

ON THE MONKEY(S)¹

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TW²: symptoms of mental illness

Let me start my reflections on *Monkey on My Back* with my personal story. When the pandemic hit, I had to do a lot of work on my mental health. Particularly because my mental health was once framed as “hypochondria”³, not only by the doctors, but also by most of the people I grew up with as a kid. I reclaimed my “diagnosis” and have been doing so for several years now. For my particular illness-induced anxieties I have had to have therapy more often during the past year. As I discussed the issue more often with my therapist, there was greater opportunity to explore how I feel about such labels. When touching on the topic, my therapist suggested we avoid labeling my anxiety traits with medical terms, particularly my “hypochondria”. While I felt very encouraged by her suggestion that we find another way to talk about my “condition”, over the years it has become part of my identity and even my pride. But my therapist gently challenged my decision to reclaim my “diagnosis”. And so I decided to revisit my decision to re/claim it. As someone who is trained in gender studies/feminism and other related fields, I understand how labels (and identities) work and that they can be both encouraging and discouraging. I therefore decided to observe what the identities I had reclaimed mean to me now. It also urged me to re/consider my other identities. I have identified as queer, and that label seems to be sticking with me the most, but I have explored other labels as well (lesbian/dyke/bisexual...). The queerness, however, seemed to be a “grounding” identity that has helped me navigate and claim the others. Obviously, as societies “create” new labels and identities there are new ways of identifying and thinking about oneself and of framing experiences. Similarly, I later claimed to be “mad” and “fat” to frame my own experiences. To me, all of these categories are political and a form of

¹ Wiesner, A. (2020) *Monkey on My Back: An Autoethnographic Narrative of a Therapeutic Experience*, VEDA

² „Trigger warning” is a term used to caution readers about a potentially distressing content <https://www.bbc.com/news/blogs-ouch-26295437>

³ I use the terming knowingly, partly in reclaiming it and partly because it gives some idea of my experiences.

resistance. When thinking about re/constructing my mad identities, I observed how other individuals, communities and theorists relate to (their) identities, what the(ir) narratives were and how they constructed the(ir)policies based on power relations. It is both a means of navigating my “politics” and of analysis.

While seeking answers to re/frame my experience, I dived into various identity politics⁴ (based on gender, race, disability) and also looked at how the medical discourse creates meanings through the process of diagnosis. While doing a little research on the Czech medical discourse, I looked at the International Classification of Mental Disorders.⁵ Obviously, I tend to avoid that kind of information as it has triggering effects, but I was tempted to take a look. I figured I’d fit into quite a few of the diagnosis descriptions, which I presume is part of my “condition”. I am very careful when searching for symptoms, but contrary to the usual panic attack, I experienced a short and unexpected feeling of relief, as it seemed to have given a name to what I have been experiencing over the last year. Initially, I figured that it wasn’t the way I wanted to think of my experiences, particularly as the medical terminology comes with a stigma (internalized or “externalized”). While I was browsing the list, another “diagnosis” caught my attention,) F64. Obviously, I was aware that so called “*Gender Identity Disorders*” are on the list, but it never occurred to me to think of transness in “medical” terms. I realized that thanks to my theoretical background in social sciences and lived experiences, including the fact that I have been part of local LGBT/Queer communities, I hadn’t even thought of “transness” as a diagnosis, despite the fact that some trans* folks decide to medically formalize their transition and require so called medical interventions every now and then.⁶ And I was struck by the fact that it is still considered a medical condition⁷, and most probably not just in medical/psychiatric circles. Afterwards I told my therapist that while I wasn’t able to remove my own medicalizing label, I had never used it to label “others” because I was aware of how random these categories are. This particular moment challenged me to think of my diagnosis in other, less (self)stigmatizing, terms. Obviously this is a long process because, while I had never had to defend or even explain my queerness, I felt stigmatized by my mad status, which pushed me into making it

⁴ According to the Stanford Encyclopedia of Philosophy, identity politics is a “...wide range of political activity and theorizing founded in the shared experiences of injustice of members of certain social groups. Rather than organizing solely around belief systems, programmatic manifestos, or party affiliation, identity political formations typically aim to secure the political freedom of a specific constituency marginalized within its larger context. Members of that constituency assert or reclaim ways of understanding their distinctiveness that challenge dominant characterizations, with the goal of greater self-determination.” <https://plato.stanford.edu/entries/identity-politics/>

⁵ Trigger warning: symptoms of diagnosis; International Classification of Mental Disorders, <https://www.who.int/classifications/icd/en/bluebook.pdf> originally accessed via: <https://mediately.co/cz/icd/F00-F99/poruchy-dusevni-a-poruchy-chovani>

⁶ This claim is to characterize my approach to various „diagnosis“ and „labels“ but it is obviously not meant to erase the medical/social stigma trans* folks face, which I am aware of. Rather it is to reflect on my own approaches to myself and „others“ and to identities (politics) and how they to some (still very small) extent managed to shake off the medical stigma

⁷ In May 25, 2019, the WHO decided to stop categorizing trans* as a mental disorder. The target deadline for countries to implement the changes is in January 2022: <https://time.com/5596845/world-health-organization-transgender-identity/>

more visible. My “mad” identity politics is therefore rooted in the visibility of my identity/ies, and it was helping me, and possibly others, handle conditions triggered by the pandemic. But I do realize it may be a “false trap”, and that there’s a thin layer between emancipation and the internalization of a medically labeled status. A. Wilson and P. Beresford talk about so called “secondary deviance”, which is the internalization of mental health stigma (Wilson & Beresford, 2002).

I had yet another moment that made me think about my approach. I spoke to my sister, as we do daily, and during one phone call she seemed out of sorts. She was “showing symptoms” of what would be medically described as anxiety/depression/OCD. Again, as my “condition” is associated with an interest in symptoms, I suggested she should perhaps “see someone”, whatever suited her. But her background and the way she perceives mental health is different. In fact, she doesn’t even frame it as (a) mental health (issue). She suggested that the feelings she was experiencing weren’t intruding on her and weren’t doing any harm, that she was just used to it. Now my first reaction would be “she doesn’t understand because...”. But then I stopped myself, realizing that I was framing her feelings as being potentially “pathological”. I cannot “unread” all the articles I have read and all the information I have consumed as part of my research on the topic (or just casually reading about diseases) which was often grounded in medical theories. Most of the easily accessible information is framed that way. The medical discourse dominates other discourses, such as that of the social sciences, and so it took me time to challenge the internalized medical approach.

Contrary to the medical approach, there were books that helped me navigate my thinking and my framing of my experiences. The most important were Susan Sontag’s *Illness as Metaphor* and *AIDS and Its Metaphors* (1978, 1989) which helped me look at “illness” as a part of a social construct (Sontag, 1990). While she wasn’t the first to suggest the social model/layer of illness/diseases, she was the most accessible person (and part of my education). Seeing illness as something that was socially constructed was a life-changing moment and I often revisit these books when feeling overwhelmed by the medical discourse.

To conclude this lengthy personal intro, I often lack stories and theories that operate within the same social and geopolitical context as I do and that would perhaps help me navigate my thoughts. I am often trapped in the internalized medical discourse, attempting to balance it with the “social model”, but it’s challenging and requires me to reconsider my practices every day. And so I need books and stories to help me frame my experiences in a non-medical way. It’s an essential part of the reframing of my experiences and emancipation.

I was therefore happy to read *Monkey on my Back*, which is clearly thematically linked to my interests and lived experiences, as a queer/mad person. It is also one of the first attempts at critiquing the psychiatric discourse using disability/monstrous/mad studies in a Czech/Slovak context.⁸

I should also state that I have known the author for over a decade now and despite not being in a regular touch, they⁹ have been a huge influence, especially when my (subsequently formalized) interest in gender/queer theories started. This fact inevitably shapes the way I

⁸ Czech authors who have written disability studies include M. Appeliová, F. Herza and K. Kolářová

⁹ „They“ is meant in the singular form, in order to avoid gendering

approached the book by my old mentor. Obviously, such review comes with many feelings but mostly respect and a bit of fear, but mainly excitement.

Monkey on My Back is rigorous in its use of theories and manages to balance the autoethnographic parts with the “theoretical” ones. Both (or perhaps all) the complementary “sides” of the book are written precisely and the book is “technically perfect”. It’s an assemblage of genres, theories and approaches, which makes it challenging to review. It is autobiographical in the sense that it discusses topics that are inherently related to the author and their interests. It’s a complex and well thought out approach, and it is unique. It’s an extension/continuation of the author’s first book and multi-disciplinary project, *Jediná jistota je změna* [*The only certainty is change*], which combines the humanities with human resources/ capacity building and sustainability in the context of activism.

Monkey on My Back is about coming to terms with oneself (including one’s demons) and about suggesting new meanings and readings of aspects of life that tend to be framed in medical terms. These readings are grounded in various approaches, from monstrous studies to (evolutionary) astrology, Buddhism and psychology.

My reflections will inevitably deal only with part of the book, and focus on certain theoretical aspects. My “background” and “ideologies” are slightly different (but definitely exist in parallel) to the *Monkey*¹⁰ strategies and there’s strong common ground that I would sum up as “disrupting psychiatry and beyond”. I figure that the modes of operation are not as important as the “common goals”. In short, “the important thing is getting there, not how we get there”. The aim of my review is therefore not to criticize the approaches but perhaps suggest further perspectives that may (or may not) be relevant.

Overall, in places, the multi-disciplinary approach can feel overwhelming. It’s a risky approach that could lead to fracturing. There were parts where I “got lost” but eventually I got used to the style and by the end figured that “despite its fragmentation and incoherence with no clear end and no clear beginning, it is still a story” (Wiesner, 2020, p. 171). This reminded me of the claim in the introduction to Paul B. Preciado’s *Testo Junkie* (2017) that

If the reader sees this text as an uninterrupted series of philosophical reflections, accounts of hormone administration, and detailed records of sexual practices without the solutions provided by continuity, it is simply because this is the mode on which subjectivity is constructed and deconstructed (Preciado, 2013, p. 12).

The “subjective” genres challenge (academic) writing norms and readers to re/consider their ways of thinking/reading. “Subjectivity” is also essential to feminist writing and reading.

In feminist research methods, the researcher has to reflect on their position within the research. As Reinhartz and Davidman explain,

feminist researchers generally consider personal experiences to be a valuable asset of feminist research. Personal experience typically is irrelevant in mainstream research or is thought to contaminate a project’s objectivity. Whereas feminist researchers frequently present their research in their own voice, researchers publishing in mainstream journals typically are forbidden to use the first person in the singular voice (Reinhartz & Davidman, 1992, p. 258).

¹⁰ “Monkey” is further used to refer to simultaneously book and the concept

This approach particularly worked particularly well with the parts where the journal extracts were cited. The *Monkey* genre resembles Anne Cvetkovich's *Depression: A Public Feeling* (2012), which is a memoir and critical essay about depression as a cultural and political phenomenon. Similarly to the *Monkey*, Cvetkovich seeks non-“medical” solutions that involve spiritual practices (Wiesner, 2020, p. 96).

As for the reader’s (“reading”) perspective, feminist literary theories and criticism stress the importance of identifying with the “characters” (Morris, 1993). This approach stemmed from the “second wave feminism”¹¹, but the demand for personal stories and storytelling and at the same time—the possibility of identification with them is relevant until today, especially when sharing experiences with intersecting marginalisations. Methodologically, *Monkey* resonates with the current wave of feminism that call for intersectional approaches that reflect multiple categories/identities (Křížková, 2018).

Monkey as Metaphor

Susan Sontag’s essays *Illness as Metaphor* (1978) and *AIDS and its Metaphors* (1989) show how societies tend to think about diseases and how the use of metaphors can be harming/stigmatizing for those who suffer from diseases. There is a thematic resemblance here to Michel Foucault’s *Madness and Civilization* (Foucault, 1961). Sontag observes metaphors people use to talk about illness. Using the examples of tuberculosis, cancer and later AIDS. Sontag explores the meanings/metaphors ascribed to diseases throughout history. She encourages us to avoid using metaphors as that can silence and discourage patients. Sontag’s essay has proved exceptionally relevant during the pandemic as war metaphors have often been used to talk about strategies for tackling the Covid-19 virus/pandemic (Barša, 2020). In such contexts, the use of metaphors promoted by mass media coverage can indeed be harmful. Sontag was critical of metaphors being used to talk about diseases because of the negative meanings they may connote and the harm that could do to “patients”.

Monkey on My Back is both a metaphor in itself and uses metaphors. When considering how ties in with Sontag’s perspective, I figure that when the author “comes up” with the metaphor it’s a different and potentially emancipating act as there’s an element of subjectivity. It is not society that is ascribing the meanings; it’s about defining one’s own meanings and ways of thinking about the self. As such, it has the potential to re/claim the medical labeling and other metaphors. And more importantly it becomes part of the “healing” process. Nevertheless, analyzing diseases and their metaphors can still be used as a (self)reflective method, particularly when it comes to observing internalized stigmas induced by the medical discourse or society. The reflective process inspired by Sontag’s approaches could furthermore include thinking about the meanings we attribute to the metaphors as well as the meanings societies give to these terms.

¹¹ Definition from Britannica: <https://www.britannica.com/topic/feminism/The-second-wave-of-feminism>

Monkey as Madness

In the *Monkey* the general approach to mental health draws on mad/monstrous studies. In *Madness, Distress and Postmodernity: Putting the Record Straight* (2002), the authors suggest that mental illness is a social construct created by psychiatry (Wilson & Beresford, 2002). It can often negatively influence those who are medically labeled. They also describe how society and the media perceive such involuntarily labeled individuals. Furthermore, according to the authors, it's dangerous in that it focuses solely on people's "negative" elements. They point out that in psychiatry "mental illness" tends to be seen as a diagnosis that sticks with the person. They note that every now and then people have anxieties and that these are a regular reaction to certain kinds of situations, yet psychiatry tends to pathologize these mechanisms. This is also tackled in the *Monkey*, which points out that our brains have warning mechanisms that are triggered in "dangerous" situations. I observed one more discomforting (to read) parallel in both books. In *Madness, Distress and Postmodernity*, the authors observe that "psychiatric patients" worry about sharing what they are experiencing because the symptoms are noted down and may later be used against them. It's a very similar mechanism to the one described in the *Monkey*, where the author shares the process of (medical) transition: the doctors act as gate-keepers, in "providing" hormonal therapy (and other "treatments"). The author described being under stress for the fact that possible disclosure of details on "mental health" could put access to hormonal treatment at risk (Wiesner, 2020, p. 56).

Mad studies provide a useful tool for the analysis and critique of the medical/psychiatric system and the way sexologists and psychiatrists deal with trans* folks. *Monkey* is, to my knowledge the first attempt at critiquing the psychiatric system and trans*/nonbinary/queer issues in a Czech/Slovak context. It is also one of the very few projects in "mad studies" that looks at a Czech context (unfortunately, I am not familiar with the Slovak work in this field). There have been several initiatives highlighting the violation of human rights in psychiatrist discourse (most notably: Mad Pride¹², Neklid¹³).

Other relevant local initiatives tend to operate within the system, rather than trying to disrupt it. Such activities may include awareness about the "minority stress"¹⁴ or attempts to educate the medical community.¹⁵

As for the US-based academical/theoretical approach to the intersection of queerness and disabilities, authors include Robert McRuer (2018) and Jasbir Puar (2017), who looked into the intersections of trans* and disability studies, particularly from the perspective of neoliberal policies, biopolitics and governmentality.

¹² <https://www.facebook.com/madpridepraha/>

¹³ TW: survivor stories of violence against "psychiatric patients": <http://neklid.net/>

¹⁴ <https://www.queergeography.cz/lgbtq-psychologie/dusevni-zdravi-ne-heterosexualnich-lidi/>

¹⁵ <https://jsmettransparent.cz/pro-odbornou-verejnost/>

Monkey as an in/animate monster

There are parts of the *Monkey* that “tease” readers by discussing theories/approaches and making them wish there was greater interlinking of the theories/approaches/experiences. The conception of the “monkey” as a non-human “other” is definitely a perspective that deserves research in its own right. Theories of in/animate (non-human) objects are a provocative approach with a rich body of theoretical work. *Monkey* draws its arguments from Donna Haraway’s concept and Line Henriksen and monstrous studies. Donna Haraway (2013) suggested dismantling the binary nature/culture, which is an overarching concept (Haraway, 2013). Her successors have drawn on her thoughts, “troubling and undoing stubborn binary systems of difference, including dynamism/stasis, life/death, subject/object, speech/nonspeech, human/animal, natural body/cyborg” (Chen, 2012, p.3). Mel Y. Chen (2012) applies the “troubling the binaries” approach to observe how sexuality, race and environment intersect with disabilities, necropolitics and “animacies”. This approach also relates to the “plant theories” that draw their inspiration from animal studies that show that both vegetable lives and animal lives are part of life forms under humanist biopower (Nealon, 2015). These theories share common ground or perhaps are a continuation of Michel Foucault’s Biopolitics (Foucault et al, 2008), but apply the concept to more recent approaches and themes that focus on marginalized “others”. *Monkey* is without doubt an interesting addition to the field and it would be good to elaborate further on the thinking in it.

Mindful Monkey

In “*Naming Demons, Approaching ‘Monkey’ Mindfully*” Wiesner rightfully points out that mindfulness has become a commodified practice that could serve as a disciplinary tool. The neoliberal critique points that mindfulness has become a tool for enhancing productivity, contrary to its original purpose (as explained further in the chapter) (Wiesner, 2020, p. 81). Additionally, academics have drawn attention to so called self-disciplinary practices, pointing out that biopolitics is no longer needed by the current system i. Instead, the disciplinary practices are carried on by individuals in a form of self-optimization, self-exploitation (Han, 2017) or self-surveillance (Winch, 2016). I am attempting to incorporate this idea into my daily practices and to consider whether they are acts of self-surveillance (such as meditation, exercise) that I am unknowingly being forced to engage in under the capitalist regime. I (and perhaps similarly to the story of *Monkey*) have figured out that these practices often do ease my mind, despite them being tools of productivity and capitalism. I have also figured out that there are activist “antiproductivity” (Brown, 2019) approaches and practices that not only work outside the capitalist schemes (insofar as is possible) but also disrupt the medical/biopolitical approach by enabling variously abled bodies to engage in practices that focus on embodiment, emotions and pleasure. There are various ways of approaching the issue and, as is the case with in/animate objects, exploring this theme would require writing another book. Perhaps one more perspective that should be taken into account when considering mindfulness is *breathing*, which is discussed briefly in the chapter. Magdalena Górska (2016) observes acts of breathing in her book *Breathing Matters*. Górska looks at the bodily acts of breathing from multiple perspectives and her research “focuses on

not only how bodies are political as social constructions or as actors in politics, but first and foremost on how bodies enact politics". Górska looks "at how embodiments and affectivities enact vulnerabilities and their intersectional relations with power". Part of her book examines panic attacks and the related breathing strategies of "calming down", using an assemblage of personal stories, practices and analytical approaches. Górska looks for radical approaches to anxieties and panic attacks:

erratic breathing enacts a break from the normative, which is terrifying, but also opens potentialities of being otherwise. These potentialities are not easy, happy and optimistic in themselves or for the sake of being alternatives, but they are enactments of different directionalities. They enact change in the form of radical disruption, immobility and rejection of the normative pressure of being an intersectional embodied subject of the neoliberal political, social and cultural economy. They claim what it means to be a human-embodied subject in a differential way. In their suffocating forcefulness, they are also articulations of the necessity to take space, to take a breath and to live a breathable life (Górska, 2016, p. 299).

"Alternative" readings/meanings of bodily experiences are a desirable practice. Acts of disrupting neoliberal/biopolitical regimes may take many forms, be they mindfulness, astrology, radical body positivity or observation and analysis of the various discourses.

Conclusion

I began with the fractured character of the *Monkey* and I find myself in a similar position in concluding my thoughts. Inevitably, influenced by the multi-dimensional approach and my often fractured and "random" interests that constitute this review, I too think that the reflection is a subjective process that can only be understood by the author. To answer my initial question: have I found the answers I was hoping to find, particularly in relation to disrupting psychiatry? Reading the book, in some places I was challenged by the approaches and perspectives that are not part of my thinking. There were, however, parts that I found "persuasive" and that proved their point. The argumentation is precise and the author is well aware of the academic rationalizing practices, which I admit to having internalized to some extent. But I can now say that the *Monkey* challenged my thinking about certain non-academic practices, whether they are looked at as metaphors, practices and theoretical approaches (these particularly apply to the parts on astrology).

But, because of my personal experiences, I was not able to "relate" to the CBT approach (Wiesner, 2020, p. 142). Despite the description of the third-wave cognitive therapies seeming to indicate that they are becoming more accepting of the individual's needs and experiences, my personal history and experience of trauma from the (seemingly) first/second wave of such therapies holds me back from relating to them (at least for the moment). Additionally (and in relation to the approach) social constructivism (and not biological determinism) underpins my way of thinking about "life" and "everything". While the narrative that "humans" have these defensive mechanisms and that anxieties form part of them is supportive and calming, I tend to think that even the body—sex (referring to Judith Butler, 1990)—is socially constructed and so is our way of thinking about it. Nevertheless, these are (not hugely important) details. When thinking about my mental health, I too

decided to accept the “otherness” and the fact that, whatever it is, it’s part of me. And in *Monkey* this was the most comforting realization I had. And so, the story resonated deeply with me, and I hope it will with others too.

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