

**Graphic Queering of Mental Illness: Nagata's *My Lesbian Experience with Loneliness* as Counter Discourse**

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### Abstract

Eating disorders have been understood predominantly as a female malady and impulsively associated with notions of femininity. This paper holds this view to be restrictive in that it overshadows other aspects that contribute to this complex phenomenon. It discusses Kabi Nagata's *My Lesbian Experience with Loneliness* as a text that opens up underexplored dimensions of the condition by separating it from gender and relating it to sexuality instead. Given the fact that the queer community is comparatively more vulnerable to mental illnesses like eating disorders, the paper locates the text within the backdrop of the historical pathologisation of sexuality and its correlative desexualisation of the pathologised. Using Crip theory as a point of departure, the article aims to unearth the commonalities between queer studies and disability studies to identify overlapping areas. It positions Nagata's text as a counter discourse by identifying heteronormativity as the illness-inducing phenomena rather than relating homosexuality to a state of being ill or disabled. Nagata's choice and employment of the graphic medium's rhetorical devices are analysed to justify the medium's as most suitable to "show" the invisible states of queerness and mental illness. It concludes with demonstrating how the medium acts as a therapeutic confrontational mode of expression, offering the memoirist agency to rewrite/redraw her experience, thereby creating new meanings of the same.

*Keywords:* crip theory, eating disorders, graphic medicine, heteronormativity, queerness, sexuality

## Introduction

Eluding the grasp of comprehensive causative roots, eating disorders are everywhere an increasingly growing concern. Despite a growing aggregate of pertinent data, their evasive essence still transcends prescriptive definitions. Recent research reveals predominant models as generally ineffective frameworks, evincing the need for a more inclusive, open and multimodal approach. On theorising about gender and its relationship to eating disorders, Anu Mary Peter traces the explanatory models available today: the biomedical model, the psychological model and the cultural model. The biomedical model is said to be reductionist in its approach, narrowly considering only genetic, neurochemical or neurobiological pathways, while the psychological model is faulted for being more focused on symptoms and therapy. The cultural model on the other hand gives an excessive significance to cultural triggers and overlooks other aspects. While the medical model ignores the sociological construction of the gendered illness, other models sometimes tend to magnify and build upon just that. Peter, therefore, arrives at the Biocultural model promulgated by Lennard J. Davis and David B. Morris, identifying it as the most suitable *modus operandi* for enquiry on eating disorders today. Its value is based on the belief that “[b]iology, as a science, cannot exist outside culture; culture, as a practice, cannot exist outside biology” (2007, p. 418). One such arena that embraces this interdependency and multidisciplinary methodology is Graphic Medicine, which is “the intersection of the medium of comics and the discourse of health care” (Czerwiec et al., 2015, p. 1). As a biocultural informant, Graphic Medicine offers alternative perspectives of illness that often fail to get acknowledged in predominant biomedical discourses. It subjectively encompasses lived experiences by acknowledging and validating the social, emotional and behavioural aspects of an illness. It thus serves as a perfect platform to understand the sociocultural factors that influence and impact eating disorders.

From a humanities perspective, almost all research on eating disorders builds on the fact that the major sufferers are women, thus endeavouring to explicate the invariable link between gender and eating disorders. The gastronomic politics associated with the female body, investigated through a feminist lens that scrutinises internalised body image ideas fed by society, remains the prevalent perspective to date. Anu Mary Peter’s research endeavoured to differ by criticising the socio-cultural theories, which despite enlightening upon “external triggers, such as the thin body ideal,...”, pointed out that “... gendered biocultural analyses could unload the common misinterpretations that fixed anorexia as the epitome of women’s obsession with beauty” (Peter, 2021, p.75). Her research exhaustively demonstrates how “graphic narratives on eating disorders are visual attestations of the fact that eating disorders are caused by a plethora of factors and not merely because women are weak-willed and are obsessed with the concept of thinness perpetuated by the fashion and beauty industries” (Peter, 2021, p. 99). She bolsters her findings by citing other researchers like Becky Thomson (1992), whose study revealed how women hailing from environments that did not favour thinness still developed eating disorders, and how those who do hail from such environments had reasons other than thinness for their own eating disorders.

This paper is indebted to the findings of Peter, which it uses as a springboard in two ways. First, it builds upon the fact that eating disorders are not invariably associated with notions of femininity and gender. And second, it claims that directing much attention to the attributes of the gendered illness has overshadowed other elements that might inscribe it, like sexuality. While eating disorder has been “conspired as a female disorder” (Mallya, 2020, p. 1) by feminist critiques like Wolf and Orbach, who claim that “90 to 95 per cent of anorexics and bulimics are women” (2002, p. 181), and that it is “a condition of the females who are invested

in not eating and have become scared of food and what it can do to them” (2005, p.xi), men, who make up 25% of the sufferers, are at a higher risk of dying as they are often diagnosed later than females, according to the national eating disorder association. Lesser awareness and attention is what is characteristic of eating disorders in queer communities. While gender has been the predominant standard of classification of sufferers, other yardsticks like race, ethnicity and sexuality have been under-represented. A 2018 study revealed that more than half of LGBTQ youths aged between 13 and 24 had been diagnosed with an eating disorder. The NEDA website also acknowledges the queer community as a potential victim group who might be susceptible to the illness, identifying and listing various threats that they face, like discrimination, bullying, rejection, internalised negative messages etc., to be probable triggers of the disease. While cultural representations of eating disorders in literature, film, art, etc. have been studied by humanities scholars, due to the nature of the illness as a bio-psycho-socio-cultural one, invariably all of them confine themselves to the gendered understanding of it. Amidst such monotony, this paper positions *My Lesbian Experience With Loneliness* by Kabi Nagata as a clarion call that instead brings to our attention the interrelated dynamics of sexuality and eating disorders.

It was only as recent as 1973, after multiple editions, that the American Psychiatric Association de-pathologised homosexuality and removed its diagnosis from *the Diagnostic and Statistical Manual* (Drescher, 2015). Until then and long before that, homosexuality or any form of what we today identify as queer was seen as a deviation and often perceived as an illness. The state of differentiation from a “normal” body ontologically caused a body to be identified as disabled, a body with an illness; it followed that a non-heterosexual orientation was the sign of infirmity. Today, scholars like Eribon question if one can read Foucault’s *Madness and Civilization* as a “history of homosexuality that dared not speak its name” (2001, p. 33). Mad studies have toyed with the possibility of interpreting “madness” as a code for heterosexual deviation. Clinical models in the late 19th and early 20th centuries medicalised homosexuality as “insanity” by labelling any non-heterosexual desire as perversion and “lunacy” (Terry, 1999, p. 77). Feminist explorations of madness have also contributed towards unveiling the practice of gendered pathologisation like that in the case of hysteria. Thus, situating amidst the history of pathologized queerness, this paper seeks to delineate Nagata’s text as a counter-discourse, that in reversing the tables, deploys heteronormativity instead as an illness-inducing phenomenon and thus a disabling state in its own right.

### **Mental Illness and the Graphic Medium**

Before explicating how the text counter-fixes heteronormativity as illness, the paper will first begin with studying the untabooing of mental illness through the graphic medium, which I feature as a pre-requisite to reach the objectives of this paper. Mental illness has been historically shrouded in mystery, persistently misunderstood and misrepresented. The sufferers of mental illness have been depicted as violent, vulnerable, dangerous, imbecilic and disposed to barbarity, making them unfit to handle any significant agency. Such stereotypical representation only encourages a culture of exclusion and avoidance (Felman, 2003, p. 13). Graphic memoirs on illness, on the other hand, find their roots in narrative medicine, rewriting illness and disability by subjectively demedicalising it, making bodies “become both a site of reception (of illness, its treatments, and its stigmatic attributions) and of active autopathographic re-inscription” (Thembeck, 2009, p. 205), thereby affecting popular cultural attitudes about illness and building empathetic scholarship. Graphic novels on mental illness play all the more important a role by visualising the invisible. They perceive and give voice to the marginalised within disability studies, whose models often neglect mental disability while

favouring physical disability analyses. This verbo-visual medium facilitates the communication of intricate experiences which sometimes become impossible to convey using only one of the two, that is to say, either images or words. As the experiences are quite abstract, individual and overly complex for conventional rhetoric, the pathographer utilises “metaphorical showing” to get as close as possible to lived experience and capture the chaotic psychological states, mimetically rendering the sufferer’s idiosyncratic feelings.

Unlike traditional memoirs, the graphic medium banks on the iconography of the comic style to enable the freedom to illustrate the absurdly abstract through hyperbolic images. It is also able to project a cartoony version of the self that aids in distancing, simplification and generalisation. Infused with humorous underpinnings, the medium resists conventional illness narratives that facilitate sentimental and pity-evoking oratory. It is thus de-threatening and serves to humanise mental disability.

Nagata conjures the imagery of “dissolving into thin air” to facilitate our understanding of the eating disorder as something that robs her character of her identity. In another instance, she dims the outline of the character in a panel to show how “her contours seemed uncertain” (Nagata, 2017, p. 43). Her identity crisis is further intensified when she picturises the split nature of her identity by drawing multiple versions of herself. One version of her wants to stop the disordered eating habits, but the other is labelled “helpless”; at other times “hopeless” and “tired”; another version of herself is labelled as a “me who wants to please parents”. These contradictory selves put her at loggerheads with herself, crippling her from existing as a whole. To emphasise the dissonance between lived experience and outwardly perceived understanding of the troubled state, she draws two identical images of her in a child’s pose and labels the two separately as “can’t try” and “being lazy” respectively. This deconstructs the prevalent notions of how much control people have over their mental disability, in an age where mental illness sufferers are treated as pathologized individuals. The different shapes of the speech bubbles, one with jagged edges and another cloud-like, shows the dichotomy between what the sufferer goes through and what society thinks about their suffering. Demands in the latter shape, like “don’t eat so much”, “why would you do that”, are posited incongruent to the inner turmoil in the former shape such as, “depression”, “anxiety”, and so forth.

The background strokes, typical of the manga style, here presented as swirls and fumes, often take a dark hue and appear to loom ominously around her when she confronts negative feelings, giving us an insider’s perspective of her psyche during those events. When she talks about the “dark, painful space with nothing below my feet” (Nagata, 2017, p.17), depicting herself to be floating in the black abyss of space, she hints at the experience of realising that there is no place to which she belongs. Her alienation is thereby presented in a pertinent image. The same black trope reoccurs in a panel when she learns that her mother’s assumptions about her have been shattered. To show how falling apart in front of her parents has felt like, she differentiates the stark lifeless black and white panel from the rest of the panels which are in pink and white. Another characteristic feature lent by the medium for effective communication is that of emanatas. Emanatas are a short lines or stokes, a “set of abstract symbology emerging from, usually, the head, the sensing part of the body, to indicate mental processes” (Davies, 2016, p. 8). In the next panel, the artist withdraws from the panel, indicating her efforts only through emanatas to show how, even though she tries, her efforts are invisible to the others.

## Queering Mental Illness

When analysing Nagata's metaphorical depiction of her mental illness, an interesting pattern emerges, which allows the metaphors to be read as signs of not only mental disability, but also queerness. In attempting to visualise the invisible, the semantics connote more than one structure: mental illness, queer anxieties, compulsory heterosexuality and compulsory able-bodiedness. For instance, the fine line between sanity and insanity propagated by an ableist society is seen reflected in her when she envisions an invisible cup full of water on her head which she dares not spill (Nagata, 2017, p. 18). It could also be an unconscious mirroring of her troubled sexuality and the "spilling out" can be read synonymous to her "coming out". The walking on thorns allegory (Nagata, 2017, p. 28) likewise could easily apply to both her repressed sexual identity and her disability. When she says, "it was almost like I'd made my way out of a deep cave" (Nagata, 2017, p. 42), it may similarly refer to both the confrontation with her sexuality and the management of her mental disability. Thus, the next section of the paper will draw upon the binding ties between disability and queerness and sketch its politics as embedded in the selected text.

Nagata appears to be overcoming her eating disorder in more than one place in the narrative, but to her utter dismay, it always returns. She thinks that having a job or her passion for manga would grant her the luxury of normalcy. However, it was not to be, for "[she] was always uncomfortable, one way or another" and "was flustered and in pain" (Nagata, 2017, p. 28), acquainting the reader with an underlying cause to her disability that transcends external factors. Only after the confrontation with and acceptance of her sexuality is she able to portray her disability as untroubling. The prevalent homophobia within her social circle has impeded her acceptance of a lesbian identity. Parallel to the untabooing of mental illness in the text is the untabooing of homosexuality. Out of the fear of disappointing her parents, who stand as synecdochic figures for society at large, she remains desexualised until she is forced to find reasons for her disability. At the unconscious level, she has been conditioned to remain childlike, an asexual state that everybody approves of, a state where nothing is expected of an individual, a state where she is still loved and accepted. She has unconsciously denied herself any knowledge about sexuality and sex because doing so would only lead her to face her sexuality as an unapproved one.

In a heteronormative society, coming out to oneself can be traumatic. Therefore, her eating disorder has been covertly portrayed to be caused by compulsory heteronormativity. This aligns congruently to the compulsory able-bodiedness of the society that is non-incorporative of the mentally disabled, as happens with physically disabled individuals. When her employer learns about her obsessive eating habits, for example, he simply fires her without even identifying the real issue; the employer is not even vaguely accommodative. Even at home she is portrayed as absent from the dining table, which permits only "normal" consummatory etiquettes, while the sounds of her binge eating are depicted as haunting the atmosphere. She is pressured to fit the pattern of a salaried employee and her mental health is utterly ignored. Wanting to please her parents is the natural outcome of a heteronormative and able-bodied society's control of power over the potential deviants. This frames her as an outcast at the subconscious level and marks her as guilty for not conforming. Guilt is a very powerful and insidious tool that hegemonic agencies employ to discipline in disguise. Crippled from being unable to identify the oppressive structures acting upon her, she succumbs to believing her oddness to be innate and cultivates a culture of self-loathing that makes her believe that she does not deserve to eat. Her starvation of love and hunger for compassion translates into denying herself food or, conversely,

overeating. The reasons she posits for her suffering thus blur the overlapping causes generated by the forces of a hyper-masculinist capitalistic, heteronormative and able-bodied society.

At this juncture it is necessary to resort to the concepts of Crip Theory. Crip Theory, put simply, invests on the intersectional commonalities between queer theory and disability theory due to their similar approach. McRuer, the pioneer of the theory, builds on how both fields critique the naturalness of compulsory heterosexuality and able-bodiedness, thereby problematising notions of normalcy. Both attack binary understanding and criticise the absence of a third option that could have the potential to become the centre, calling for a diverse inclusivism susceptible to fluidity. Both unsettle the rigid demarcations between “the public and the private, the social and the biological, difference, stigma and deviance, and the construction of identities” (Sherry, 2004, p. 769). Crip theory’s lens allows the envisioning of “the ways in which disability has been evoked in the construction of queerness and queerness has been evoked in the construction of disability” (Sherry, 2004, p. 770). A time in history when analysts might have looked through such a lens was during the AIDS epidemic, when Sontag discovered that “homophobia, disablism and First World paranoia combine...” (Sherry, 2004, p. 770). Disabled and queer people have thus been both prone to a history of oppression and pathologisation (Mcruer, 2006).

As mentioned earlier, non-heterosexual desire has been framed as a state of unhealthiness, while the sexuality of disabled people has been negated or dealt with apathy. They may have been demonised or described with an exaggerated sense of sympathy, but they have always been framed as “the other”. The “othering” diagnostic analyses can be traced to feminist models in both cases. Similarly, both terms “crip” and “queer” have been reclaimed to metamorphose into tokens of pride. Thus, Goodley claims that “queer and disability studies have the potential to unsettle one another and find shared vocabularies” to empower. Queer disabled people become doubly suppressed as they form a “minority within a minority” (Abbott & Howarth, 2005; Bennett & Coyle, 2001; Elderton, Clarke, Jones, & Stacey, 2014; Stoffelen et al., 2013), bearing a layered stigma. “In the same way that social model theorists have pointed to the dominant culture as responsible for the creation of disabling environments and attitudes, some queer theorists have pointed to the way in which the dominant culture and its family environment are responsible for creating inequalities in public access to various forms of pleasures and possibilities” (Sherry, 2004, p.775), making the social model of disability fit seamlessly when applied to the queer context as well.

Nagata becomes doubly marginalised as being a queer person with a mental disability, who, unlike other people who are marginalised on the basis of ethnicity or race, has also “... a parental burden of guilt and shame”, as Shakespeare (1996, p. 106) has pointed out. Her loneliness is seen to have reached extreme states, ones where falling apart actually soothes her. She even seeks the comfort of the hospital bed for sympathy and care. Friends can become unavailable to her as well, as she faces the possibility of their hatred should they come to discover her queer identity or her eating disorder. Her quest to find a “place to belong” (Nagata, 2017, p.13) is made impossible by a hyper masculinist capitalistic society that essentialises heteronormativity and ablebodiedness/ ablemindedness. Her worthiness even in private circles is primarily measured by her capacity to earn. The wall metaphor that she creates emphasises this distance between her and other people because of these barriers.

When she hires an escort, even though the entire narrative has led up to that particular point (which can be taken to be the climax), she is unable to reciprocate the comfort that she receives. Her ideas about the encounter are heavily doused by the dogmas of a heteronormatively

sanctioned society and its fantastical definitions of desire. She is unsure of how to react and about what counts as “appropriate” in something that is taboo. Though she yearns for it, she is made anxious by human contact. She is seen to be highly conscious of her bald spot from her hair-pulling disorder, and yields to the pressure of being judged or rejected even within the queer community due to their presumptive able-bodiedness beliefs. She also submits to the constraint of needing to look feminine as a lesbian, where she learns that even among lesbians “men’s clothing and no makeup is kinda frowned upon” (Nagata, 2017, p. 79).

Discernibly, ideals of femininity and masculinity, propagated by the duo-philic patriarchal heteronormative regime, seep into the apparently fluid queer sexualities too, reflecting how Nagata queers the queer. So not only has her repressed queer identity influenced her mental disorders, but the disability also has in turn made the sexual experience difficult. Scholars have often pointed out how the sexual desire of crippled queer has been dismissed as trivial or misunderstood for friendship (Kafer, 2003), sometimes even ridiculed, criticised or punished for expressing it. (Hodges, 2005). Nagata’s depiction of her first sexual encounter serves as a response to this prevalent notion. Hiring an escort, as mentioned above, becomes the fulcrum of the plotline, events prior to which lead up to this particular chapter; even the cover page sports scenes from this main chapter. However, deconstructing initial assumptions about the cover, the experience is portrayed as far from being erotic in spite of its explicitness. The narrative structure positions this as the un-closeting event where she confronts and owns up to her truth; an act of regaining that which has been denied, something so basic, yet so important: “i needed to step into a place i’d thought i could never go” (Nagata, 2017, p. 81), “i needed to affirm the things i hadn’t been able to”; “i wasn’t hiring this woman for fun, i thought i had to do it for something far more important” (Nagata, 2017, p. 80). This represents her resistance to the heteronormative norms and her refusal to be crippled by the fear it propagates. This parallels with her denial of compulsory able-bodiedness that required her to become a salaryman. She chooses her passion and redefines stability by prioritising mental health and satisfaction over financial wellbeing. Thus, her liberation is simultaneously coarticulated by her sexual encounter and her choice of manga as a profession. Overcoming one is facilitated by the other and vice versa, to show how interlinked the two oppressive structures are.

### **Rewriting/Redrawing Experiences**

The deployment of a manga publication as a metafictional strategy treats Nagata’s memoir as a testimonial to her rebuttal of the stealthy forces of political oppression. The creation of the graphic memoir mirrored within the plotline serves as an effective outlet that enables her to confront her traumatic past. This is evident when she says, “writing about all this now, it makes a lot more sense” (Nagata, 2017, p. 55), as the telling offers her a cathartic opportunity to revisit her tormented state with a newly enabled distance, giving her a clearer perspective. The individualised account of her sexuality and disability overwrites the fictionalised, romanticised and glamorised grand narratives of heteronormativity and/or able-bodiedness/able mindedness, further facilitated by the generic conventions of memoir, where the voice is raw and unapologetic. Having unfettered her hidden identities, she feels liberated in no longer needing to adhere to the dictating norms of the various hegemonic power structures: “i realised that the reason i had trouble meeting people was my compulsion to try to make myself look better” (Nagata, 2017, p.123), “if i worry about my relatives dying from shock, i wont be able to draw anything interesting” (Nagata, 2017, p.130). Nagata embraces her otherness, as manga content provides the impetus to positively subvert her victimisation into a creative entity that sustains her, thereby envisaging the sufferer as an artist. When she is unable to write about anything, she writes about herself, where the pathographic space becomes life-saving as it empowers her

agency: “death ...was put on hold for the first time” (Nagata, 2017 p. 124). Scholarship in Narrative Medicine views illness narratives as a sense-making strategy, an opportunity to understand and organise chaotic experiences into easily accessible and digestible elements. (Shraf & Vanderford, 2003, p.25). Along those lines, Nagata, by literally “redrawing” herself, grabs at the possibility of ascribing a new identity to herself. Initially unable to love herself, she arrives at illustrating the chibi protagonist version of her as “cute”, indicating her willingness to perceive things afresh. If her story is understood as a quest for identity, then its successful reception, both within the narrative and in real life, further legitimises her acceptance amongst the transformed audience. The narrative serves not only as a purgatory tool but also affectationally co-heals the readers into experiencing and overcoming the ordeals of the memoirist.

### **Conclusion**

Medical humanities could have never been more relevant than today, amidst a pandemic, where we try hard to make sense of things and come to terms with adversity in relatable ways, increasingly blurring the lines between objective fact and subjective experience. This paper has positioned Nagata’s text as a counter-discourse in more than one way to necessitate the reimagining of mental disability. The author cum artist has sufficiently proved how multiple layering of victimisation can happen simultaneously and gives us an insider’s perspective of her psyche by maximising the verbo-visual medium’s capacity to allow one to think beyond normative ways of knowing. Eating disorder has been approached from a biocultural perspective, wherein the interdependent relationship between queer and disabled identities associated with it were explored. It throws light on the multifarious possibilities and manifestations of eating disorders and renders them de-stigmatised. This paper, on wanting to investigate the probable triggers of eating disorders as expressed in cultural products, has limited itself to studying one graphic memoir, as it analyses the link between sexuality and disability. Scope for further research would include unearthing other possible influences like race, ethnicity, and so forth, as reflected in other art forms. The intricacies of disabled queer identity politics could also be explored in detail to reveal how and why the two fields ought to be studied in a more syndetic manner than they are now.

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