

Disabling Disordered Eating: Anorexia Nervosa and a Need for Feminist Theory

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Anorexia nervosa is one of the most deadly mental illnesses (Birmingham et al. 2005). The mortality rate of people living with anorexia nervosa is 12 times higher than in others, and suicide¹ is 57 times more likely than in healthy counterparts (Keel et al. 2003; Zucker et al. 2007). Although the rate of occurrence in the general population is relatively small, this steep mortality has led psychiatrists, medical professionals, and feminists to more heavily explore this disease. The conventional understanding of eating disorders is that they are due to societal pressures regarding an individual's body image (Paulson-Karlsson et al. 2009). In the United States, physical beauty, especially a lean physique, is equated with health, youth, and perfection. The glamorization of thinness by mass media has driven adolescents, mostly young women, to identify with and strive for the ideally thin body, putting health concerns aside (Collins 1988; Rust and Caneday 1995; Shaw 1995). Anorectic behavior has been linked in fact to extreme self-consciousness (Shafran, Cooper, and Fairburn 2002), a need to conform (Huon et al. 2002; Stice and Whitenton 2002; Stice, Maxfield, and Wells 2003), and events like bullying and sexual harassment (Schmidt et al. 1997), all of which indicate forms of cultural power over young women.

Over the last three decades, multiple psychological and medical reports suggest a link between anorexia nervosa (AN) and autism spectrum disorder (ASD). This association has increasingly stabilized

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and become further defined not simply as a connection but as an entanglement of mental illness and cognitive disability. Moreover, some scientists speculate that anorexia nervosa may be the female version of autism, a derivative of a common underlying sexually dimorphic condition (Odent 2010). This previously unaddressed connection then leads me to believe that anorexia nervosa is itself a cognitive disability that must be examined through a lens of feminist disability theory. This connection between traditionally distinct disorders does more than represent the fruits of scientific discovery; a well-defined relationship between AN and ASD unsettles fundamental concepts in feminist theory, in particular the division between disability and disease, the “ideology of the cure” (a concept addressed below), and the autonomy of disabled persons, that must be addressed to avoid stigmatization and discrimination of anorexic bodies.

Feminist disability studies is a young discipline, and scientific research surrounding eating disorders, especially the established link between AN and ASD, offers up a new paradigm. For academics who examine social discrimination against those perceived as corporal and cognitive deviants, AN-ASD study reveals the limitations of the term “disability,” as well as the inconsistent exclusion of a particular cognitive variation (i.e., eating disorders) from the disability rights movement, an effort scholars have historically insisted must include imperceptible or mental disabilities.

Additionally, the association of disability and disease leads us to question the current assignments of who should and should not be cured and how traditional feminist thought regarding anorexia nervosa reinforces the “ideology of the cure”—the perception of disability as disease that should be remedied. Most people agree that eating disorders should be treated through cognitive behavioral therapy, medication, or involuntary hospitalization; however, with the emergent bridge between anorexia nervosa and autism spectrum disorder, disability scholars must reevaluate their stance on treatment options, because some modern methods border on the inhumane and represent aggressive and unjust practices of mental and physical normalization.

These examples must lead us to consider feminism’s representation of anorexia nervosa as contradictory to our own pursuit of equality. By employing a curative model in the case of eating disorders, we

disregard the tenets of feminist disability studies in favor of selective ideology. This paper attempts to reveal these contradictions in order to promote a more inclusive, less oppressive feminism. And although the concept of anorexia tolerance is radical, and more than likely considered foolish or irresponsible by the majority, the problems that arise from its repudiation are undeniable and offer up a challenge to contemporary feminism.

The current feminist conception of anorexia nervosa is that it is an internalization of gender roles enforced by our phallogocentric society. From this perspective, extreme thinness (or a craving for it) represents patriarchal oppression, a preservation of hegemonic gender construction. In her pioneering work *The Beauty Myth*, Naomi Wolf imagines an eating disorder as a disease caused by and perpetuating female subordination. She describes Twiggy, the stick-like fashion model who first graced the pages of *Vogue* in 1965, as a “beauty myth symbol” that “reassur[es] men with her suggestion of female weakness, asexuality, and hunger” (1991: 184). As women’s isolation to the home sphere has slowly waned, Wolf argues, the female preoccupation with weight and desirability has increased, making women’s bodies the new prisons that the home can no longer be (184). An individual and cultural fixation on thinness is a preoccupation with conformity (in appearance) and feminine obedience, which is believed to be one reason why men succumb to eating disorders far less often than women².

However, thoughts on AN causation within the medical and psychological communities have shifted from social to neurocognitive. One’s social environment may trigger this disease, but research in the past two decades has uncovered the significance of biological factors in AN development. Studies have implicated chromosomes 1, 4, and 10 in heritable risk of AN or bulimia nervosa (Devlin et al. 2002; Grice 2002; Bergen et al. 2003; Bacanu et al. 2005). Flawed genes involved in serotonin, brain-derived neurotrophic factor (BDNF), and opioid systems may increase risk for AN (Bergen et al. 2003; Ribases et al. 2004; Ribases et al. 2005; Klump and Culbert 2007; Muhlau et al. 2007). In addition to biological predisposition, psychological or cognitive modifications lead to anorexic behavior. AN, described now as a biologically-based serious mental illness, significantly impairs cognition, emotional stability, and judgment in addition to taking a

possibly devastating toll on one's physical health (Klump et al. 2009). Obsessive compulsive disorder and avoidant personality disorders have been noted in AN patients despite weight restoration (Råstam, Gillberg, and Gillberg 1996), and anxiety disorders often predate AN onset (Deep et al. 1995; Bulik et al. 1997). This information indicates to concerned feminists that anorexic bodies represent not only physical, but cognitive variation, and the scientific research has continued.

As the conception of anorexia nervosa causation has evolved from a primarily social to a biopsychosocial model, provocative research has begun to form a connection to autism spectrum disorder. In the early 1980's, Swedish scientists began noticing remarkable similarities between AN and ASD. Christopher Gillberg³, an influential and multi-award-winning researcher of child and adolescent psychiatry, first delved into these similarities in his articles "Are Autism and Anorexia Nervosa Related?" (1983) and "Autism and Anorexia Nervosa: Related Conditions?" (1985). In the longitudinal Göteborg Study⁴, Gillberg and his associates solidified the relationship between AN and ASD, finding (in two separate, similarly structured investigations) that 16 - 23 percent of subjects diagnosed with AN also scored on the autism spectrum (Gillberg I. C., Råstam, and Gillberg 1995; Gillberg I. C. 1996).

The autism-like characteristics of these individuals persisted several years after the initial diagnoses and continued in some cases despite recovery⁵ from anorexia nervosa (Gillberg et al. 1996; Wentz et al. 2001). Qualities associated with ASD, including social awkwardness and obsessive compulsive behaviors, positively correlated with poor cognition, compromised health, and attention deficits in cases of AN (Wentz et al. 2001; Råstam, Gillberg, and Wentz 2003; Gillberg I. C. et al. 2007; Gillberg I. C. et al. 2010). Interestingly, in "Familial Factors in Anorexia Nervosa" (1998), Wentz, Gillberg, and Råstam found that a statistically significant percentage of AN patients' first-degree relatives (parents, siblings, or children) displayed at least two of four autism social symptoms, while a few were also diagnosed with Asperger syndrome. Other studies have reinforced these findings, bolstering the bridge between anorexia nervosa and autism spectrum disorder and challenging feminists to discover new means of conceptualizing eating disorders and cognitive disabilities.

The question arises, then, if anorexia nervosa is widely considered a physical and cognitive disability by medical professionals and psychiatrists, why has the eating disorder not been reevaluated by feminist disability scholars within a biopsychosocial framework? Whether this biologically-based mental illness can or should be included in disability theory is critical for academic feminism as it breaches the conventional boundary between disease and disability. Despite the provocative subject, a decision over what counts as a disability and what does not is unavoidable, especially in this case. The lack of serious analysis of the AN-ASD association seems to be more than a case of no one noticing the findings, because study results on autism are published nearly every day, and eating disorders are well within the scope of feminist inquiry. Rather, trepidation may be the key to the silence, because this new means of approaching AN would be highly significant and somewhat damning for disability studies. Anorexia nervosa's admittance into the category of disability would 1) expose a hierarchy of disability within feminist social analysis and 2) compel recognition of inconsistent feminist ethics.

These two points are exemplified in the case of fat studies, a branch of disability studies that critiques, among other things, the (lack of) media representation of fat bodies and the cultural intolerance for fat people in industrialized nations. Feminist cultural critics in this field can easily benefit from this research, because perceptions of eating disorders in the discipline revolve solely around gender constructs, body shaming, and consumerism with no nod to the evolving science or its own contradictions. Noticeably, westernized patriarchal societies praise thin female bodies, often directly or indirectly threatening fatter ones. Use of the phrases "war on obesity," "epidemic," and "good and bad food" are examples of militancy aimed at particular forms, while "couch potato" and "whale" demonstrate the "thingification" of heavy people. Fatness has also become associated with repugnance, slovenliness, sexual incapability, and loneliness, which, according to Abigail Saguy and Rene Almeling, depicts fat bodies as unnatural and the result of unhealthy (and undesirable) life choices, much like cancer by way of smoking (2008: 57). This then intensifies the pressure put on women and girls to lose weight no matter the health risks.

For these reasons, fat studies is an effective and significant means

of addressing weight bias in our society, but it leaves much to be desired if we are to re-conceptualize anorexia nervosa or promote it as a cognitive disability in its own rite. As the name suggests, the “fat” in fat studies generally excludes analysis of the pathologizing of thin bodies. Ironically, sizism in feminist scholarship has the potential to “other” thin bodies through shame and hostility despite the overarching emphasis on acceptance regardless of identity categories. Fat studies has been an extremely successful and critical discipline, but what has been rebuked by scholars as prejudicial still finds its way into discussion of AN. Being a fat woman, I have witnessed and in the past participated in anti-thin conversations in academic and casual settings. *We* do not want to be like *them*; being fatter is more natural for women; *they* do not understand what it is like to be *us*. Feminists and non-feminists alike actively subjugate thin and anorexic bodies, labeling them as ugly, unreal (“Real women do not look like *that*”), abnormal, undesirable, and unhealthy. Jessica Valenti, author of *Full Frontal Feminism* and creator of the immensely popular blog “Feministing.com,” demonstrates this concept:

One summer, my sister lost a ton of weight. Too much. She did not look good—she looked sick. The truly upsetting part was that when she lost this weight, a lot of our family and friends started remarking how great she looked. They congratulated her, told her how super it was that she was losing weight. I wanted to throttle them. (2007: 210)

Such pillorying anecdotes, found throughout feminist writings on the subject, are incompatible with traditional fat theorists’ calls for bodily diversity. In this way, feminism and fat studies ironically contradict their own tenets, oppressing and embarrassing thin women, especially those diagnosed with anorexia nervosa.

Fairly unique to weight politics is a narrative of willing victimization. The public marginalizes fat and thin/anorexic women by assuming a condition of voluntary unhealthiness owing to either gluttony or self-starvation. For fatness, Saguy and Almeling refer to this as the “risky behavior” framework in which overeating and lack of exercise are considered risks to a person’s health, in which obesity is completely preventable if only a fat person would try (2008: 57). This common

opinion is quickly struck down in fat studies because obesity is caused by many different factors that influence weight: genetics, autoimmune disease, diet, age, etc. However, within scholarship, feminists apply the willing victimization model to people with eating disorders. Anorexic women, the argument goes, have become sedated by heteronormative beauty standards. They “willingly accept norms and practices that limit them,” subsequently desiring a position of subjugation in a way defiant fat women do not (Kirk and Okazawa-Rey 2007, 130). Naomi Wolf echoes this sentiment by equating membership in the “hunger cult” to “a wave of self-hatred” that sustains the gender hierarchy (1991: 186). Thus, the reasoning that thin people are willing victims (i.e. they do not rebel and put on weight) suggests that they have the potential to and certainly should recover from eating disorders and associated symptoms.

This attitude toward thinness unashamedly contradicts the emphasis in fat studies and disability studies on body acceptance. Rosemarie Garland-Thomson, influential feminist disability scholar, offers insight in her article “Integrating Disability, Transforming Feminist Theory”: “Feminist disability theory’s radical critique hinges on a broad understanding of disability as a pervasive cultural system that stigmatizes certain kinds of bodily variations” (2002: 5). By picking and choosing which bodies to accept and which to deny, we perpetuate body shaming rather than defeat it. Feminists who reflexively condemn thinness as consensual submission to the patriarchy’s whims deny a thin woman’s ability to determine her place in the world.

This pattern of selectivity that has developed within feminist theory is one that should be contentious for disability scholars. It inhibits the autonomy and agency of women with anorexia in similar ways that our culture treats those with Down syndrome, assuming, for example, that they must be dependent on a non-disabled family member. In response to increasing stigmatization, many people with AN have informally initiated an anorexics’ rights, or pro-Ana, movement. Operating similarly, coincidentally, to the neurodiversity campaigns put forth by people with autism spectrum disorder, pro-Ana citizens demand respect and personhood for people with eating disorders. There are websites devoted to literature, photography, and support services. Some include tips on fasting and purging, as well as “thinspirations,”⁶

while others use blogging and chatting to engage with other anorexics as a means of coping with pain, illness, loneliness, or stigma. Some of these users even find “Ana-buddies,” confidantes who visit each other, distract each other from hunger, provide additional fasting or purging tips, or facilitate recovery.

All in all, these websites, support groups, and email listservs convey the same message—do not try to fix us. The forums and buddy system are designed to be a safe alternative for anorexics in which comfort and candor are encouraged and hate speech and shaming are prohibited. One user of “PrettyThin.com” says, “I don’t want to be labeled as sick.” Another recounts her experience in a mental health institution, saying, “I obviously thought [the psychiatrists] were saying there was something wrong with me in the head” (“My Life” 2012). These women and their peers feel the pressure of a society that deems their bodies repulsive and their motivations wrong, analogous to the experiences of people with recognizable disabilities. Visitors of these sites resent the many commenters who claim to know better about others’ bodies, who try to convince anorexics not to fast, binge, or purge, and who ostracize them by emphasizing their pathology and self-destructive behavior.

On the pro-Ana page “The Skinny on Celebrity Skinny” (2009), for example, one detractor named Geraldine posted, “This is sick.” Another asked, “Would you give an alcoholic tips on how to drink without getting caught?” This person, who goes by the name “health ffreak” [sic], argues further, “You are slowly dying of malnutrition. It will catch up with you. You should speak to someone if you find yourself interested in sights [sic] like this.” Aggressive statements like these are indicative of a lack of respect for people maintaining anorexic lifestyles and are comparable to fat shame commentary. “Health ffreak,” among others, demands psychotherapy for all anorexics, whose minds, she suggests, have somehow been warped.

In an effort to discourage anorexic behavior, some critics use less confrontational rhetoric, seemingly to bait users into penitence. “You sound beautiful, absolutely beautiful... Why do you want to be thin? It’s not attractive...and in fact, it lowers your self-esteem... You are so full of self-loathing that you look in the mirror and want to hurt yourself. So that’s what you’re trying to do, (unconsciously) hurt yourself, not

make yourself look better!” Sammy commented, “EDs are harmful in every way. I used to have one but now I’m free. I encourage you all to seek help” (The Skinny 2009). Some feminists visiting these sites also attempt to cure pro-Ana users. Grace, one of three students in an introductory Women’s Studies course, posted a letter in 2010 on “The Skinny on Celebrity Skinny” criticizing the website for its articles and features and repeating the general feminist understanding of anorexia nervosa as an obsessive need to be beautiful.

On pro-Ana websites, such comments provoke vehement responses that quickly quiet anti-Ana posters. “We’re not alcoholics. Maybe people should stop judging. Women are already totally judged by guys and girls based on their weight,” says “hmmm” on “The Skinny.” Ryu responds to Geraldine, holding, “[Y]ou opening your mouth isn’t going to change anything except maybe make people feel worse... You have no idea what [being anorexic] is like, so you have no right to say a thing.” In a general statement, Chantal advocates for a ceasefire on “The Skinny”: “To all haters, LEAVE US ALONE!! It’s a free country and we have the RIGHT to do what we want no matter how bad you think it is. So leave us alone and let us ana be who we are!” (original emphasis, 2009). Some websites, like Project Shapeshift (2008), stringently monitor forums to prevent hate-speech and condemnation. The site restricts comments to registered users due to the overwhelming amount of criticisms and high controversy of the very candid subject matter.

The Ana pride movement has found a home in online communities emphasizing empathy and self-advocacy. The importance of Ana pride to feminist disability scholars is that it directly confronts society’s disapproval and pathologizing of thin and anorexic bodies. The testimonials available online, the gratitude expressed by readers, and the swift, fiery defense of the Ana lifestyle indicate that people with eating disorders prefer community, not fixing.

In many ways, cultural and feminist attitudes concerning anorexia nervosa that lead people to comment negatively on these websites clearly embody the “ideology of the cure”: People with eating disorders are stigmatized for having “abnormal” bodies and minds; are robbed of any sense of agency related to their condition; are deemed to be in a state of wrong-mindedness due to the disease and consequently

have faulty judgment; and are encouraged or forced to seek treatment. Rosemarie Garland-Thomson defines the ideology of the cure best when she states that “[t]he medical commitment to healing... has increasingly shifted toward an aggressive intent to fix, regulate, or eradicate ostensibly deviant bodies” (2002: 14).

This philosophy is applicable to many disabilities, including autism. The non-profit organization Autism Speaks uses propaganda to convince the public that autism is not diversity but a public health crisis, a claim that leads to added stigmatization of people with disabilities. The panic resulting from the deliberate othering of people with this cognitive disability is evident in the many news stories on the topic. In the final weeks of March and the first few days of April 2012, three national reports on autism appeared in some of the most reputable papers. In “Scientists Link Gene Mutation to Autism Risk,” the *New York Times* informed the world about current genetic research and the long-awaited discovery (more of a hint, really) of an autism gene (Carey: A1); similarly, *The Wall Street Journal* incorporated autism research into its pages, citing a recent publication in the journal *Pediatrics* that demonstrates a 60 percent increase in the likelihood of having a child with autism for obese women (Wang: A3).

The Center for Disease Control (CDC) also released new statistics on autism that demonstrate an increase in the prevalence from 1 in 110 children to 1 in 88. In the third article from the *Washington Post*, Thomas R. Frieden, director of the CDC, responded to this astounding rate by advocating for even more therapy (Brown 2012). To all appearances, these three pieces simply state facts arising from innovative research; however, the wide distribution and considerable response in the national media to such research demonstrate the public’s concern relating to this so-called tragedy. These sentiments are not exclusive to research institutions. Rather, these articles indicate widespread panic and a feverish search for causation of and ultimately a cure for autism, which in turn generates an atmosphere of hostility that can lead to physical abuse, coerced sterilization, and institutionalization (Hubbard 1997; Garland-Thomson 2002; Karasik 2004).

Because of its current status as a legitimate cognitive disability, it is not difficult to understand how autism spectrum disorder fits into a discussion of the ideology of the cure. Concern about and resistance

to this curative/corrective model of disability can reasonably extend to eating disorders and the related forms of neurocognitive diversity. Those who refuse to do so must ignore the growing advocacy network of anorexics that parallels the disability rights movement of the recent past and exposes contradictions within academic feminism. We must not hesitate to be inclusive here. By viewing anorexia as a disability itself, not simply a disabling symptom of a sick culture, we deconstruct the current boundaries between disability and disease and the ideologies and methodologies that lead to further body shaming.

The most concerning area of significant discrimination against anorexic women is within the scientific community in which the AN-ASD research began. Disability activists need to confront the explicit use of a curing or treatment-oriented framework regarding anorexia nervosa and autism. As more and more similarities between anorexia nervosa and autism spectrum disorder are brought to light, psychologists are calling for further brain mapping, genetic research, and therapy development. Alone, these tests are not damaging, but the methods rely on the presumption that a person with AN is not in a “proper” state of mind to know what is good for her and that those double-diagnosed with anorexia and autism always want to be healed. Remediation is expected to drastically improve their quality of life, but the techniques for healing can sometimes be unjustifiable. Currently, treatment for eating disorders may involve force-feeding, institutionalization or hospitalization, forced medication, reliving personal traumas (sometimes the trigger for acute AN), and non-consensual psychiatric or cognitive behavioral therapy. One study found that 95 percent of decisions about patient treatment programs were made by others, including family, a physician, or an insurance company (Darcy et al. 2010). Extremely high dropout rates with poor outcomes (e.g. patient mortality or heightened psychological distress) are common in AN treatment, yet the lack of control on the part of the patient—which Eivors et al. (2003) have indicated as the number one reason for dropout—is ignored because of the over-commitment to healing at any cost. Moreover, the “success”⁷ of autism therapy has clinicians advocating for and implementing traditional ASD therapy, like applied behavior analysis, and the use of antipsychotics, antidepressants, and stimulants (like Ritalin) to treat both autism and

anorexia nervosa. The transference of problematic autism therapies over to anorexia will surely continue and evolve, and the perception of suffering bodies in need of relief due to a medicalized model of disability is not likely to change without feminist intervention.

Outside of the debate on medical ethics, feminist disability studies theorists must tackle the addition of a “new” cognitive disability and its profound relationship with the ideology of the cure in a way not usually confronted. What sets anorexia nervosa apart from most recognized disabilities is that the mortality rate is considerably higher than in the general population even in early stages. So why would we not want to cure all people of eating disorders? This is a daunting question, because as previously mentioned, anorexic patients are 12 times more likely to die and 57 times more likely to commit suicide than another person of the same demographic (Zucker et al. 2007). The danger is apparent when browsing pro-Ana sites. Shelby, creator of the Tumblr site “Starving to Be Beautiful,” mixes thinspirations with suicidal ideation. She posted on 13 April 2012, “It’s Friday the 13th. I wish Freddy or whoever would come kill me or cut the fat off my stomach. But no, he takes people who actually want their life.” An image of a hanged woman’s feet swinging from above appears next to a post that says “Not eating for the next 3 days. Let’s get physical” (2012). On “Hip B-o-n-e-s,” an extremely emaciated webmaster posts pictures of her protruding ribs and pelvis adjacent to images of self-mutilation and an illustration of a person racing to the kitchen, asking, “Where do they keep the knives?” (2012). Other than suicidal tendencies, prolonged fasting, bingeing, and purging, which dehydrate the body and deprive it of essential nutrients, can result in osteoporosis, anemia, low blood count, and cardiac arrest, as well as other major organ failure.

We know that illness and death are possible in cases of anorexia nervosa, and yet there are those who ask not to be bothered or cured, and I am arguing that coerced treatment of anorexia nervosa reflects a bias against a disability. Do we support a self-destructive community or do we restrict individuals’ autonomy? Fat studies has raised a version of this debate: Do we grant the right of fat people to make choices about their bodies or coerce them into diet and exercise so that they can live longer and healthier lives? By labeling the Ana lifestyle as self-destructive we unfairly justify a bias, creating a hierarchy of physical

disability in which anorexia nervosa occupies the lowest position.

The most harrowing concern for me when thinking about anorexia is the feeling of imminent death. The physical and psychological health effects of anorexia nervosa cannot be ignored; however, it feels prejudicial to approach this issue from a curative perspective as a fat individual. I cannot presume to know what another person needs or wants or how her life should be, especially when there are perhaps biological and psychological factors not made aware to me. Knowing the dangers and because I do not contend with this eating disorder, I cannot reasonably understand why someone would willingly live the Ana lifestyle. Nevertheless, I can understand the feeling of wanting to change my body and knowing that I have every right to live as I want. Therefore, we must frame the anorexia debate in terms of personal freedom—the right to choose the course of our lives. Otherwise, feminists repeat the injustices of ableism: the denial of autonomy, institutionalization, and infantilization.

Combing through many pro-Ana sites, I have been reminded of the mad pride movement, a backlash against the social stigma, overmedication, and general maltreatment of people with conditions such as schizophrenia, depression, and bipolar disorder. This area of personal and political activism is definitely a controversial one, some people choosing to go off prescribed medications or indulging in their madness to the dismay of family, friends, and health officials. But Will Hall, schizophrenic leader of the Manhattan pride collective Icarus Project, says, “We don’t want to be normal,” referring to mental health conditions instead as “dangerous gifts” (Quart: 54). From the romanticized way pro-Ana sites (such as “Finding My Perfection” and “Paper-Thin Beauties”) view the disorder and support sites (like Project Shapeshift) push for acceptance, anorexics may find a similar justification.

Perhaps there is means of living the Ana lifestyle cautiously, accepting the disability as a “dangerous gift” which from the outside is not generally understood. The recognition of particular comorbidities in anorexics provides possible means of reducing serious self-deprecating acts (e.g. suicide attempts, purging, laxative use). Personality disorders, for example, are overrepresented in anorexic populations. Persistent problems with obsessions, compulsions, and social interaction may

be present (Råstam, Gillberg, and Gillberg 1996; Nilsson et al. 1999). Also, anxiety disorders often predate the onset of AN (Deep et al. 1995; Bulik et al. 1997), and obsessive compulsive disorder (OCD), avoidant personality disorders, and empathy disorders are common (Råstam et al. 1996). This point is critical for feminists, because self-deprecating behaviors ascribed to AN, like mania and suicide ideation, can potentially be attributed to other disorders that could be regulated through an anorexic woman's change in lifestyle without demanding she "fix" her body.

Society considers anorexia nervosa to be a cause of suicidality in these women and believes that curing the condition will save lives. At this point though, we must return to the pro-Ana movement, since pro-Ana sentiments hinge on the acceptance of the eating disorder as an identity category, a disability. Ana citizens are people who consider AN to be an inseparable part of their personality, not a disease; they consider "curing" them of AN or removing the control that Ana allows would diminish their personhood.

To demonstrate how restrictions on people's bodies out of fear of death conflicts with feminist mores, we might consider another circumstance outside of (cognitive) disabilities in which high rates of suicide are found: homosexuality (Remafedi et al. 1998). Once regarded by psychologists as a mental disorder (*DSM-II* 1968), homosexuality and bisexuality have been pathologized in similar ways as eating disorders, and together may be a contributing factor in 30 percent of completed youth suicides annually (Gibson 1989).

Under the same reasoning reserved for eating disorders, we could suppose that "curing" homo/bisexuality would prevent the prevalence of suicide ideation, attempts, and completions, but this would incorrectly place blame on the person's sexuality, an identity category. It would now be absurd to suggest that homosexuality causes suicide, and this raises a problematic question in relation to anorexia nervosa, arguably a parallel case. Lesbian, gay, bisexual, transgender, and queer youth, like people with AN, face social stigma and nonconformity that have lasting effects on health and the psyche. But we cannot cure someone's sexuality any more than we can completely obliterate any remnant of a cognitive disability.

Despite this analogy, there may not be a paradigm shift in the way

feminist disability theorists conceptualize anorexia nervosa. However, we must recognize that current reactions to and the treatment of AN potentially compromise the autonomy and agency of the anorexic individual. In early April 2012, Tumblr instituted a change in its terms of use, prohibiting blogs that “promote or glorify” self-harm, including anorexia nervosa, bulimia nervosa, or other eating disorders (“Community Guidelines” 2012), directly undercutting the independence and sense of fulfillment that a pro-Ana blogger may rely heavily upon. Many pro-Ana Tumblr sites have been taken down, including some used for research for this paper. Although I understand the feeling of concern for the welfare of the Ana community, social networking sites act very much as a means of anxiety relief, expression, and interpersonal connection. Banning that support system will do more harm than good.

Outside of cyberspace, disability scholars who succumb to the ideology of the cure in the case of anorexia nervosa—despite its classification as cognitive variance for the majority and autism spectrum disorder for a minority—violate the tenets of disability theory. Censoring pro-Ana material, pathologizing anorexic bodies, and forcibly hospitalizing the “skeletal and sickly” represent assertions of patriarchal power and oppression that attempt to regulate non-normative female bodies. Such efforts communicate that an extended life is more significant than an autonomous one. This idea is not without serious consequences for individual women and, therefore, we need insight from feminist scholars who can meaningfully engage with and fully unpack the significance of a cognitive disability-mental illness coexistence. But first of all, anorexia nervosa must be perceived as a disability identity.

Some feminists may contend at this point that we do not yet know enough, that the information on the connection between anorexia nervosa and autism spectrum disorder are not conclusive enough to alter an entire field of research. I would argue that it is never too soon for academic feminists to engage in contemporary scientific exploration, which, as gender theorist and molecular biologist Evelyn Fox Keller insists, will lead to a “whole new range of sensitivities, leading to an equally new consciousness of the potentialities lying latent in the scientific project” (1982: 602). Investigations that exclude feminist

voices may later prove to be laden with ethical issues or problematic language, or result in severe social repercussions, which in hindsight will seem to have been preventable if only a feminist perspective had been involved.

At the moment, research pertaining to anorexia nervosa pathology and autism epidemiology, as well as their apparent entanglement, requires immediate feminist analysis. We must realize this specific subjugation of aberrant bodies necessitates a response that has yet to emerge outside of a medical or psychological context. Feminists concerned with disability lead the way in asking the difficult questions and participating in meaningful conversations about power, privilege, and alternative epistemologies. These academics, therefore, must use the anorexia nervosa-autism spectrum disorder link as motivation to understand eating disorders as cognitive disabilities and consequently to advocate for anorexic individuals' personhood and autonomy.

Notes

¹ Death categorized as suicide includes lethal methods, such as drug overdose, and "weak" suicide attempts in combination with compromised health, such as alcoholism-related liver disease. This does not include body or organ collapse due to fasting or purging.

² The Office on Women's Health of the US Department of Health and Human Services reports that 85 - 95 percent of anorexics are female (June 2009). See their articles on disordered eating at www.womenshealth.gov/publications.

³ Gillberg and Lorna Wing introduced the concept of an autism spectrum (as opposed to the term autism or pervasive developmental disorders) in the early 1980s (2006: 447).

⁴ The Göteborg Study consists of many journal articles (written with colleagues I. C. Gillberg, M. Råstam, E. Wentz, and various others) pertaining to the research material and the particular subjects.

⁵ Recovery in anorexia nervosa is generally measured by percent weight restoration and/or suppressed maladaptive acts.

⁶ Thinspirations are motivational tools that people on most pro-Ana sites utilize. These are generally images or mantras to prevent bingeing or consumption of food. Thinspirations range from images

of famous actresses with desirable body types to anorexics exposing their many visible ribs.

⁷ I use scare quotes here because one cannot be healed or saved or relieved of autism, yet certain therapies have shown an increase in cognitive functioning, set-shifting, and memory. These, however, do not signal that the autism has disappeared or been cured.

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