act of resistance, a theoretical approach, and a burgeoning field of study.

In the same way that Mad Studies challenges the focus on the concept of "madness" as an "object of study" and instead does *Mad analysis* (Poole & Ward, 2013, p. 96), CEDS dismantles the concept of "eating disorders" as an object of study. This is done by interrogating dominating knowledge production, "destabilizing diagnostic categories" (Menzies et al., 2013, 12), "attending to counter-narratives" (Reid et al., 2019, p. 261), and "creating countercultures" (Menzies et al., 2013, p. 12) that epistemically acknowledge and valorize ED-labelled folk as producers of "credible knowledge *on its own terms*" (p. 11). These orientations "[value] multiple ways of knowing," and embrace the "uncertainty this knowledge creates" (Synder, 2019, p. 3). Importantly, Mad Studies privileges the experiential knowledge of psychiatrically-labelled folks whose voices centrally inform discussions that are happening within Mad Studies, in the same way that CEDS prioritizes the voices of those labelled as eating disordered (Schott & Langan, 2015). Indeed, "Mad Studies must remain accountable to the Mad community" (Spandler & Poursanidou, 2019, p. 3 referencing LeFrançois, 2016) and "nest itself in the immediate practicalities of everyday human struggle" (Menzies et al., 2013, p. 17). Further, the openness to multiple ways of knowing means that Mad Studies and CEDS (as we have illustrated in our previous section above) call for transdisciplinary research that "purposely crosses disciplines" (Faulkner, 2017, p. 15). Both studies also attend to intersectional analyses that expose the ways in which various forms of systemic discrimination operate in tandem. One example, in Mad Studies, would be analyzing "how sanism is mobilized together with other forms of systemic discrimination (such as, but not limited to, racism, sexism, transphobia, and homophobia) which in turn also inform experiences of madness" (Reid et al., p. 261). Another example, in CEDS, would be analyzing "how modern capitalism, sexism, and racism operate in unison to produce women who starve, purge, abuse laxatives and hate their bodies, while highlighting the tremendous violence embedded in these practices" (Schott, 2017, p. 1029). A second CEDS example is how Nicole Schott, Faith Stadnyk and Fady

Shanouda (2023) are coalizing against *fatmisic*[2] (systemic fat hatred) and sanist *targeted ads of oppression* through doing CEDS, Fat Studies and Mad Studies together as methodology that unpacks how fatmisia, sanism, racism, and sexism work together to do eating ordered violence. And finally, forms of knowledge-making that are alternative to dominant, traditional, dis-"embodyminded" scholarly works are also welcomed, through things like poetry, creative nonfiction, personal stories, hybrid essays and community building (Lau, 2022, p. 26; DeWelles, ND; Mad Eating Dis/Order Collective, 2022; Schott et al., 2016; Schott, 2022; Schott, Forthcoming).

In sum, the inclusion of CEDS under the broader umbrella of Mad Studies responds to Mad Studies' passion for coalition building (Menzies et al., 2013, p. 21) and openness to supporting new fields of study and studies from the edge/margins. In this regard, Spandler and Poursanidou (2019, p. 14) note: "…[I]f Mad Studies is to really break new ground it needs to be able to offer new perspectives on a variety of mad experiences, including – and especially – those less well-served by existing alternative understandings and support services." We maintain that those affected by the eating dis/order industrial complex - and the creep here extends far beyond those who are labelled as "eating disordered" because we are all impacted by everyday *eating orders* (Schott & Joseph, forthcoming) - have not had access to alternative discourses about, and consequently understandings of and plausible responses to, eating dis/orders. As part of a larger Mad Studies project, CEDS will, through *eating order theorizing*[3], enhance its potential to expose the far-reaching impacts that eating orders have in our society and build toward futures in which eating orders cease to systemically shape our everyday lives. We have been co-building an Eating Order Resistance (2023) community that is collectively moving towards joyful and fulfilling eating. If you'd like to join our collective please email criticaleatingdisorderstudies@gmail.com and/or stay tuned for our community hub that is currently under construction: www.criticaleatingdisorderstudies.com.

Conclusion

In this article, we challenge dominant understandings of, and responses to, what are commonly known as eating disorders (EDs), and we offer alternative analyses in this regard. We demonstrate how the concept of eating dis/orders (EDs) has been socially constructed historically, with particular attention to psychiatry's totalitarian authority over EDs since the 1950s. The implications of psychiatric diagnoses and treatments for EDs has been profound, particularly for women and girls who are most often deemed to have EDs. They are labelled as having a mental illness which both bestows individual responsibility for their recovery and

[2] Refer to Shanouda (forthcoming).
[3] *Eating order theorizing* contributes foundational conceptual support for our collective CEDS project and is a concept and an approach generated and named through conversation between Julia Janes and Nicole Schott. Nicole deeply appreciates how Julia has supported the co-creation of CEDS as a methodology and is a pivotal contributor to feeding the momentum of this transdisciplinary project.

imposes psychiatric intervention as necessary for recovery, a conundrum to say the least given the co-occurring framing of EDs as a chronic, life-long illness. This psychiatric approach, in combination with cultural messaging around the perfect body, proper eating, and preferred exercise regimes results in ED folks' experience of a kaleidoscope of tautological and paradoxical traps which can best be described as the "business of madness" (Burstow 2015). While some scholars have critiqued the dominant psychiatric treatment/recovery model, *our* analysis in this article - in line with the psychiatric survivor movement - radically unseats this model, particularly because of our concern over its monopolistic authority over EDs, and what our research has shown is the systemic violence experienced by those labelled as ED. We call loudly for a mad approach that moves beyond sanist notions of EDs as rooted in individual mental illness, and we contest the premise that "the object of inquiry" should be EDs. Instead, we question how *eating orders* are embedded in culture and we recognize that these are in need of critical engagement that involves analyses at the systemic level given what we have come to understand as the *eating dis/order industrial complex*. We argue that eating dis/order phenomena need to be further examined *not* through a psychiatric lens, but through a diverse range of perspectives that have the potential to expose and address eating dis/order systemic violence. To this end, in this article we identify how people from a broad range of disciplines and 'walks of life' can provide alternative analyses of, and spaces of social action to oppose, the *eating disorder industrial complex*. We have named this collaborative effort *Critical Eating Dis/Order Studies* (CEDS), an orientation that moves with, and is moved by, a Mad collective pulse. The various critical perspectives that we identify as being relevant to CEDS do not represent an exhaustive list; rather, they are the first to be included in our efforts to nourish and grow a community-building and coalition-theorizing initiative. Collective, multiple, divergent, and systemic analyses of eating dis/orders will bring us closer to revolutionizing psychiatry's monopoly over the social construction of eating dis/orders and the exclusive medicalized diagnosis and treatment protocols that are overwhelmingly dominating our society as a result. Gathering our Mad outrage, analyses, and communities together to do CEDS, we will collectivize across margins and continue to open spaces that disrupt, and move us beyond, eating dis/order violences.

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