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CARRYING THE TORCH: FATNESS AND NATION IN THE AGE OF  
WEIGHT LOSS

By

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ABSTRACT

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In twentieth century America, fatness and fear of it drive discrimination, public health campaigns, eating disorders, classism, sexism, and racism. This dissertation articulates an understanding fatness as a complexly constructed embodiment situated at the center of various problematic and oppressive American discourses, dislodges overweight and obesity from biological moorings, and suggests that America's problems with fatness inhere not in the bodies of fat people, but in the way different elements of American culture construct fatness as pathology.

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## Introduction

By now nearly everyone in America must be familiar with Jared Fogle, Subway Sandwiches' resident guru of weight loss. Jared first appeared in a Subway commercial released in January, 2000. As the commercial proudly proclaimed, "After sticking to a self-prescribed diet of Subway sandwiches for almost one full year, Fogle lost a whopping 245 pounds" ("Subway Diet Guy" par. 1). Jared's weight loss has earned him the national spotlight. To date, "he has done eight commercials, been featured at hundreds of speaking engagements and has participated in thousands of media interviews" ("Subway Diet Guy" par. 2). Jared's weight-loss fame has even earned him a role in the American Heart Association's Heart Walk events ("Subway Diet Guy" par. 7). While these accolades are flattering, Jared's carrying of the Olympic torch is his shining moment. He states, "The highlight of my Subway Career has to have been carrying the Olympic Torch through Indianapolis. It gave me a lot of pride to represent not just myself and Subway, but America, too" ("The Subway Diet



Guy" par. 4). Were it not for the attacks of September 11, 2001, Jared would have also represented America in a new Subway advertising campaign. According to Rachelle Deshaies and Suzanne Routh, "Subway restaurants pulled a [one quarter] million dollar ad campaign which featured company spokesmen Jared Fogle striking a pose like Uncle Sam and proclaiming, 'Jared Wants You'" (par. 3).

Equating Jared with Uncle Sam, the quintessential icon of American patriotism, Subway's campaign reveals how closely tied weight loss, national identity, and patriotism have become. Yet, in spite of concerns over growing waistlines and public campaigns against overweight and obesity, the population of the U.S. continues to be one of the most obese in the world. The disjuncture between cultural ideas about fatness and the reality of bodies leads to a torturous existence for many Americans, as contemporary American narratives of fatness and weight loss stress both the ability and the responsibility of individuals to modify their bodies. The pressure to lose weight continues to strengthen in spite of mounting medical evidence that meaningful weight loss remains impossible for many. And so, as Jared Fogle carries the Olympic torch, he recruits each and every American to do his or her patriotic duty by losing weight.

This dissertation examines contemporary American discourses around fat, obesity, and weight loss in order to better understand fatness's location within American culture. Chapter one examines the narratives of weight loss surgery survivors, such as Al Roker and Carnie Wilson, alongside narratives of weight loss from the Christian Diet Movement (CDM) with the aim of exposing the moral and religious overtones present even in avowedly secular weight loss narratives. Within the CDM, weight loss gurus such as Gwen Shamblin tout her program, "The Weigh Down Diet," as a way to turn away from the refrigerator and toward God in an age when spiritual hunger has supposedly been mistaken for physical hunger (Mead 55). Within CDM and secular weight loss narratives, fatness symbolizes spiritual crisis and struggle and as such is not only understood as volitional, but even willfully sinful. CDM narratives co-opt fatness as volitional representation of spiritual woe; coupling these notions with mainstream weight loss narratives that suggest fatness can easily be taken care of if one has willpower and commitment opens the door for justifying discrimination against fat people. Chapter One maps these trends within several key CDM and mainstream narratives, exposing the religious and moral overtones of weight loss movements that set the stage for pathologizing fatness.

In Chapter Two I examine the feminist struggle with fatness with particular attention to the work of Susie Orbach. Despite its long-standing commitment to understanding embodiments as culturally rich constructions, academic feminism has often depicted fatness as unnatural and a sign of neurosis. From Orbach's perspective, fatness manifests in response to an individual woman's needs to respond to and resist an oppressive culture, and when women are truly liberated, they will all be thin. I argue, however, that Orbach's willingness to read fatness as a temporary and pathological embodiment violates feminist tenets by reconstructing a natural and ideal embodiment for women. I maintain that the inability or unwillingness of many feminists to engage weight as anything other than pathology is particular disappointing because feminist studies, much like disability studies, can offer tools for positively reworking the story of fatness.

Chapter Three and Four parse out the specific politics behind the discrimination against fat people. In Chapter Three, I outline how the Americans with Disabilities Act and work done by disability scholars can help us think through fatness as a socially disabling condition even in the absence of physical impairment. As legal scholar Sondra Solovay's groundbreaking study *Tipping the Scales of*

*Justice: Fighting Weight Based Discrimination* suggests, discrimination against fat people persists because most people believe overweight and obesity to be volitional conditions that impair an individual's stamina and indicate sloppiness. The belief that fatness is volitional often leads to outrage when one suggests that overweight and obesity be legally considered disabilities. Using frameworks established by disability scholars to understand how negative attitudes and unfounded stereotypes about overweight and obese people bar them from employment even when they are capable of performing job duties, I argue that fatness can and should be covered under the Americans with Disabilities Act. As this chapter shows, the ADA is one of the only viable options for offering fat people protection similar to civil rights protection offered to other marginalized groups.

In Chapter Four, I discuss America's current "war" on obesity and how fatness and fat people are thought to represent the American dream gone awry. Fatness is thought to signify both an America that has become lazy and weak-willed and a tendency to consume to the point of excess. Advocates of the war on obesity charge that the excess of the fat body is bankrupting our national healthcare budget and responsible for millions in diminished or lost work

productivity. Particularly problematic for working class people and people of color, fatness has become associated with them as groups, and as criticisms of overweight and obese people have intensified via the war on obesity, criticizing fatness has become a convenient way to pathologize the working class and people of color. This chapter considers this trend and situates it historically among other American public health campaigns.

In *Fat History: Bodies and Beauty in the Modern West*, Peter Stearns notes that we have become obsessed about weight in a time when there are many other modern killers that fail to arouse the same excitement and moral crusades (254). Comparing weight to volitional behaviors such as tanning and speeding as examples of cases where death rates are increasing, Stearns maintains that weight arouses so much more concern because it is read as a symptom of endemic cultural problems (254). This dissertation seeks to map the ways fatness operates as a linchpin of American culture. As Hillel Schwartz writes in his introduction to *Never Satisfied*, if there is a moral to an account of obesity, it is that fatness so prominently occupies our imaginations because it is situated at the center of American culture(8). In twentieth century America, fatness and fear of it drive discrimination, public health

campaigns, eating disorders, classism, sexism, and racism. Understanding fatness as a complexly constructed embodiment situated at the center of various problematic and oppressive American discourses dislodges overweight and obesity from biological moorings and suggests that America's problems with fatness inhere not in the bodies of fat people, but in the way different elements of American culture construct fatness as pathology.

## Chapter One

### Taking the Devil Into Your Mouth: American Weight Loss Narratives, Morality, and Betrayal

All I could do at this point was pray to a higher power. "Lord, help me," I whispered as I looked up at the sky, but those weren't regular clouds up there. It was all marshmallow fluff.

--Carnie Wilson from her book *I'm Still Hungry*<sup>1</sup>

In America, we no longer fear God or the Communists, but we fear fat [. . .]

--Gregory Taubes, "The Soft Science of Dietary Fat"

The Christian diet movement is in full swing. The list of publications, many of which are national best sellers can't fail to impress: Charlie Shedd's *The Fat is in Your Head*, God's Answer to Fat by Frances Hunter, C.S. Lovett's *Help Lord—The Devil Wants Me Fat!*, and *Slim for Him* by Patricia Kreml (Griffith par. 7). In addition to these monographs, the Christian diet movement also boasts weight loss programs, with many churches across the nation donating space, time, church officials as counselors, and even funds. One particularly successful church-based weight loss program is Gwen Shamblin's "Weigh Down

Workshop." According to *New Yorker* columnist Rebecca Mead, who spent time interviewing Shamblin at her Franklin, Tennessee base of operations, there are now some "thirty thousand Weigh Down Workshop groups nationwide, most of them offered through churches and held in basements or back rooms on weekday evenings" (48).

Mead goes on to write that Shamblin's "core contention is that the fatness of America is the symptom of a spiritual crisis: "overweight people have mistaken a spiritual emptiness for a hunger for food" (48). While many people, regardless of how they identify in terms of faith, might snicker at titles such as *Slim for Him* and wonder why churches and religious figures would express such interest in dieting practices, those same people might not realize how closely mainstream diet movements mimic religious narratives of morality, trespass, duty, and ritualism. Contemporary American weight loss narratives, Christianized and secular, emphasize volition and lack of morality as the causes of obesity and willpower and necessary suffering as the cure. In doing so, these narratives help justify the pervasive discrimination against fat people. The idea of a "spiritual hunger" essentially unrelated to physiology but that suggests personal pathology and responsibility is central to



**m**ainstream narratives of weight loss, as any perusal  
**t**hrough the self help/diet section of most bookstores  
**a**ttests. Language about good food and bad food, cheating,  
**C**onfession, volition, punishment, (im)morality and  
**R**esponsibility for the care of one's body as a temple  
**P**ermeate nearly all weight loss narratives and call certain  
**R**ituals into existence.

This chapter examines contemporary American weight  
**L**oss narratives and rituals as expressed via weight loss  
**C**ommercials as well as those of individuals who have gone  
**P**ublic with their drastic weight loss. From an examination  
**O**f these narratives and rituals comes both an understanding  
**O**f contemporary representations of weight loss heroics and  
**t**he imagined failures of people who remain fat in what can  
**O**nly be called the Age of Weight Loss. As Roberta Seid so  
**s**imply but provocatively states in *Never Too Thin*, "We  
**h**ave elevated the pursuit of a lean, fat free body into a  
**n**ew religion'" (qtd. in Stinson 152). Weight loss in  
**A**merica is, indeed, a religion, one complete with its own  
**i**cons. Consider, for example, Subway's minister of weight  
**L**oss, Jared Fogle. In several ubiquitous television  
**C**ommercials, Jared's disciples dutifully follow him into  
**S**ubway shops to learn the secrets of his success. As he  
**h**olds the door open for his followers, Jared literally

s hows them the way to weight loss and salvation from  
f atness. So a recent press release from Subway proclaimed,  
“ To some, a hero is nothing but a sandwich, but to  
t housands of Subway customers, a hero is a young man who  
a te a sandwich—Jared Fogle” (“Subway News” par. 1). When  
l osing weight is supposedly as easy as choosing the right  
s andwich from the menu, personal responsibility becomes the  
o verriding narrative. Those who follow Jared’s example, or  
t he examples of other weight loss heroes, will be given a  
n ew life; those who hear the message but refuse are damned.

### **The Body As a Temple: Virtue and Restraint in the Age of Excess**

As Hillel Schwartz argues in *Never Satisfied: A  
H istory of Diets, Fantasies, and Fat*, many historical  
e pochs have been marked by concurrent bounty and  
r estriction. Speaking specifically of capitalist  
s oieties, Schwartz writes, “Dieting strategies have  
f ollowed the stages of capitalism so closely that one could  
b e the model for the other” (327). Likewise, cultural  
s tudies scholar Harvey Levenstein’s *Paradox of Plenty: A  
S ocial History of Eating in Modern America*, examines the  
t rend of societies of abundance always torturing themselves  
w ith dieting. As an example of the concomitant wealth and

torture, Levin offers the 1980's. In the midst of Robin Leach's "Lifestyles of the Rich and Famous"--a program that ended with the line "May you have caviar wishes and Champagne dreams"--"corporeal ideals reached the thinnest extremes ever" (238). The same era gave us music videos like Olivia Newton John's "Let's Get Physical," shot entirely in a gym, and legwarmers, traditionally reserved for dancers, as a mainstream fashion trend. Often called the "decade of excess" and marked by economic prosperity, in particular for media moguls and "financial wizards," the eighties also brought public exercise into vogue (Levenstein 237) and saw the intense examination in academia and the media of eating disorders.<sup>3</sup> Levenstein notes that "for the first time in American history, a substantial number of deaths were directly attributed to starvation [. . .] of the voluntary kind, the result of a rash of eating disorders, mainly among middle- and upper-class females" (238). As a case in point, the 1980's suggest that preoccupation with weight and exercise, although frequently explained as concern for health, inevitably houses other anxieties about "gender, beauty, class, race, and other contentious social concerns" (Sobal 232). Thus, attitudes about bodies and weight have

Frequently enjoyed synergistic relationships with larger social concerns and values.

Today, these powerful connections frequently present in TV weight loss advertisements. A recent advertisement for the "Makeover America" weight loss program perfectly exemplifies the careful packaging of numerous social concerns under the guise of weight loss and health. One of the advertisements features a large woman standing in front of a background screen where the American flag is lazily waving. As the flag undulates, the woman explains to the audience that she realized she had to do something about her weight when her daughter was almost hit by a passing car and her weight prohibited her moving quickly enough to reach her child. She continues speaking directly to the viewer, explaining that even though her daughter wasn't injured the experience was a "wake-up-call" for her. Compare a commercial for L.A. Weight Loss Centers that opens with a fat woman sitting in a lounge chair in her backyard. Her children come to her asking if they can go to the park. She imagines herself trying to pick up a cooler that she can't manage and waddling out. To her children's dismay, she asks them to play in the backyard sprinkler and tells them that maybe they can go to the park another day.

In both instances, concern about weight and women's bodies couples with concerns about one's responsibility as a mother, caregiver, and even a good citizen. The waving flag that serves as the background for the first commercial establishes a sense of national pride, and when juxtaposed with a narrative of motherhood and responsibility for our nation's future generations, Americans everywhere are called to duty in the battle against the bulge. Both commercials rely on certain understandings of what it means to be an American, in terms of the activities one should be able to enjoy and the responsibilities one has to family and therefore implicitly the nation. To be an American is to have time and energy for leisure, to become a parent and play actively with one's children at public parks, and to protect the children that constitute the future of our nation. In short, the narratives presented in these weight loss commercials are about far more than weight, body, size, and health. In a time when conservatives worry that family values are disappearing and Americans no longer take their responsibility as citizens seriously, these commercials address more than corporeal based concerns about weight and health. As Susan Bordo explains in *Unbearable Weight: Feminism, Western Culture, and The Body*, our bodies and discourses and practices aimed at them

often serve as mirrors for our cultural values: "The body—  
what we eat, how we dress, the daily rituals through which  
we attend to the body—is a medium of culture" (165). Thus,  
as a narrative and practice, contemporary dieting marks us  
as concerned citizens who uphold a certain set of values.

Dieting in America, therefore, serves as a marker of  
restraint for not only excesses in food and drink but for  
excess in general, while simultaneously symbolizing that  
the dieter is a good person. The valences of "good person"  
abound within weight loss narratives and discourses of  
eating and gluttony, so much so that even those writing  
critically about the weight loss industry are vulnerable.  
For example, Laura Fraser's 1997 exposé of the diet  
industry in America, *Losing It: America's Obsession with  
Weight and the Industry that Feeds on It*, provides a  
compelling and timely look into the growing weight loss  
industry and overwhelmingly treats the issue with a  
critical eye, yet at times even Fraser's critical analysis  
contains the rumblings of a moral campaign against  
overeating and obesity. While explaining why she thinks  
Americans overeat and therefore become obese, Fraser  
writes, "Why is it that the French and Italians don't have  
the problem with obesity that Americans have? Some claim  
the answer's in the wine or the olive oil. They may also

be less sedentary, and certainly have different genes. But those cultures also have a tradition of eating food with love, not promiscuity [. . .]" (136). Setting aside for a moment the obvious connection between eating and sex<sup>4</sup> that the choice of "promiscuity" suggests, what stands out most are the moral implications involved in Fraser's statement. In the age of HIV, when promiscuity has been elevated to a moral crime of the highest order, suggesting that Americans eat with promiscuity proposes that those doing so commit crimes against both themselves and society writ large. Promiscuity, especially when contrasted with love, indicates a lack of self-respect as well as a lack of respect for others in a time and culture that portrays nearly every sexual encounter as a moment of danger for both the individual participants and the society that will be burdened by them if they fall ill.

### **The Politics of Volition**

Perhaps even more importantly, promiscuity is always represented as entirely willful. Thus, to bundle Promiscuity, eating, and obesity together in one cultural narrative suggests that fatness and fat people knowingly and willingly defile the temple of the personal and social body. The result of the narrative of volition is a

complexly effective mix of self-blame, self-hatred, and supposedly warranted cultural punishment that all resonate with Christian edicts while naturalizing the thin body. As Shamblin writes in *The Weigh Down Diet*, "If you look at *National Geographic* magazine pictures taken in Third World Countries where food is not the addiction—I am not referring to pictures of starving people—then you will see that God made people's bodies to be lean"<sup>5</sup> (qtd. in Mead 55). Ignoring the fact that many people in these countries are not Christians, Shamblin makes it clear that "she is skeptical of the suggestion that there is any explanation for obesity other than downright disobedience to God" (Mead 55). The temple of the body is meant to be thin; making it fat is a willful, unnatural act.

Anti-diet activists and scholars confront the issue of volition within their analyses of and responses to weight loss narratives perhaps more frequently than any other. In *No Fat Chicks: How Big Business Profits by Making Women Hate Their Bodies—And How to Fight Back* Terry Poulton considers the issue of volition to be "the big question." She writes:

No discussion of the psychological toll exacted by the billion dollar brainwash [of the diet industry] would be complete without addressing



the basic question that seems to mystify so many "normal-weight" people and prompt so much prejudice: Why do Fat Chicks choose to be miserable misfits by staying so much bigger than they "should" be? Answer: They don't. [. . .] The Big Lie—that obesity must be voluntary because anyone who tries hard enough can be permanently thin—is one of the most cunning ploys adopted by the anti-fat profiteers. But the rock-bottom truth is that the media version of slenderness is simply not a possibility for many body types. It is a "myth that we can force our bodies into the shape we think they ought to be," says Dr. Jane Bloiun, a psychologist at Ottawa Civic Hospital's eating-disorder clinic. "It doesn't work that way any more than you can force your foot into the size of shoe you want" (97).

Indeed, the idea that anyone can be thin as long as they try hard enough does directly contradict recent information about the long term effectiveness of diets for weight loss. As physicians David Kassirer and Marcia Angell note, diets have a 95% failure rate (52). This daunting and revealing statistic and the refusal to acknowledge what nearly all of *us* know from our personal experiences with dieting belies

the stranglehold the discourse of volition has on narratives about weight.

As Poulton points out, the notion that weight is alterable for all people—that everyone is capable of being thin if only they make the choice—both fuels the discrimination against fat people and assigns the blame for that discrimination to fat people themselves. Thus, the punishing of fat people via employment and daily harassment<sup>6</sup> is understood by all involved as punishment for volitional sins. When fat people openly speak about their oppression as anything other than self-inflicted, their alleged choices motivate many responses. Writing about her experience with fat and oppression within the lesbian community,<sup>7</sup> Laurie Ann Lepoff expresses her dismay at the way her friend responds when she finally opens a dialogue with her about fat oppression:

[. . .] she responded just so: “But isn’t there some choice?” she said. “Choice” is not the issue. The “problem” is not my being fat. The problem is how I’m treated because of it. You don’t solve racism by bleaching everyone’s skin the same color (white, of course). Remove the offending characteristic and everything will be

peachy. Make us all the same and we'll stop oppressing each other. I responded to my friend's question with considerable antagonism. "Why don't you just go straight if you feel so fucking oppressed as a Lesbian?" I spat into the phone. "I'm sure you could pass if you really tried. All it would take is a little will power." (206)

Lepoff's friend's insensitivity epitomizes the responses many fat people hear when they discuss their poor treatment. Thus, Lepoff rightly targets one of the chief problems with responses like her friend's, which is that choice is not the issue in oppression of fat people. In a similar fiery rail against the idea that people choose to be fat, disability and fat activist Nommy Lamm writes, "I never chose to be fat (despite what Susan Powter or Jenny Craig might say), and I never chose to be born with one leg all fucked up or to get my foot chopped off when I was three" ("Fishnets" 86). Citing the diet industry as an instigator of fat oppression, Lamm understands that her embodiment has been pathologized largely due to the pervasive nature of fat embodiment as always volitional. For Lepoff and Lamm, the idea that people always choose

their bodies is at best tangled and at worst unrealistic and a means of justifying fatphobia.

Carnie Wilson, whose two monographs on her weight loss surgery are bestsellers, provides further evidence that fat is considered a choice even by fat people themselves. Wilson writes a typically American narrative about why she thinks many people choose to remain heavy:

For many people, weight is a way or an excuse to explain why certain things have not worked out well. "It's because of my weight" or "It's because I wasn't attractive enough."<sup>8</sup> If you take the weight away, you can't use it anymore as a reason for your failures. It's like starting your life over without any kind of defenses, without the tools that you've become dependent on using to protect yourself.<sup>9</sup> (*Gut Feelings* 210)

As Wilson understands it, being fat is not only a choice, but a choice made out of a need to disguise a person's true shortcomings. Here, the rhetoric of "choice" functions as a no-win situation: if a person chooses to be fat, then he or she does so because it's a way to hide individual shortcomings, and if a person chooses to diet and fails, *then* that failure is also signifies a personal inadequacy.

For those who are thin, permanently or even for a brief period in their lives, as well as for folks who are fat, the allure of the rhetoric of choice rests in the illusion that they are in control. From the perspective of Vivian Mayer, this control fantasy is at the heart of weight discrimination, self-hatred and blame. She writes, "The problem is the belief that drinking a low-calorie soft drink enables them to choose their figures, the illusion that fat or thin is a matter subject to personal choice and control" (3). Because obesity is conventionally considered a choice and choice displaces responsibility onto an individual, what many fat people describe as discrimination might be described by others as a result of a "victim's" shortcomings.

Even those who see fatness as a problem with cultural roots frequently understand the solution to require individual action and choice. Shamblin's belief that "the fatness of America is the symptom of a spiritual crisis" leads her to conclude that the solution, rather than necessarily changing American culture (much less standards of Western beauty), is to choose to turn to God instead of the refrigerator (Mead 49). Here again, the Christian Diet Movement and secular narratives of weight loss share territory. In *Fat is a Feminist Issue: A Self-Help Guide*

*for Compulsive Eaters* (which I analyze in more detail in Chapter Two), a feminist analysis of weight in women's lives, Susie Orbach argues that women use overweight or obesity to protect themselves from sexual harassment or being seen as thin and sexy and therefore incompetent. As large women, they are supposedly taken seriously and able to avoid being over-sexualized. Claiming that women use these weight gaining "strategies" to thwart unwanted advances and unwarranted assumptions, Orbach suggests that cultural changes will alleviate the need for obesity. Still, she suggests that individual women should, at least in the meantime, understand the meaning and uses of their excess weight and work to be thin.

Criticizing this type of move, fat activist Joan Dickenson writes, "I agree that fat is a problem—but *whose* problem? By stating that each woman can solve it for herself, Orbach implies—even as she lists the cultural roots of fat—that the problem is ours. Thinness is best, it is a woman's duty to try for it, and therefore her fault if she fails. Blame the victim" (41-2). W. Charisse Goodman notes that many texts face similar pitfalls:

Indeed, most books on this subject [women, weight, and discrimination] begin by condemning the pressures placed upon women to be slender but

end by reinforcing those pressures when the discussion turns to the plight of the fat woman and what can be done to help her lose weight.

(50)

In light of recent work on fatness and discrimination,<sup>10</sup> the tendency to blame fat people for bigotry and intolerance directed against them is even more depressing: "Overall [. . .] work increasingly suggests that weight may draw more open and widespread discrimination than race or gender or age, and that the prejudice turns up in almost all spheres of life, from the classroom to the office to the streets" (Goldberg 1). The issue of choice and the belief that people are responsible for their own misery—even when derived from the poor treatment they receive from others—detracts from a recognition of socially responsible attitudes toward fat people. Goodman provides a compelling contemporary example when she reviews personal ads and finds an ad posted by a "socially conscious" man who seeks a woman but "no fatties" (62). To be socially conscious excludes being concerned about fatphobia because again discrimination against fat people is only a response to fat people's poor choices. As Cecilia Hartley states, "Fatphobia is one of the few acceptable forms of prejudice

left in a society that at times goes to extremes to prove itself politically correct" (65).

The incessant discrimination and abuse fat people face is undoubtedly fueled by the assumption that fat people literally get what they deserve. Time and time again, fat people are told to change themselves to suit standards of body size, beauty, and health. The omnipresence of these demands prompts harsh criticism from many anti-diet activists and writers. According to Poulton, "Certainly, other minorities face deplorable prejudice. But when you're overweight, the hostility feels more personally directed. [. . .] the overweight are still regarded as *deserving* of abuse and exclusion" (90). The claim that fatness is always voluntary has been particularly powerful in justifying fat discrimination.

Also central to assigning blame to fat people is the belief that fatness is sinful and wrong. Shamblin has no qualms about listing weight gain among a long list of sins she feels her methods can productively address: "She argues that her method of renunciation can be applied to all manner of other sins, such as alcohol abuse or dependence on prescription drugs or homosexuality [. . .]" (Mead 48). Given that gluttony counts as one of the seven *deadly* sins, it should come as no surprise that the



Christian diet movement so sharply targets obesity. As minister Charlie Shedd declared in his 1957 *Pray Your Weight Away*, "'We fatties are the only people on earth who can weigh our sin'" (qtd. in Griffith par. 25). Gluttony is not, of course, a direct correlate to obesity,<sup>11</sup> but like most narratives about body size and eating, within Shedd's work excess weight and poor diet are always partnered. The fat body becomes the physical evidence that the sin of gluttony has been committed, in the same way that STD's serve as proof of the sin of promiscuity.

Goodman notes that the American association between gluttony and fatness is imagined to be so strong that if a fat woman isn't a glutton in public by overeating or dares to deny that she's a glutton people treat her like a lying child (11). On television talk shows featuring large guests, large people who deny overeating are usually directly confronted and charged with lying or dismissed as being in denial. Similarly, in his inspirational guide for dieters, *Devotions for Dieters: A 180 Day Guide to a Lighter You*, Christian diet guru Dan R. Dick tells the story of Helen, a woman who thinks she's fooling God and her friends when she says she's really trying to lose weight:

Helen lamented that she couldn't lose weight, but she hardly tried. Oh, she would spend time with her friends talking about diets, and she would go to exercise class and sit on the side of the gym while her friends exercised, and she would buy diet sodas and TV dinners, but she would also buy coffee cakes and ice cream. The saddest thing about Helen was that she couldn't understand why her friends weren't sympathetic to her.

Everyone, including God, will sympathize with us when we are giving our best efforts. However, if we deal with losing weight like Helen, even God will have little patience with us. Only fools think they fool God! (77)

For Helen, as Schwartz might say, "[. . .] the crime became proof of the disease" ("The Three Body" 413). Since the body is so visible and assumed to be the corporeal result of the crime of overeating, all those who gaze on the body take on the role of God in the sense that they can't be fooled. The fat body is proof that the soul is that of a sinner.

While fatness and gluttony are conflated into a neatly packaged sin, fasting and the thin body remain associated with purity and vision. As Schwartz points out in his

essay "The Three Body Problem," "fasting has been bound up with the spiritual and the visionary from time immemorial. It may serve as the shaman's avenue to trance or the ascetic's path to clear-mindedness" (425). He goes on to write that "[. . .] fasting gave access to an interior self and another world in which contacts with the spiritual, the ethereal, the transcendental were so much easier" ("The Three Body" 426). In other words, the ability and will to deny the body intensifies the spiritual possibilities, echoing the classic split so central to Western concepts of mind/body and soul/body. While only a few diet programs recommend fasting, the notion that mental (and perhaps spiritual) clarity comes from denying the body certain foods is prevalent in commercial weight loss narratives.<sup>12</sup> The language of "cleansing" is strewn throughout narratives of fasting and dieting, casting fat as a pollutant to both the spirit and the body, and this discourse is only amplified when it meets Christianity. As Dick writes in *Devotions for Dieters*:

In many respects, dieting is like a washing away of fat. What greater joy is there than to step up on the scales and see the pointer a few marks to the left of where it was a couple of days ago. When we lose, we feel cleansed, and the cleansing

is not just physical. Emotionally we begin to feel better about ourselves. Our guilt, our poor self image, our pain all begin to wash away, too. This is the best washing of all. We are renewed both inside and out, and we become fitting and holy temples; righteous dwelling places for the Lord! (15)

Outside the Christian diet movement, discourses of cleansing and purity attach to the very minutiae of dieting and weight loss. In both her initial publication about her bariatric surgery and her follow-up bestseller about life after weight loss surgery, Wilson frequently describes her food choices in terms of "good" and "bad." This is language most of us are used to hearing, but Wilson takes the moral highroad by claiming that she eats "clean" foods (*I'm Still Hungry* 16, *Gut Feelings* 205). The investment in classifying the health and moral hygiene of certain foods is well-documented by those who study diet culture in the United States. In her book *Women and Dieting Culture: Inside a Commercial Weight Loss Group*, Kandi Stinson notes that within the weight loss group she infiltrated group members referred to certain items as "'red light foods'" that "signal temptation, danger, sinfulness" (154). One cannot help but be reminded of red light districts and

again note the mingling of food, sex, and taboo within such phrases. In order to overcome the desire for these "red light foods" and remain "clean" Wilson's advice to dieters (or more specifically to those who choose weight loss surgery, because she believes it's the only viable option for permanently losing weight)<sup>13</sup> is to avoid certain foods whenever possible but to taste them without eating them when temptation becomes too strong. She writes:

The easiest and most exciting weight-loss method I've tried is chewing food and then spitting it out. This way, you get the taste and experience of chewing the food, without all of the fat and calories (although you still get some). Now, this is really not attractive on dates—when you run to the bathroom, he might think you're bulimic.<sup>14</sup> Worst of all, your own mother might slap you on the hand even if you're 35 years old, because those aren't exactly the table manners she taught you. But once in a while, when you just need to taste that piece of chocolate, it's better than eating it. (*I'm Still Hungry xxxii*)

Although Wilson often nods to moderation in both her texts,<sup>15</sup> pointing out that she still eats cookies and

tiramisu—only now she eats a few bites rather than an entire dessert—the characterization of certain foods as good, bad, and clean presents problems her concessions can't solve. As Stinson is quick to point out in her work, the dualism of good foods/bad foods means that in spite of moderation "sin is inevitable" (154). As Wilson writes, "Carbs are the devil" (*I'm Still Hungry* 170). A little chocolate or a lot of chocolate? Either way, one has taken the devil into her mouth.

With sin comes punishment, and once again the concept of punishment and sin feature as prominently in secular weight loss narratives as those with an avowedly religious base. WLS establishes a punishment for eating forbidden foods that can be physically painful and embarrassing. In March 2002, *Today* weatherman Al Roker underwent gastric bypass surgery knowing that the surgery "carries a sobering 1-in-200 fatality rate" (Tauber and Dagostino 108). Now over one hundred pounds lighter, Roker speaks openly about the surgery he initially hid from the public and his *Today* colleagues.<sup>16</sup> In addition to singing the praises of WLS and his new found health, Roker also speaks about one of the downsides of the surgery: dumping syndrome. Dumping syndrome often results from "eating too much, especially high-fat, high-sugar foods" and causes survivors of gastric

bypass procedures to "experience dizziness, nausea, vomiting or diarrhea" (Tauber and Dagostino 110). In his November 2002 cover story for *People*, Roker recounted his first experience with dumping: "I took a couple of bites of these ribs, and while it was going down, I thought, 'That was a bad move,' he says. "We got off the air, and I just kind of sidled off to the bathroom" (Tauber and Dagostino 110). Roker doesn't follow up this comment with any sort of analysis or commentary. For him, sidling off to the bathroom seems to be just something that's now part of his life.

Roker's experience and his blasé attitude about it mirrors Wilson's description. In fact, it's difficult to get through a chapter of Wilson's *I'm Still Hungry* without reading a description of dumping. Wilson's first experience is described in vivid detail. After serving her dinner guests Jell-O and Cool Whip, Wilson was forced to apologize to her friends then go upstairs until her dumping passed. She writes:

[. . .] let me just tell you that dumping is the most horrible feeling in the world. Your heart beats really fast, you're sweating, your nose gets totally stuffy, and you feel really dizzy. It's like a panic attack combined with a terrible

stomachache and a horrible cold. Basically there isn't a part of your body that doesn't feel like total shit. Hitting your bed is about the only option you have (short of calling your doctor) so that's what I did. (25)

She goes on to write that she had other "world class dumping experiences" where eating yogurt and carob chips made her deathly ill and one of her friends had to care for her until it passed (*I'm Still Hungry* 25-6). Yet what is most disturbing about Wilson's treatment of dumping is the joy she expresses when she writes about what is, according to her own representation, a very punishing physical and mental process. In a section at the end of *I'm Still Hungry* called "How To Be a Good Weight Loss Surgery (WLS) Patient (If You Care)" Wilson writes:

Dumping isn't fun—however, it's my lifesaver now because I feel a certain reaction after I eat specific foods. If those foods are high in sugar or fat and I eat too much of them (which might only be two or three bites), I'll have a nasty reaction. The food will "dump" directly into my intestine, and my pancreas will be fooled and will produce a lot of insulin—it's like being a diabetic. [. . .] I also feel extremely tired and



have to lie down, no matter where I am. (Some people experience severe cramping and get the runs, too.) But the worst part is this feeling of impending doom that comes along with everything else. This could go on from 15-45 minutes, as the degree of dumping varies. Sometimes I don't even know what caused it. You've got to be ready for the possibility of this happening. [. . .] That's why I'm happy that I dump. Why would I want to be able to eat a lot of the foods that made me fat in the first place? I love being able to write that! (150)

Confessing another one of her "sins" (not drinking enough water) and the resulting punishment, Wilson says that she became so constipated "(something common for WLS patients who don't drink all their water) that [. . .] there was a brick at the bottom of [her] ass" (*I'm Still Hungry* 38). Throughout this discourse, Wilson believes dumping syndrome and the pain and panic that accompany her "failures" are apt punishment for eating forbidden foods. In fact, Wilson never says anything critical about the surgery and its horrendous side-effects, further emphasizing that she thinks any problems encountered are because she alone has misbehaved.

It seems especially appropriate that the punishment for eating foods with high fat or high sugar contents manifests in such a shame-inducing and public way. As Michel Foucault writes in "Technologies of the Self," "To prove suffering, to show shame, to make visible humility and exhibit modesty—these are the main features of punishment" (245). Thus, dumping serves several purposes within mainstream narratives of weight loss. Even though she might not always know what food causes the dumping, Wilson sees dumping as a necessary punishment for food trespasses. Dumping also serves as a sort of public confession of sin. With dumping, those who have undergone WLS signify both that they are being punished for their trespass and that they are "at least trying" to do something about their weight. In other words, an individual's dumping says, "Even though I was bad at this moment, I'm being punished so that my larger goals can be reached." It's interesting to note that the diet drug Xenical elicits a similar response, causing anal leakage and/or diarrhea when patients eat too much fat. There is a definite trend toward products and procedures that elicit a loss of control in obese patients. Given that obesity is already emblematic of a loss of control, such physical reactions can only heighten these notions. The specific

manifestation of anal leakage and/or diarrhea might even be said to infantilize obese people, again playing on the idea that obese people can't control their bodies. Lest we think that such side effects are always accidental, R.J. Albrecht and W.J. Poires suggest that people who are sweet eaters be specifically targeted for the Roux en Y WLS procedure that encourages dumping so that these folks won't ingest too many sweet drinks (155). In at least this instance, the punishment is in no way coincidental.

### **The Suffering and the Damned**

Demands that people "at least try" to do something about their weight often exact public confessions and sacrifices as proof of effort. In his novel *Killer Diller* Clyde Edgerton tells the story of Phoebe, a large woman staying at the Nutrition House, which is a residential Christian weight loss program. When Phoebe meets a man named Wesley, who falls for her rather quickly, she feels compelled to tell him that she's trying to lose weight. After Wesley says he likes her the way she is, Phoebe says, "'Well, thanks, I guess. But at least I am doing something about the, you know, extra weight'" (Edgerton 109). Phoebe exhibits the self-policing and confessions that result from pressures to always emphasize that one has not chosen to be

fat and is "at least trying." Similarly, on *eDiets.com*, a commercially based website that offers diet advice as well as product endorsements, members' narratives provide ample evidence that fat people's awareness that others expect they always be "doing something" about their weight is not just fiction. Yvonne M., who is described as a woman who once liked "casseroles with cream of mushroom soup...bread with butter and jelly...chips and salsa ... icecream ...cheese ... mmmmmmm...as in murder on a diet!" now weighs in fifty pounds lighter, talks about how she used to buy groceries: "'I would look at my cart in the checkout line and think 'look at all the junk I'm buying,' [. . .] 'There were no fruits and vegetables. The checkout girl must have thought I was terrible. I was terrible!'" (*eDiets.com*). Like Edgerton's Phoebe, Yvonne M. polices herself and even names her crime as "murder." The punishment for being a terrible person who murders a diet is to live under constant scrutiny and expectation.

Those who are fat and resist the expectation to always be on a diet face different but no less problematic scorn. According to Susan Bordo, fat people whose experiences and stories fall outside the standard narrative of shame and torturous efforts to lose weight do not escape punishment

because they are seen as violating norms of embodiment and behavior. She writes:

[. . .] the obese—particularly those who claim to be happy although overweight—are perceived as not playing by the rules at all. If the rest of us are struggling to be acceptable and “normal,” we cannot allow them to get away with it; they must be put in their place, be humiliated and defeated. (203)

Thus, one either submits to the pressure and constantly polices his or her behavior—down to what goes into a grocery cart on a Friday afternoon—or faces contempt for resisting. The trend of castigating those who resist disciplinary practices such as dieting has been well noted by cultural studies scholars. Discussing cosmetic surgery for women, Anne Balsamo argues that:

One of the consequences of the [. . .] normalization of cosmetic surgery is that electing *not* to have cosmetic surgery is sometimes interpreted as a failure to deploy all available resources to maintain a youthful, and therefore socially acceptable and attractive, body appearance. (66)

Dieting has become so normalized that many people who drink Diet Cokes don't see themselves as special or even being on a diet. As the Weight Watcher's slogan proclaims, "This is not dieting. It is living" (Schwartz *Never Satisfied* 255). Like Balsamo, David Morris worries that the normalization of the drive toward the perfect body and the increasing availability of means to pursue Western ideals of beauty will exact heavy tolls for those who can't or refuse to meet ideals: "It certainly increases the prejudice and difficulties facing people who cannot possibly measure up" (256). In short, fat people might well be able to choose whether or not to diet, but they cannot choose whether or not to be rebuked for their appearances.

Even though dieting has in some sense been normalized, we still tend to place those who have lost weight on pedestals and admire their efforts. In fact, the trope of justified sacrifice is perhaps one of the strongest and most troubling features of weight loss narratives. Noble suffering furnishes both a means to elevate those who perform their duty to attempt weight loss and a vehicle for chastising everyone else. In *Devotions for Dieters* Dick writes:

If the example of Jesus teaches us anything, it should be that suffering is a noble and good

thing when it leads to a better way. Our diets are definitely the source of suffering, but there is great blessing awaiting all who stick with them. God promised special blessings to those who keep courage in the face of suffering and don't give in. Losing weight not only makes us look and feel better, but it draws us closer to God and His divine plan for us. Our suffering is not in vain. (39)

Meaningful suffering through weight loss is not, however, reserved only for Christians. When the narratively-secular Carnie Wilson thinks about the suffering she's endured at the hands of WLS, she comforts herself with the belief that going public with her own struggle—with the surgery, dumping, constipation, and having several reconstructive surgeries to remove excess skin<sup>17</sup>—has helped to convert others to WLS. Prior to her surgery, Wilson spent several months researching WLS on the internet, which Wilson endorses as one of the best sources of information about the procedure.<sup>18</sup> It was during her interactions with other folks who had been through or were considering WLS that Wilson decided to have the surgery and go public with her decision. She writes:

And they [people in the chat rooms] convinced me more than ever that by doing this, I would be helping others, too. I wouldn't just be helping myself, but all those in private pain who needed to know that there was hope, all those who were struggling with this relentless burden I knew inside and out, all the women and men who were staring at an unbearably bleak future when they looked in the mirror every day. (*Gut Feelings* 135)

Seldom does a better example of sacrifice (an almost Christ like sacrifice) present itself within mainstream dieting narratives. By sacrificing a large portion of her stomach and intestines as well as most of her privacy, Wilson is providing others a means to see the light, to see a different future for themselves. She is offering them the chance of an afterlife (life after fat) while establishing hers as a life to be emulated.

### **Finding Your True Self: Disbelief, Denial, and Betrayal**

Central to the issue of choice and pressure to do something about one's weight are the beliefs that no one is really meant to be fat and that anyone who is fat can't possibly be happy. In *Unbearable Weight* Bordo writes about



a talk show audience's reaction when a fat woman declared that she was happy:

[. . .] much of the audience reaction was given over to disbelief and to the attempt to prove to one obese woman that she was *not* happy: "I can't believe you don't want to be slim and beautiful, I just can't believe it." "I heard you talk about how you feel good about yourself and you like yourself, but I really think you're kidding yourself." (203)

What is it about the fat body in particular that, within the contemporary imagination, eclipses all possibility of happiness? Without doubt, our culture's designation of fatness as a disease, moral failure, and disgusting embodiment factor into the near-universal assertion that fat people cannot be happy as fat people. Even beyond these discourses lies one of the most important means of dismissing fat embodiment. As we watch thin women step out of the shadows once cast by their fat bodies, a favorite ploy of the weight loss industry, we witness a visual display of what is perhaps the most powerful rhetoric of weight loss narratives: being true to one's self by finding one's true (thin) self amidst a prison of fatness.

In *Better Than Well: American Medicine Meets the American Dream*,<sup>19</sup> Carl Elliott maintains that the idea of being true to one's self demands a certain moral responsibility:

"To thine own self be true" articulates perfectly the notion of authenticity as a moral ideal: the idea that we each have a way of living that is uniquely our own, and that we are each called to live in our own way rather than that of someone else. (29)

Being true to one's own self, where fatness is concerned, introduces compelling challenges. The belief that people are not meant to be fat is so strong that to "live in our own way" really means to choose how to lose weight in our own way rather than to choose how to "live in our own way" as fat people. In *I'm Still Hungry* Wilson writes: "I used to say things like, 'I'm meant to be heavy' [. . .]" (64). She goes on to say, "I got my wake-up call and thought, *What is this bullshit? No one and nothing is meant to be heavy, except for whales and really good crystal*" (64). Like her other statements about fatness hiding personal shortcomings, Wilson indicates that she was fooling herself by justifying her choice to be fat because "no one is meant to be heavy." Fatness is seen as somehow unnatural and

apart from the true self, and at the worst moments, as a contagion that fools one into keeping the true self from emerging.

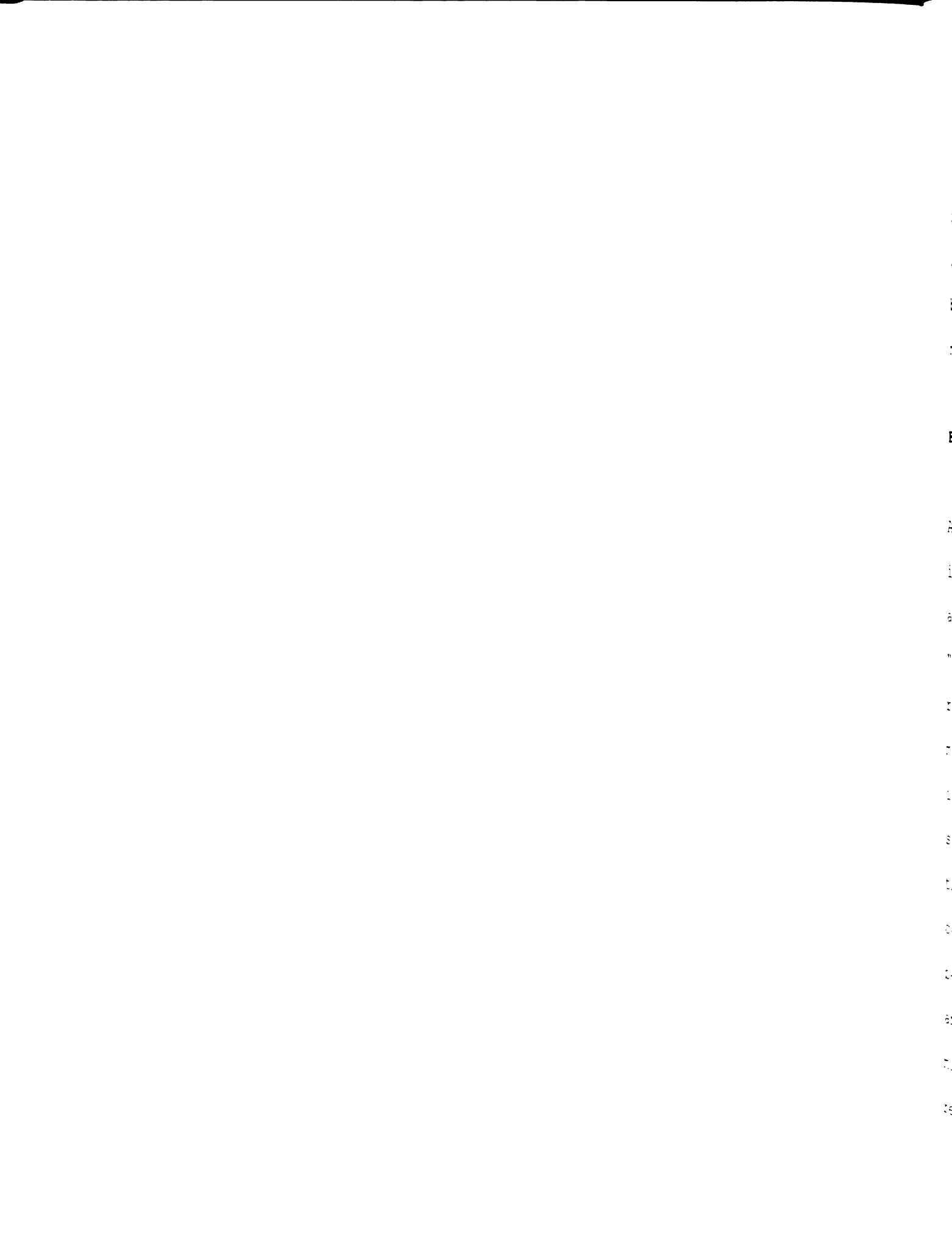
Obesity's status as a medicalized illness only adds to the idea of fatness as a contagion that interferes with the true self. In *Stories of Sickness*, Howard Brody writes about the ways sickness sometimes causes a disjuncture between one's self and one's body. In terms of our experience, Brody maintains that we imagine ourselves as a "single entity, not an admixture of mind-me and body-me [. . .] My body moving through the world and bumping into things is simply *me* moving and bumping" (47-8). Brody goes on to say that sickness turns our bodies into our enemies and "[introduces] a sense of split and disruption where unity formerly reigned" (48). Because medicine and culture understand obesity as an illness, many people-fat and otherwise-experience obesity as foreign to their bodies. And, because fatness is a heavily moralized illness (and presumably a volitional and "curable one"), remaining fat is tantamount to being unfaithful to one's true self. Thus, fat people are frequently charged with the crime of betraying themselves. In *I'm Still Hungry*, Wilson writes about one night when she decides to look at pre-surgery photos because she was feeling bad about herself. She

hoped she'd find photos that chronicled her progress uplifting. Although her husband, Rob, met Carnie before her surgery, she decides to show him the pictures, hoping he would affirm her progress and help pull her out of her slump. When he sees the photos, however, he exclaims, "'Jesus Christ! How could you do that to yourself? How did you let yourself get that big?!'" (68). Although she's initially crushed by her husband's reaction Wilson later berates herself, asking, "How *did* I let myself get that big?" (68). The rhetoric of letting one's self get "that big" once again situates fatness as unnatural, an anathema to one's true self and suggests that fat people have participated in chosen self-betrayal. As Elliott explains it: "The feeling is that you *ought* to be true to who you really are, that there would be something wrong, something vaguely dishonest or unsavory, about running away from your true self; that this would be a kind of betrayal or fakery" (38). Further, "[. . .] if you are not living a life (as *yourself*) you have missed out on what life has to offer" (39).

Seldom do we encounter people who say they were born to be fat or that they feel they were meant to be fat or that it's even okay that they're fat. So powerful is the idea that fat is unnatural and a betrayal of the self that

even people who have been fat their whole lives, such as Wilson, believe they were not meant to be fat. Elliott notes that the belief that one is meant to be someone else, behave a different way, feel a different way than one has for his or her entire life is common among many groups of people. In one particular case he discusses how certain patients taking Prozac describe the drug as self-affirming and self-revealing rather than transformative: "These patients would report not that Prozac made them feel like new people, but that it made them feel like *themselves*" (Elliott 51). One patient, Tess, stopped taking Prozac and according to Elliott "[she] had returned to the very state in which she had been for the most past forty years, her entire life apart from the brief period she was on Prozac, and yet she said she did not feel like herself. She felt like herself when she was on Prozac" (51).

We cannot, of course, ignore the social edicts that undoubtedly color Tess's and Wilson's narratives of their true selves. My aim here is not to suggest that Wilson is meant to be fat or that Tess was meant to be depressed or that their narratives can necessarily be discounted. Rather I want to suggest that the social stigma of fatness, much like depression, often precludes the possibility of fat or depressed people themselves—much less others—seeing



them as doing anything but betraying who they should really be, or who they can be with the help of weight loss, medication, or sheer willpower. In the case of fatness, to say that I was really always thin—no matter how fat I became—is to salvage a socially viable self, a self that is not stigmatized and hated by wider society.

### **How Does the Story End?**

In *The Wounded Storyteller: Body, Illness, and Ethics* Arthur Frank argues that within our culture, narratives of illness and suffering often communicate broader messages about morality and responsibility. He writes that “displaying one’s past to others requires taking responsibility for what was done” and that “the story is a moral opportunity to set right what was done wrong or incompletely” (132). Thus, stories of suffering and sacrifice, such as those told by Roker and Wilson, signify their willingness to take responsibility for their own condition. We can hear this acceptance echoed in Wilson’s belief that bariatric surgery is a form of social action and when Yvonne from eDiets.com compares herself to a murderer. These narratives, and the rhetoric of “personal responsibility” in particular, often sidestep (as Wilson

does in her narrative) the genuine oppression fat people face and the need for social resistance.

Unfortunately, as bariatric surgeries become popularized and are touted as the only true hope of permanent weight loss, more fat people will be sacrificed. They will endure excruciating pain, multiple surgeries, and a lifetime of dizziness, vomiting and dumping for eating the "wrong" foods. Their existences become living (if one can call it that) monuments to their acknowledged sin and responsibility. Poulton refers to this as the secret war behind the battle of the bulge:

When you add in those who die from weight loss surgery, plus those whose lives are sacrificed to anorexia and bulimia, plus the many who perish because they try to control their weight by smoking, we may be talking about tens of thousands. But guess what? Nobody's keeping score. We never hear the names of the casualties in what amounts to a secret war. We aren't even told that they die, let alone why. And if we do happen to find out, blame is never assigned to anything but, at most, foolish, inexplicable vanity. Why in the world do [people] do these



things to themselves? Tsk, tsk. What a shame.

(213)

Poulton directs our attention to the damaging context of contemporary weight loss narratives and the way people assign blame for the sin of gluttony that supposedly began the cycle of weight gain and the sin of vanity that ends it. Those who take the devil into their mouths must be the ones to spit him out. Lord deliver us from Little Debbie Cakes.<sup>20</sup>

## NOTES

1. See page x.
2. See page 104.
3. Examples include Susie Orbach's *Hunger Strike* and Kim Chernin's *The Obsession*. In chapter two I discuss the trend of studying anorexia and specifically address parts of these two texts.
4. In *Unbearable Weight*, Susan Bordo maintains a compelling and detailed argument regarding the relationship between food and sex. In particular, she argues that advertisements for food (especially forbidden foods such as ice cream) often use sexual language, suggesting that the desire to eat food and the resulting pleasure has become so taboo in our culture that it is sexualized. For a complete discussion of this trend, see Bordo's chapter entitled, "Hunger As Ideology." I also provide a more detailed analysis of connections between food and sex, using some of Bordo's work, in Chapter Two. This theme emerges again in the discourse of the "war against obesity," which I analyze in Chapter Four.
5. Many people engaging in secular debates about obesity suggest that obesity is a result of our corrupt society, which seems to be part of what Shamblin is implying here. Many people imagine Third World countries as more

primitive and somehow uncorrupted by the pursuit of the pleasures consumption offers to First World countries, and Shamblin's argument here seems to reflect these beliefs. For a discussion of how such arguments play out in secular debates about obesity in the United States, see chapter four.

6. In addition to simply asking most fat people about their own experiences with fat discrimination, which will surely be enlightening, those interested in learning more about contemporary fat discrimination should read Sondra Solovay's *Tipping the Scales of Justice: Fighting Weight Based Discrimination*. As a lawyer, Solovay reviews several recent legal suits filed as a result of fat discrimination and their implications. She also provides thorough analyses of multiple means of weight discrimination via verbal abuse (see her chapter called "Verbal Abuse and Beyond") and workplace discrimination (see the chapter called "Professional Appearance Required: Weight Based Employment Discrimination"). In sum, Solovay argues that fat people are discriminated against purely because their bodies are believed to signify many of the traits contemporary American society professes to hate (such as laziness and incompetence) and

that this treatment is often not seen as discrimination but rather just desserts.

7. It is important to note here that within her essay Lepoff is concerned that her work, because of the examples she includes, will be seen as anti-lesbian. Her work, however, even though this particular example might seem harshly worded, is neither anti-lesbian nor homophobic in general. Using her personal experiences as evidence, she aims to highlight a persistent problem, namely that even those within other oppressed groups see fatness and fat oppression as an issue of individual responsibility rather than a cause for social action.

8. Although Wilson discredits the notion that discrimination could actually be based on appearance, studies suggest otherwise. Solovay cites a study done by Rothblum, Brand, Miller and Oetjen that "used studies about appearance to predict discrimination against fat people. They cite a model of hiring decisions which posits that physical attractiveness elicits positive expectations. This in turn leads employers to perceive attractive applicants to be, among other things, more skillful and intelligent than unattractive applicants [. . .]" (101). Given that our culture defines fatness as

inherently unattractive, there can be no doubt that fatphobia exists.

9. Here, Wilson claims that fatness is used as a means of protecting one's self from the harsh realities of one's personal shortcomings. This claim is also made by Susie Orbach in *Fat is a Feminist Issue*. For a full discussion of Orbach's argument and my analysis of it, please see chapter two.

10. Here I would again recommend Solovay's work as the most comprehensive study yet produced.

11. The bone of contention is not that these folks do not exist but rather that the constant conflation of overeating with obesity is misguided. In his book *Big Fat Lies: The Truth About Your Weight and Your Health*, Glen Gaessar provides ample studies to prove that a simple connection between eating and body size cannot be proven. Other good sources include W. Charisse Goodman's *The Invisible Woman* (referred to in this chapter), Cheri Erdman's *Nothing to Lose*, and *Healthy Weight Journal*.

12. For some people—especially those with food allergies, ulcers, or other folks who just have foods that disagree with them—avoiding those foods probably does make them feel better. My point here is that contemporary narratives suggest that we will always feel

better if we avoid "bad" foods. Further, we cannot eliminate the social factors involved in how people eating "good" foods feel. In other words, these might not be wholly physiological reactions. People experience their bodies through social screens and given the accolades heaped on those who eat "right," it seems unrealistic to think that feeling physically well is in no way related to social rewards.

13. In *I'm Still Hungry*, Wilson devotes an appendix to discussing why WLS is the only viable option for losing weight if one is morbidly obese. She claims that "diets don't work for morbidly obese people" (176).

14. I have to admit that I laugh each time I read this portion of Wilson's explanation of why it's okay to chew food and spit it out. Although with her tone and rhetoric she suggests that anyone thinking of this behavior as bulimic is humorous—perhaps even bordering on the ridiculous—I can't think of a better definition of bulimia than the practice of chewing but not digesting food.

15. Although I worry about Wilson's texts and their bestseller status, I must give her a nod for not making herself about to be a complete convert to "good eating." She does, at least, take the time to tell readers that

she still eats (rather than always spitting out) desserts, chips, and salsa. Perhaps more interestingly, she openly discusses her struggle to identify with a thin body that she sometimes doesn't recognize as her own when she passes a mirror. When she refers to herself as "still hungry," Wilson means both that WLS has not solved all her issues with food and that she's still working on many of the problems in her life. In other words, I think she at least partially avoids what one of the risks Arthur Frank identifies as often inherent in narratives such as hers. He believes that one of the dangers of stories that present complete and total change "is like the risk of the Phoenix metaphor: they can present the burning process as too clean and the transformation as too complete, and they can implicitly deprecate those who fail to rise out of their own ashes" (135). Let there be no doubt. Wilson aims to convince people that she has made change and they can, too, but I think she deserves some credit for speaking so honestly about the fact that WLS did not solve all her problems and that those who come out on other side of losing weight should be problem-free.

16. Roker's surgery was eventually presented on an episode of NBC's news magazine *Dateline*. Carnie Wilson's

surgery was also broadcast via the internet on *SpotlightHealth.com*.

17. Wilson is at pains to point out that she had never had any other kind of reconstructive surgery. I find it interesting that she doesn't consider her bariatric surgery a reconstructive surgery. Wilson, like most people, sees the reconstruction of her stomach and her digestive tract as far more than a cosmetic surgery. Although many people experience drastic problems after weight loss surgeries and have hosts of health problems they might not have had while they were heavy, Wilson's proclamation that she'd never had any other kind of reconstructive surgery is an assertion that her weight loss was for health rather than cosmetic.

18. One of the reasons the web is considered such a good source of information about weight loss surgeries is that many of the sites with chat rooms are sponsored by companies such as Bariatric Treatment Centers of America. There are, of course, alternate sites such as the National Association to Advance Fat Acceptance ([www.naafa.org](http://www.naafa.org)), but these are vastly outnumbered by the commercial sites. In the only published monograph about reversing WLS, Dani Hart provides insight into why it's so difficult to find dissenting voices on the internet



sites available. When she entered chat rooms to talk about the problems that lead up to her choice to have her WLS reversed, she was called "crazy, weak willed, neurotic, a failure" and virtually run out of the chat room (67). In other words, anyone who dares to visit a chat room to discuss problems is told that the problem lies not with the surgery but with that individual. With this kind of policing, it's no wonder that so many of the websites and chat rooms boast rave reviews of WLS.

19. I must point out that the majority of the Elliott's chapter on this issue, "The True Self," focuses on narratives presented by transgender and transsexual folks.

20. This last line is a version of what one of the members of Shamblin's Weigh Down Diet program says. The actual quote is "The Lord has delivered me from Little Debbie Cakes" (qtd. in Mead 51).

## Chapter Two:

### **Memorandums of Oppression: Feminist (Mis)understandings of Fatness**

As Audre Lorde walks into her doctor's office, a nurse pulls her aside:

"You're not wearing a prosthesis," [the nurse] said, a little anxiously, and not at all like a question. "No," I said, thrown off my guard for a minute. "It really doesn't feel right," referring to the lambswool puff given to me by the Reach for Recovery volunteer in the hospital. Usually supportive and understanding, the nurse now looked at me urgently and disapprovingly as she told me that even if it didn't look exactly right, it was "better than nothing," and that as soon as my stitches were out I could be fitted for a "real form." "You will feel so much better with it on," she said. "And besides, we really like you to wear something, at least when you come in. Otherwise, it's bad for the morale of the office." (427)

The nurse's desire to normalize Lorde's body by substituting a "puff of lamb's wool" for her breast found its basis in her concern that Lorde was making other patients nervous. Lorde's body served as a reminder that any woman in that room might herself lose a breast to cancer. Thus, though Lorde felt comfortable with what she calls her asymmetrical body, the nurse did not see Lorde's comfort as the issue. It was the comfort of other people at stake in Lorde's refusal to don an artificial breast and the nurse's insistence that she comply.

Though we live in a world where many women develop breast cancer and undergo mastectomies, the altered bodies of women who have survived cancerous growths are seldom seen. They are, instead, normalized via prosthetic breasts, leading to a level of invisibility for those particular women, a concomitant lack of public concern for women's health, and the continued belief that a "proper" female body sports two breasts rather than one. Part of this erasure stems from our cultural preoccupation with bodies that consistently endorse the same ideals—in particular, the ideals that we not visibly age, suffer or decline. While fatness and breast cancer might seem fields apart, they have a similar stigmatizing impact on bodies. Paradoxically, even while loathed for being larger and more

visible, the oppression of fat people—especially fat women—results in fat women being closeted and silenced. To make visible the fat body, like uncovering the body affected by cancer and surgery, demands recognition and respect despite the discomfort generated by non-normative embodiments.

For Lorde and other women who have experienced mastectomies, “puffs of lambswool” and the like are meant to camouflage the absence of a breast. For fat women, fashion functions as the arena of camouflage, the opportunity for fat women to make their bodies’ contours as invisible as possible.<sup>1</sup> Oprah, now famous for her anti-fat rhetoric as well as her very public use of a personal trainer and private chef, frequently comments on larger women’s dress sense and what she considers the faux pas of bodily exposure. While giving her audience tastes of spring and summer fashions, Oprah has often said (referring to her own arms as well) that women whose lower biceps jiggle when they wave should cover their arms at all costs because people “just don’t want to see that.” In essence, Oprah and her clapping audience demand that large women, or even thin women with flabby arms, suffer through hot summers with arms sweltering and hidden under heavy cloth, proving a vested interest in the comfort of onlookers

rather than the comfort of individual women with flabby arms.

Taking issue with the demand to cover, disability scholar and activist Simi Linton discusses what it means to live with a non-normative body and dress "appropriately"—that is, to assure the comfort of others. Referring to disabled people as the "lumpy and bumpy," Linton enthusiastically tells readers that the days of blankets on laps—hiding white and withered legs for the comfort of others—are gone. Disabled people are, as she puts it, letting "their freak flags fly," exposing what are understood as socially unacceptable bodies and forcing the public to deal with discomfort rather than disabled individuals dealing with shaming cover-ups (23). In short, Linton understands that revealing (and perhaps reveling in) pathologized embodiments can force the issue of socially constructed rules and regulations regarding bodies, politicizing choice of dress and social expectations.

Fat bodies, especially fat female bodies, are undoubtedly pathologized via aesthetic standards and represented by television personalities like Oprah Winfrey, Sally Jessee Raphael, and Maury Povich as traumatic, ugly, pitiful, scary, shameful, and hated. The only time the "lumpy and the bumpy" (to borrow Linton's term for a

discussion of fatness) are trotted out is when they are made spectacles. As Sharon Mazer explains in her essay "'She's So Fat': Facing the Fat Lady," Fat ladies are still the most eroticized and popular "freaks" at carnivals (259). At these moments, their bodies serve as commodities of fear that help draw viewers into the shows. Yet, even as academic scholarship frequently gazes down on popular culture from the ivory tower of raised consciousness, scholars often overtly echo similarly negative sentiments about fatness and fat women. Although many scholars committed to social justice have struggled to come to terms with myriad ways race, gender, class, sexuality, and disability are structured and enforced, and have done so in ways that vehemently resist pathologizing these identities, fatness remains a largely pathologized embodiment as well as a frequently unconsidered category of identity.

Of particular interest to me in this chapter is feminist scholarship's treatment of fat women and how certain feminist scholarship has, perhaps unwittingly, "covered" fat female bodies with negativity and pathology. Examining a range of texts, including those that deal with fatness directly and the plethora of literature focusing on ultra-thin bodies (specifically those of women with anorexia), my purpose is to expose how feminist scholarship

has both represented (and sometimes simultaneously) denied fat bodies theoretical attention and nuanced analyses. By reading feminist scholarship on anorexia alongside key pieces of feminist scholarship on fatness, I move to expose an unspoken commitment to the concept of a "natural" body to which women can supposedly retreat once social pressures are changed or blocked. I argue that if one of the chief tenets of feminism is to speak to the social realities of women, then scholarship must speak to the needs of women living with fat bodies. To do so demystifies fatness, simultaneously serving the needs of many different women by alleviating at least some of the negative discomfort, stigma, and fear nearly all women associate with fatness. Thus, I argue that feminist tendencies to portray fat and ultra-thin bodies as self-destructive reactions to social forces help to further construct the idea of the "natural" body feminist scholars and activists have long sought to dislodge.

### **Construction Sites: Bodies and Pathologies**

In the contemporary United States, bodies are often read as sign posts sending signals about health, moral status, sexuality, and class. This is a trend many scholars have noted and an insight essential for

understanding how fatness functions in both wider society and within individual bodies/selves. In her study of American girls and their relationships with their bodies, Joan Jacobs Brumberg maintains that historical and contemporary trends set the scene for "some young women today" to "regard the entire body[. . .]as a message board" (137). Brumberg argues that contemporary interest in the body, and particularly in sculpting, piercing, and disciplining the body, exists "because [young girls] believe that the body is the ultimate expression of the self" (97). Similarly, David Morris in his book *Illness and Culture in the Postmodern Age* highlights the ways contemporary bodies have become the sites of imaginary utopias. Where people of earlier time periods understood utopia as a social state, Morris argues that bodies now serve as the site of possible nirvana: "[. . .] the insistently private and secular postmodern utopias reflect a belief that the only valid remaining space of perfection lies, ready at hand, in our own individual flesh" (137). Further, all will be right in our lives once we achieve the utopian body, a body which is "healthy," thin, white, "a paradise of curves and muscle" (Morris 137). The irony of the body project is that utopia is never completed and the inner self supposedly (re)presented via the outer body



(even when embodying cultural standards of perfection) is often in conflict with how people feel about themselves.

The constant pressure and drive for corporeal self-improvement necessitates incorporating the messages inscribed on and read from our bodies, at least partially and superficially, into our ideas of our selves, which makes the body simultaneously a personal and inexorably cultural text. Elizabeth Grosz explains how bodies serve as signs and signifiers in the era of the utopian body:

[. . .]there is an ever more insistent inscription by physio-cultural object-signs on the surface of the body[. . .]binding individuals to systems of significance in which they become signs to be read (by others and themselves). Food, dieting, exercise, and movement provide meanings, values, norms, and ideals that the subject actively ingests, incorporating social categories into the physiological interior. Bodies *speak* without necessarily talking because they become coded with and as signs. They speak social codes. They become intextuated, narrativized; simultaneously, social codes, laws, norms, and ideals become *incarnated*. ("Bodies and Knowledges" 199)

Thus, bodies become texts to be read by others as well as writing projects for embodied subjects. In turn, by consuming the cultural values associated with bodies, subjects fashion themselves into objects to be read and consumed by a wider audience. As such, bodies continue to signify well beyond the original sign and intent of the subject, always exceeding the body project undertaken. Regardless of the specific means of producing a particular body—be it via cosmetic surgery, makeup or tattooing—any body is culturally situated. Explaining this phenomenon, Moira Gatens states that there are “ready made images through which we make sense of our bodies” (viii). Even bodies that seem “outside” mainstream culture in fact constitute reactions to and embodiments of our cultural norms and expectations.

Within recent feminist scholarship “bodies[. . .]are never mere biological entities” but instead are “culturally constructed and hotly contested social spaces where we can observe the complex signs of human fantasy and or human trespass” (Morris 146). The image of the fantasy female body is one we know all too well: white skin, western features, blond hair, blue eyes, smooth and shapely legs, body hair removed, silky skin, thin body, flat stomach and large breasts. As within most binary systems, the

trespassing body has opposing traits, and I will return to this concept later in the chapter. For now, it is important to note that cultural values and technological developments work synergistically to fine tune the fantasy image even further: "Techno-bodies are healthy, enhanced, and fully functional—more real than real" (Balsamo 5). The contemporary vision of the human body attaches to discourses of medical interventions and fantasies of perfection. There are very real consequences for those who do not naturally meet these expectations as well as those who choose not to use technological developments in pursuit of fantasy bodies. As Balsamo explains, many women who opt out of cosmetic procedures become pathologized both due to physiological features such as wrinkles and sagging breasts as well as the very refusal or inability to obtain cosmetic aids (10). The cost for those resisting (for whatever reasons) the compelling pressures and promises of cosmetic procedures can often lead to stigma and isolation. With the ground of the body already so culturally fraught, fatness pathologized via multiple socio-medical discourses and representations, and women in particular being held to unrealistic standards of perfection, it is no wonder that those living with female fat bodies find themselves under immense scrutiny and pressure to be thin.

## **Reading Absence and Presence: Fatness and Thinness in Feminist Literature**

Female embodiment remains a consistent area of interest in feminist scholarship, but the last twenty years demanded an even sharper focus. As scholars have struggled to understand how identity markers such as race and sexuality function as embodied traits affecting epistemologies, value systems, and material conditions, feminists have also found themselves confronted with a growing number of young women with eating disorders. Why, feminists have asked, are eating disorders on the rise at this moment in history? What cultural values might be aggravating if not causing what many referred to as an epidemic? How could we best understand eating disorders such as anorexia and bulimia? What respective roles did and do the individual and culture play in these conditions? A large body of corporeal feminist scholarship, both academic and popular in tone, that takes the anorectic body as its subject has resulted. Although fears of fatness and what fatness represents have been regular players in analyses of anorexic women, fat bodies and fat women have shared little, if any, of the text.

A notable exception, feminist scholar and therapist Susie Orbach has taken up the fat body as an object of analysis. Orbach proclaimed fat a feminist concern with the publication of her germinal work, *Fat is a Feminist Issue: A Self-Help Guide for Compulsive Eaters*. Calling upon a plethora of psychological and medical literatures and cultural narratives that supposedly prove fatness is a disease, Orbach's work established her as one of the first feminist scholars to bring fatness in the lives of women to public attention.

Yet, in many ways, Orbach's central premise echoes the classic tropes of the \$30-50 billion per year diet industry:<sup>2</sup> inside every fat woman is a thin woman waiting to emerge. For Orbach, the problem of excess weight persists in women's lives because they are constantly subjected to social forces that lead to insecurity and emotional imbalance, both of which lead to the compulsive eating Orbach conflates with fat embodiment. Thus, Orbach's account of fatness relies on an understanding of fat bodies as somatic reactions to social dictates. For the most part, Orbach positions fatness as "unnatural" and "abnormal," resulting from emotional imbalances and/or disordered eating.

In 1986 Orbach followed her study of fatness with *Hunger Strike: The Anorectic's Struggle as a Metaphor for our Age*. Although *Hunger Strike* addressed the ultra-thin body, the parallels with Orbach's work on fatness are both striking and theoretically significant. In *Hunger Strike* Orbach depicts the ultra-thin body as another corporeal retort to the cultural expectations under which women labor. This once again situates embodiment within a vortex of power struggles. Most feminists would surely agree that bodies (and in particular women's bodies) exist within complex power relations; Orbach's work, however, suggests that between fat and ultra-thin bodies lurks a thin-but-not-too-thin body that will appear when women are no longer oppressed or at least learn to negotiate oppression in ways that are not self-destructive. Again, I will return to this point later in the analysis and suggest how we might think of these parallels between fat and ultra-thin bodies. For now, however, it is most important to note that for Orbach, and scholars of similar ilk, fat bodies and ultra-thin bodies cannot constitute meaningful aspects of one's political identity.

Susan Bordo and other feminist scholars have rightly noted that Orbach's analysis steps beyond pathologizing individual women and instead looks to understand women's

lives and corporeal states as intertwined in complex cultural matrices, and indeed such analyses have proved invaluable in the feminist struggle to counter narratives of women as always already emotionally flawed and unstable.<sup>3</sup> As Bordo states about anorexia, bulimia, and disordered eating, “[. . .] these disorders [. . .] reflect and call our attention to some of the central ills of our culture [. . .]” (139). Bordo goes on to say that “anorexia appears less as the extreme expression of a character structure than as a remarkably overdetermined *symptom* of some of the multifaceted and heterogeneous distresses of our age” (141). While the trend Bordo both notes and approves of has been and continues to be important for feminist goals, Orbach’s use of these embodiments as symptoms is problematic in both her accounts of fatness and ultra-thinness because she reads these bodies only as memorandums of oppression.

### **The Fat Body Project**

At the heart of Orbach’s analysis of fatness in the lives of women and the political project of her work lies the belief that fatness serves a real purpose in the lives of many American women—even if that purpose is not always openly articulated. In classic mainstream psychoanalytic

style, Orbach suggests that once women recognize the purpose fatness has served, they can begin to move beyond it. She writes, "Bear in mind that you first have to own something before you can lose it" (87). Further, "if [a woman] can understand how her fat has served her she can begin to give it up" (31). The goal of losing the fat body is what motivates Orbach's analysis and final argument about women's bodies, cultural pressure, and fatness. In other words, according to Orbach fat is only a feminist issue in the sense that it is a self-destructive coping strategy from which women should be freed.

For Orbach, the fat body provides an escape route for the pressures women in classically thin bodies face daily. Orbach states that she "[is] not suggesting that the desire to be fat is a conscious one" (33). Instead she argues that attaining a fat body is a reaction, a largely if not exclusively unconscious yet purposeful reaction, to an unkind social world where fatness can provide a much needed shield from immediate sexualization and concomitant sexual harassment. For Orbach, the fat body represents a way of achieving a utopia where women are not harassed. When commenting on the women she interviewed during the course of writing *Fat*, Orbach reports that after becoming fat "many women felt a relief at not having to conceive of



themselves as sexual. Fatness took them out of the category of woman and put them into the androgynous state of 'big girl'" (35). One recurring example of a daily struggle that being a "big girl" supposedly aids is the quest to be taken seriously at work, evidently a struggle that is intensified when one is thin and sexy. One means of negotiating this problem is acquiring the fat body that removes one from the category of woman:

In this way, [fat women] can hope to be taken seriously in their working lives outside the home. It is unusual for women to be accepted for their competence in this sphere. When they lose weight, that is, begin to look like a perfect female, they find themselves being treated frivolously by their male colleagues. When women are thin, they are treated frivolously: thin-sexy-incompetent worker. "When I'm fat, I feel I can hold my own. Whenever I get thin I feel like I'm being treated like a little doll who doesn't know which end is up." (13)

Hence, Orbach understands fatness as a means of renegotiating traditional gender roles within the workplace but fails to understand the negative associations fatness also carries, namely laziness and slovenly behavior.

In a succinct statement of her goals and her characterization of fatness as a direct result of overeating, Orbach writes:

It is the thesis of this book that compulsive eating in women is a response to their social position. As such, it will continue to be an issue in women's lives as long as social conditions exist which create and encourage inequality of the sexes. Any treatment for overweight women must address this fact. (183)

Orbach's thesis and the goals of her work reveal several necessary assumptions that fuel her project. First, and perhaps most obviously, she conflates overweight with overeating.<sup>4</sup> In doing so Orbach characterizes fatness as a mere *symptom*. Now, surely it can be effectively argued that within contemporary U.S. culture fat bodies are read (in the same sense Brumberg, Grosz and Morris assert) as symptoms of both individual and cultural pathology; however, Orbach bucks the postmodernist and feminist trend of acknowledging bodies as message boards. She suggests that instead fat women's bodies are not only read as symptoms but are indeed symptoms. The political import of this move is two-fold. First, Orbach deftly constructs the fat body as unnatural and distinguishes fatness as a kind

of "diseased" state that plagues modern women and indicates treatment. Second, she implies that as a symptom of a diseased culture, fatness can, will, and should disappear once feminist scholarship and consciousness raising enact social change. With these simple but effective moves, Orbach structures her work around the premise that fat bodies will not exist in the social utopia feminists work toward. Instead, women's bodies will migrate towards their "natural" state.

### **Problems in Utopia**

Orbach's naturalizing of the thin body leads her to neglect the many forms of oppression to which fat women are unjustly subject. For example, she fails to theorize the negative associations fatness also carries for working women—namely laziness and slovenly behavior. While Orbach repeatedly suggests that fat bodies eradicate unwanted sexual attention, fat women's experiences suggest otherwise: first hand accounts evoke being desexualized (as Orbach suggests) but also being hypersexualized. As Cecilia Hartley states in her essay "Letting Ourselves Go." "the states of anorexia and obesity [. . .] situate women as simultaneously asexual and hypersexual" (68). Along this line, sociologist Marcia Millman argues that the fat

body is in many cases sexualized to the point of fetishization.<sup>5</sup> During her investigation into fatness in America, Millman discovered that many men who attend dances hosted by the National Association for the Advancement of Fat Americans (NAAFA) do so in order to meet fat women they assume to be both "easy" and orally fixated (20).

Apparently, the logic is that if one is fat one must be obsessed with food; if one is orally fixated on food, one must be orally fixated in other ways as well—and also more willing to engage in fellatio. Doreen Katz, herself a fat woman and one of Millman's subjects, states that "a lot of the men go out with fat women because they're easy, they're grateful for the attention" (20). In addition to the belief that fat women are orally fixated, many men who call themselves "fat admirers"<sup>6</sup> also see fat sexuality as taboo and thus appealing. In Millman's account, one "fat admirer" says that since he's already slept with a cripple and a circus freak he would now like to sleep with a fat woman (169). It appears that fat sexuality carries an aura of the forbidden which in and of itself seems to cause sexual arousal in many of the men in Millman's account.

As Bordo makes clear, "obesity is" understood as "an extreme capacity to capitulate to desire" (*Unbearable* 201). The inclination to equate unrestrained eating with

unrestrained sexuality is well documented by Bordo. She analyzes numerous commercials for high fat, taboo food items such as ice cream and cake and how these advertisements play upon the idea of unrestrained female delight, submitting to what we know is naughty but what we like so much. Bordo's analysis of *Flashdance* stands as perhaps her best example of representational confluences of eating with sexual desire.<sup>7</sup> The movie, featuring the thin and athletic Jennifer Beals, is a 1980's cult classic about Alex, an aspiring dancer working as a welder to make ends meet, hustling her way to the top by pushing her body to literally dance until it drops. Her fiery desire for a dance career is matched only by her desire for her male lover, who also happens to be her boss. In one of the more risqué scenes in the movie, Alex and her boss are at dinner when Alex removes her tuxedo jacket to reveal that she is wearing only a vest and cuffs underneath. Her back is completely exposed and the curves of her breasts peek seductively from the sides of the vest. At that moment, she picks up a piece of lobster, dips it in butter, and precedes to suck the butter off the meat, repeatedly sliding the piece of lobster across her lips while staring at her boss and lover. With a face filled with anticipation and a raspy voice, he asks, "Is that lobster

good? I guess you're really hungry, huh?" (*Flashdance*). The message is clear. As Bordo states, "unrestrained delight in eating operates as sexual foreplay, a way of prefiguring the abandon that will shortly be expressed in bed" (*Unbearable* 110). Thus, fatness does not and cannot—in spite of Orbach's claims to the contrary—always remove one from the reaches of sexualization.

Where the anorectic body, according to most contemporary scholarship, is able to escape being sexualized, the fat body seems to be the subject of intense sexualization. In *The Beauty Myth: How Images of Beauty are Used Against Women*, Naomi Wolf argues that the obsession with thinness and the way we have come to think about the thin and fat body have as much to do with issues of obedience as attraction: "A cultural fixation on thinness is not an obsession about female beauty but an obsession about female obedience" (187). If Wolf is correct, then fat women are guilty of being very, very naughty, a perception which perhaps contributes to their sexualization.

Although Orbach notes that at least one of her interviewees believes that by taking up the same amount of space as a man will make her more powerful at work, most women's experiences with fatness suggest otherwise. In a

world in which the female body is supposed to occupy minimal space, the fat female body is an anomaly. As Young explains, women are conditioned to keep their bodies tight and compact; therefore, even in daily activities such as walking women tend to make their bodies as small as possible. Young writes, "Women generally are not as open with their bodies as are men in their gait and stride. Typically, the masculine stride is longer proportional to a man's body than is the feminine stride to a woman's" (145). Socially and physically, women are expected to occupy an absolute minimum of space.

Even when not in motion, fat bodies occupy more space, and this fact may lead to anger expressed against those of us who live our lives with fat bodies. Millman argues that what often begins as pity for fatness turns into anger as people come to think of fat people—especially fat women—taking up far too much room in the world (70). To make her point, Millman tells the story of a woman who is forced to sit in the handicap section of the bus in order to have enough room and the anger that results (70-1). Rather than considering what it means that bus seats are only available for those of smaller size and what it must be like to struggle through a world which disavows your existence at every turn, the passengers Millman observes are angered

that the woman is taking up that space. Fat women whose bodies do not "fit" where they should are reminded daily that there are limits to the space the female body can fill. Every day we are told by the stares we receive, the too-small bus seats, and airline regulations,<sup>8</sup> that we occupy too much space. Again, this seems to be an aspect of living as a fat female body that Orbach has ignored.

### **Fat/Ultra-Thin and What Remains**

Reading Orbach's work on anorexic behavior (*Hunger Strike*) as both a text about anorexia and a silent text about fatness once again reveals the inclination to portray all but naturally and thinly sexual bodies as signs of disease. Strikingly like the way she describes the desexualization of fat women and their concomitant removal from the category of woman, Orbach writes of ultra-thin women:

As the anorectic becomes thinner and thinner so she loses the definition that fleshy hips and breasts give. From afar she might not even be taken for a woman. Up close, she is a subject of scrutiny, for her shapelessness removes her from the immediate categorization of conventional femininity. (*Hunger* 87)



Thus, in the same way she argues that fat women use their bodies as a safeguard from heteropatriarchal forces, Orbach here argues that the extreme thinness of the anorectic's body serves women similarly.

If both fat bodies and extremely thin bodies indicate cultural ills and will become obsolete once feminist goals are achieved, then what will remain? What corporeal futures lie ahead for women? In Orbach's utopia the only logical embodiment that follows is a thin-but-not-too-thin body, a supposedly asymptomatic body to which women will paradoxically both revert and advance. In spite of such a fantasy, Margaret Shildrick succinctly argues in *Leaky Bodies and Boundaries* there is no access to a "pure" corporeal state (14). Women's bodies, regardless of feminism's strides, cannot exist outside of culture. As Judith Butler has argued, there is no outside to subjectivity. Taking Shildrick's claim seriously "requires finding a way of representing the self that is not body-neutral or disembodied (and therefore presumptively thin), but intimately connected with the body in a new vision of embodiment that no longer disdains the flesh" (Kent 131). Yet, Orbach repeatedly suggests that a pure embodiment, and in turn it would seem a "pure identity," will emerge post feminist revolution.

Interestingly enough, Orbach's scholarship tacitly suggests that women's bodies, especially when not in their pure and natural state, hinder women, which is a claim many feminists vehemently refute because such claims have been used to justify the oppression of women. Arguments that women's bodies are the source of their inferiority and oppression have been lodged in efforts to quash the very social responsibility feminists demand. One might go further and note that Orbach's reliance upon liberal humanist logic is also problematic. As Shildrick explains, one of the key assumptions of liberal humanism is that once the body is transcended, a universal human nature will be revealed (108). In Orbach's case, rather than human nature per se being revealed, a natural body that requires no political critique will be revealed once fatness has been transcended. In her essay "Fighting Abjection" Le'a Kent criticizes this approach to understanding fatness as employing the dangerous logic of "'we're all the same underneath'" (140). This rhetoric, she suggests, seeks a point of origin as a site of return and fails to understand the ways bodies and selves interact.

Although within Orbach's analysis we all have the same bodies underneath—at least once our social albatross is cast off—in *Fat Is a Feminist Issue*, Orbach represents

fatness and ultra-thinness/thinness as diametrically opposed embodiments. Reading Orbach's *Hunger Strike* closely alongside other key feminist texts on anorexia nervosa and the women living with both fat and ultra-thin bodies can help scholars understand that although these embodiments are often portrayed as diametrically opposed they do, in fact, take part in the same system.

Orbach's utopia of the thin-but-not-too-thin body, if it exists at all, exists as an ephemeral constructed dream rather than a reality of how women tend to experience their bodies. In surveying feminist literature on anorexia, several themes emerge as constant threads throughout women's personal stories: the need for control and the fear of fatness and what fat bodies represent. In *The Obsession: Reflections on the Tyranny of Slenderness* Kim Chernin reports that many of the women she interviewed were willing to die in order to be thin. One woman interviewed by Chernin says, "I don't care how long it takes. One day I'm going to get my body to obey me. I'm going to make it lean and tight and hard. I'll succeed in this, even if it kills me" (24). Chernin's participant, like many women, sees her body as a separate entity, a foe to be manipulated, controlled, and even destroyed if need be. Such accounts give testimony to how far women are willing

to go in order to meet the "norms" established by the culture of the body. The drive to conquer the body is only spurred forward by the multi-billion diet industry in the United States that, as Balsamo indicates, helps to fuel the fantasy that the body can and should be "perfected." The pressure of these technologies of perfection grasps nearly all women, regardless of body size.

The result of such pressures can be attempts to deny the very existence of the body, another tactic both fat and ultra-thin women are purported to share despite their seemingly disparate embodiments. According to Chernin, many anorexic women's greatest desire is to renounce the materiality of the body and its needs in spite of constant hunger (Chernin 52). A similar phenomenon occurs in the lives of fat women. Millman's interviewees frequently discuss living their bodies from the neck up and pretending that only their faces are important and visible (65). The similar strategy of avoiding and denying the body suggests that although these two types of bodies are often understood as theoretically opposed (and although in many cases each deserves its own separate analysis) the ways women live as these two kinds of bodies are indeed quite similar.

**(Im)possible Selves:**

One of the most frustratingly important features of Orbach's depiction of fatness lies in its inability to account for the incorporation of fat into the concept of the self. Her account, like many popular representations, does not allow for a "self" that might be fat. Here, I do not mean to suggest that there is an "authentic" fat self; to do so would be to fall into the same pattern as the representations of thin=natural that I argue against. What I am suggesting is that, again, we must find means of representing and living as large female bodies that encourage fat women to "stop living their bodies as the 'before' picture and begin to have a body thought valuable in the present" (Kent 131). In *Fat is a Feminist Issue* Orbach illustrates what a fat woman's body looks like in terms of her/self and her embodiment. She does so by drawing a thin woman's body that is then padded with concentric rings that make it larger and larger. Although not writing about Orbach's work in particular, Kent spots a similar narrative strategy as a trend in mainstream cultural representations of fatness, saying that "the fat body rings the margins of the good self [. . .]" (136). According to Kent, what we most need is some means of articulating a self that holds the possibility of fatness,

a self that might hold fatness as at least part of its (shifting) identity rather than an inconsequential individual characteristic or a cage holding us back from our full potential.

Interestingly, Lorde's discussion of her post-surgery body allows for a dynamically shifting embodied identity. Again writing about the nurse's desire to normalize her body via a prosthetic breast, Lorde maintains that regardless of the puff of lambswool, she—as an embodied self—will not be the same:

To imply to a woman that yes, she can be the "same" as before surgery, with the skillful application of a little puff of lambswool, and/or silicone gel, is to place an emphasis upon prosthesis which encourages her not to deal with herself as physically and emotionally real, even though altered and traumatized. (427)

Lorde resists a necessary and unquestioned retreat to the pre-surgery body because the retreat to this body inevitably means a retreat to a pre-surgery self. Suggesting that a pre-surgery self is there waiting for animation disregards the powerful ways changes in our bodies dictate and manifest changes in ourselves. Instead, Lorde places emphasis on animating the new self, the self

that is the changed body. As Nancy Mairs might say, Lorde understands that she is a body rather than that she *has* a body (53).

Mairs' work on her status as an academic woman disabled by multiple sclerosis examines the trend of understanding the body as that which is owned and occupied by the self rather than constitutive of the self. Mairs writes, "I *have* a body, you are likely to say if you talk about embodiment at all; you don't say, I *am* a body. A body is a separate entity possessable by the 'I'; the 'I' and the body aren't, as the copula would make them, grammatically indistinguishable" (53). Relying on the work of French feminist Helene Cixous, Mairs goes on to explain that within Western culture the "I" is most often understood in terms of the "not I," a process many cultural studies scholars believe drives the need to establish "the other" (54). Mairs deftly explains how this process of othering affects epistememes of the body:

We tend to ascribe to the other those qualities we prefer not to associate with our selves: it is the hidden, the dark, the secret, the shameful. Thus when the "I" takes possession of the body, it makes the body into an other, direct object of a transitive verb, with all the other's

repudiated and potentially dangerous qualities.

(54)

Thus, we imagine the body not as one's self but rather that which stands in opposition to us. The body is, as Bordo explains "[. . .] experienced as confinement and limitation: a 'prison,' a 'swamp,' a 'cage,' a 'fog' [. . .]" (*Unbearable* 144). The propensity to view the body as a hindrance is heightened when the stigma of fatness is added. Fatness is, as Kent notes, the epitome of abject horror and otherness: "Within mainstream representations of the body, the fat body functions as the abject: it takes up the burden of representing *the horror of the body itself* for the culture at large [*italics in original*]" (135).

Our ability, both as a culture and as individuals, to accept and incorporate other physical objects as parts of our bodies and necessarily parts of ourselves while remaining unable to imagine fatness in the same way captures how alien we imagine fatness to be. When writing about her transition from unaided walking to requiring a cane and then a brace, which she found particularly offensive, Mairs tells readers that she eventually came to view these physical objects as part of her bodyself: "[. . .] I don't think about my brace any more than I think about my cane. I've incorporated them, I suppose; made them, in



their necessity, insensate but fundamental parts of my body" (56). These fundamental parts of her body, including her M.S., lead Mairs to carefully consider a question one of her writing students poses: how did you find your voice? As Mairs ponders this question, she realizes that she had "always had a voice, but it wasn't *this* voice" (58). Thus, from Mairs' perspective, *her voice is her body* at a given moment rather than being stable, rigidly defined, and partitioned from the influences of her body. Self, body, and voice are one and the same. Mairs folds together M.S., womanhood, writing, and her canes and braces into her bodyself. Both Mairs and Lorde display an ability to understand and accept the bodyself as altered, making it all the more puzzling that fat, an organic and necessary component of the human body, remains alienated and othered in most women's lives and many feminist accounts. In their personal experiences as bodies/selves, both Mairs and Lorde capture the political and personal importance of actively and purposefully incorporating corporeality—all of one's corporeality—into identity.

Following Kent's lead and envisioning the fat body as more than a bad body encasing the "good self"—viewing it instead as theoretically, politically, and personally valuable—requires mapping the possibilities of fat

identity. Claiming an identity based on what most people consider to be a mutable and transitory embodiment inevitably raises problems of essentialism. Specifically, the question I've faced at conferences concerns itself with how we can talk about fatness and fat identity in a meaningful and broad way without losing the specificity required to situate both as dynamically influenced by myriad facets of individual and group identities. In her essay "Queering Fat Bodies/Politics" Kathleen LeBesco explains what an essentialist fat identity might look like:

An essentialist position on fat identity can take a biological or sociocultural perspective; common to both is the theme that the condition of fatness is necessary, could not be otherwise, or has some essential (usually failure-related) cause. Whether they trace a biological path to bad genes or horrible hormones or a social path to traumatic childhood experience, those arguing for essentialist positions view fat identity as the unfortunately avoidable outcome resulting from some original variable gone awry. Of course, not all essentialist positions are anti-fat; some prefer to focus on the present fact of fatness and the impossibility of changing it,

using this resignation as a platform for civil rights size-acceptance movements. (84)

Rejecting both of these approaches, LeBesco writes that her work "is intended to initiate a different theorization of fatness and fat politics" (84). She states that "an anti-essentialist position on fat identity does not seek causal factors but focuses instead on the ability of human actors to participate in the creation of meaning [. . .]" (84). Following LeBesco's lead, I seek to theorize fatness in ways that suggest the possibility of a non-essentialized fat self by examining the unstable and dynamic nature of fat as a category.

The popular narrative of the thin body trapped inside the fat body works not only to suggest that thin bodies are "natural" embodiments but also that there is slippage between these two corporeal forms. Acknowledging fatness as a trait that can be acquired, a trait that even "naturally" thin people can acquire over time (and often presumably not because they are lazy or immoral even though we can all become so), unites fat and thin embodiments as interchangeable at certain moments. Perfect examples of the interchangeable nature of fatness and thinness occupy daytime television screens constantly: The thin woman stepping out of the shadow of a fat woman, the infamous

"before" picture, and the victory dance of a woman who, after shedding layers of fat, can finally play with her young child. At these key moments, viewers know that the fat body and the thin body inhabit the same territory. Whether or not this is intended by the diet industry as yet another clever means of keeping us all concerned about our weight (what if that happens to me?) is a moot point. The narrative of thinness ensconced in fatness reveals the slippery nature of situating embodiments as diametrically opposed.

Because fat bodies often speak of an (un)acknowledged understanding of possible corporeal futures and/or pasts, as Lorde's body does, fat embodiments elicit fear and concomitant hatred. In both cases, the fear and hatred take on a particular patina where women are concerned, serving to remind us of our own vulnerability, current social status, and both overt and latent desires for certain bodies. To see a body fatter than one's own, regardless of one's current size, is to breathe a sigh of relief that one is not yet "that big." In her examination of Coney Island's Fat Lady, Helen Melon, Mazer explains that these performances are as much about the audience members (and especially the thin audience members) as they are about the Fat woman herself. As Mazer admits, she

found herself wondering how her size compares to Helen Melon's and whether it's possible she could eventually be as large as Melon (271). Thus, fat bodies serve a dual and often seemingly contradictory purpose. On one hand, they make people nervous. On the other hand, fat bodies extend possible comfort. As Vivian Mayer explains in her essay "The Fat Illusion" people gazing upon fat bodies "[. . .] get to feel superior to some mythical person who is fatter than they and who goes on eating without shame" (12).

The discomfort caused by non-normative embodiments that hold the possibility of being acquired has already been well-noted by disability scholars. Many disability theorists openly confront similar fears by calling able-bodied folks Temporarily Able Bodied (TABS) (Shildrick 60). Such a tactic forcibly unites rather than differentiates those who are able bodied and those who are disabled, collapsing the falsely constructed binary of abled/disabled. The refusal to firmly differentiate between these bodies directly confronts the unspoken fear that often leads to stigmatization and hatred of people who are fat and/or disabled. Such a strategy takes note of the fact that "Although not all of us weight 500 plus pounds, we do eventually occupy the same turf. We will leave the

sideshow, as [Helen Melon] will leave. And we will turn to food much as she does: for the satiation of hunger and satisfaction of a particular desire for pleasure" (Mazer 270-71). Perhaps Terry Poulton says it best in her book *No Fat Chicks*: "[. . .] the essential point is that no one is propaganda proof, whatever she weighs" (84). Most of us live with at least the potential to become fatter than we are at any given moment and the propaganda about what it means to be fat is very powerful.

Again, this common turf holds the possibility of being simultaneously unifying and divisive. As a result of the intense focus on embodiment and the social benefits and punishments associated with particular bodies, women often challenge and criticize each other not on merit but at the level of the corporeal. If the thin body is the non-body and represents the denial of the body's hungers and needs, then the fat body is, as Bordo says, about being *all* body, the physical manifestation of what is perhaps many women's greatest fear (148). Further, Bordo pursues an argument about the hostility directed towards fat bodies, and in particular against fat women. She writes that, "in the case of the obese [. . .] what is perceived as their defiant rebellion against normalization appears to be a source of the hostility they inspire" (203). Bordo goes on

to say that those who resist normalization and appear happy while doing so inspire even more animosity: “[. . .] the obese--particularly those who claim to be happy although overweight--are perceived as not playing by the rules at all. If the rest of us are struggling to be acceptable and ‘normal,’ we cannot allow them to get away with it; they must be put in their place, be humiliated and defeated” (203). Thus, those who are struggling to meet the norms themselves become the enforcers of the same normative framework. Scholarship that continues to over-emphasize the differences in fat and thin bodies instead of the shared experiences among differently embodied women misses opportunities for potentially transgressive alliances.

Perhaps one of the most remarkable reasons fear of fatness persists in the lives of American women is because fat women are, for the most part, paradoxically made invisible. While fat bodies are themselves extremely visible within our culture--both because the population of people of size is growing rapidly in the U.S. and because large bodies violate so many norms--they are simultaneously made invisible because they are seldom constructed as successful agents. When large women are represented, these representations are often medicalized accounts of fat women's lives that are based almost solely on pain and

suffering, leaving the public with distorted and often false accounts of what it is like to live with a fat body. Accounts that depict alternative experiences of fatness and most especially those that deal with fatness on a sociopolitical rather than medical model, are greatly underrepresented: "In contemporary culture, the fat body generally becomes visible only at the margins, if at all, and only when written into a pathologizing narrative in which fat is a cause of ill health and a system of poor behavior" (Kent 132). Further, the popular belief that fat bodies are only thin bodies in waiting causes fat bodies frequently to be read as absence rather than presence, while thin bodies are assumed to be natural forms. Corporeal epistemological frameworks that have difficulty theorizing and representing fatness as a legitimate embodiment result. As Kent succinctly states, "fat is incessantly referred to, and just as incessantly erased" (133).

### **Celebrating Fatness?**

Stigmatizing fatness via narrow and often medicalized accounts is problematic; but so are texts that celebrate fatness in that they tend to disassociate from stigma rather than resisting it. For example, adopting a strategy



akin to those who feel that past celebrations of fatness should offer comfort, Richard Klein provides a lengthy historical account of fatness's many incarnations throughout history and across cultural divides. Klein's chief claim is that fatness is currently constructed as undesirable and indicative of laziness but this has not always been the case; social standards are dynamic and fickle. He works through his argument by referencing examples of fat worship from the Venus of Willendorf to renaissance painters. Klein suggests that evoking other time periods and cultures serves both as proof that fatness is socially constructed and that it must come into vogue again at some point because "fashion is cyclical" (55). In what is perhaps the most shocking and revealing moment in his article, Klein makes reference to a particular tribe in Africa that houses soon-to-be-married women in huts where they are basically force-fed because they value fatness so highly (59).

In a related move that also romanticizes the cultural Other, Marilyn Wann in her book *Fat?So!* writes about her longing to be Samoan, asserting that living within Samoan culture would mean being celebrated for her size. Ignoring the problems of racism, Wann romanticizes Samoans and their alleged ability to live without concern for weight. Her

desire at once reveals her exoticizing of Samoan culture, a failure to understand Western corporeal standards as globally influential, and the refusal to see other cultures as contextually dynamic. Continuing along similar lines Wann writes, "When I was in the Middle East a woman asked me how I got so fat" (24). She includes this comment as proof that her fatness meets only with harmless curiosity outside the United States. Wann's fantasy suggests that the possibilities of a fat, white self are limited. Rather than retreating to the naturally thin body as constructed by Orbach, Wann hopes to retreat to a Samoan body and culture or Middle Eastern country she thinks remain unpolluted by Western influence. In these supposedly pristine environments, her fat body would be accepted.

Wann and Klein's choices of non-white and marginalized peoples, as well as other historical epochs as examples of fat acceptance, create analytical frameworks that detract attention from women living in societies where they are pathologized for fatness. Against this rhetoric, Sally Tisdale writes that regardless of how many times she has been told by others that it is okay to be fat because there were times in history fatness when was revered she is still faced with the reality of living in a time when fatness is hated and feared: "It doesn't matter that whole human

epochs have celebrated big men and women, because the brief period in which I live does not; since I was born, even the voluptuous calendar girl is gone" (16). Echoing similar sentiments, Nomy Lamm writes, "The positive images of big women that feminism offers have failed to make me feel any more at home. I'm certainly not some earthy goddess figure, ample-bosomed giver of life, mother and caretaker" (82). The tendency Tisdale and Lamm describe, which most often offers as models previous time periods when fat women were appreciated as comfort and support, fails to deal with contemporary issues of size and makes such supposed appreciation of large women seem apolitical and ahistorical.

Finally, celebratory accounts fail to recognize that pressures toward fatness exert different, but theoretically and materially similar, pressures on women. As Nomy Lamm states, "[. . .] of course I don't want to be expected to give up to some unattainable ideal established by the media and diet industry, but I don't want to be pressured from the other direction either" ("Fishnets" 83). Be it the pressure for thinness or fatness, both instances seek control of women's bodies for particular political and commercial purposes. Rather than situating fatness elsewhere or in the past and asking women to find strength



in the knowledge that at some place or point in history they could live without being ashamed of their size, we need a history of the present that enables political resistance against oppression.

### **Moving On**

In *Unbearable Weight* Bordo asserts that "these [eating] disorders [. . .] reflect and call attention to some of the central ills of our culture" (139). I have shown here that a central ill of mainstream feminist culture is its inability to cope with fatness in the lives of women. It is an ill well-noted by feminist scholars who identify as fat and find themselves struggling toward an understanding of fatness that moves beyond pathology. For example, in "The Fat Illusion" Vivian Mayer writes that "fear of fat is so entrenched in the American mind that even the most radical women, who have spent years exploring and rebuilding women's consciousness through the Women's Liberation Movement, have failed to spot the fraud [of weight's stigma]" (3). She goes on to write that "aside from a superficial awareness that fat women are oppressed by lookism, radical women still see fat as a personal sickness: abnormal, lamentable, and curable" (4). Also noting the seeming failure of the Women's Liberation

Movement to make much headway in the battle to conquer the fear of fatness, Poulton writes:

Fully twenty-five years after the Women's Liberation Movement galvanized us into achieving our potential in so many other ways, the most treasured goal of women—according to numerous surveys—is not personal fulfillment, family, love professional success, or wealth, but simply becoming as tiny as the bogus beauty icons paraded past us every waking moment. (85)

Finally, Pat Lyons clearly states where all this has lead feminists and what must be done:

Whatever has kept so many feminists on the sidelines of the great weight debate—whether it is ignorance about the severity of the problem, shame, or ambivalence about one's own weight, believing that weight is a trivial matter of appearance, or for whatever reason—it is time to come off the sidelines and get into the game. (par. 16)

Mayer, Poulton, and Lyons, all of whom self-identify as fat women, see feminist scholarship as a potentially strong means to change. They continue to believe that, even though much feminist scholarship unnecessarily

ostracizes fat bodies, positive alliances remain possible. Concerned about women's health and how the mainstream medical establishment treats fat women, Lyons writes, "Women of all sizes, but especially large women delay or avoid medical care because of shame about their weight or to avoid a weight loss lecture. And yet the women's health community has been quite silent on the issue of weight prejudice" (2). The delay of medical care and the possible negative consequences for both fat women assumed to be ill due to larger body sizes and thin women assumed to be well due to "normal" body sizes can often lead to poor healthcare and poor health for all women. We are all, in some sense of another, swept up in the "great weight debate," all subjected to the established norms—most often to our eventual detriment.

More and more women are coming out as fat. In a short piece in *Shadow on a Tightrope*, a fat activist known only as Thunder writes about her own experience of coming out as a fat woman as a complicated and complicating choice: "coming out as a fat woman—acknowledging my size, accepting it [. . .] has been a longer journey, and in many ways a lonelier one [than coming out as a lesbian" (210). In Thunder's experience, her family and friends found her lesbianism easier to accept than her fatness because they

saw her fatness as mutable and unnecessary. Accepting one's size and giving up the dreams of thinness can be a difficult process for women. Many women describe the first few months as incredibly difficult, a horribly depressing time when they actually grieve for the lost fantasy and are uncertain of how to proceed with their lives. For many women, these feelings of loss and ambiguity never entirely fade. Nomy Lamm comments on her ambivalent feelings about her fatness: "For most of my life, I've been told that fat people are gross and ugly and could never be desirable. And, of course, there are times when that demon still lives in me, but there are plenty of times when I am out in the world feeling irresistible" ("Fishnets" 80).

Disproportionate attention in feminist scholarship to thin bodies, and many feminists' construction of fat bodies as transitory and mutable has left many fat women wondering if, how, and where they are represented within feminist scholarship as anything other than markers of neurosis and cultural ills. Within feminist scholarship lie the tools to advance a progressive politics of fatness. Feminists have usefully theorized how corporeality and identity attach to one another, and much feminist scholarship analyzes the processes by which certain bodies have become naturalized, fetishized, and stigmatized. These tools must



now be employed to development of a progressive politics of  
fatness.

## NOTES

1. Many people might argue that fashion has become more size friendly as more designers introduce plus-size lines. My contention, however, is that the availability of clothes doesn't seem to have much significant impact on how people react to seeing fat women's bodies in "revealing" clothes. As audience members on *Jenny Jones* like to say, "just because it's in your size doesn't mean you should wear it."
2. See Kassirer and Angell, page 52.
3. See page 54 in Bordo's *Unbearable Weight*.
4. When *Fat is a Feminist Issue* was published in 1978, many scholars were already questioning the simple equation that overeating equaled overweight. For example, in 1957 Hilde Bruch wrote in *The Importance of Overweight* that overweight and obesity could not always be assumed to be the result of overeating (86-87).
5. The fetishization of fatness is evidenced by a substantial pornography genre dedicated to fat women. Some titles include *Life in the Fat Lane* and *2,000 Pounds of Love*.
6. NAAFA's website has a section dedicated to "fat admirers" who are interested in chatting with and possibly meeting potential mates. They consider the forum one of the services they offer to the fat community.

7. The example of *Flashdance* is taken from Bordo (see page 110), but the summary of the movie that follows is my own.

8. Southwest Airlines recently re-instituted a policy that allows them (at their discretion) to charge larger passengers for an extra seat. I discuss this policy in Chapter Four.

### **Chapter Three**

#### **Homer's Reaching Broom: Fatness, Identity, and the Pollution of Disability**

In an episode of the animated television sitcom *The Simpson's* entitled "King Size Homer," Homer, forever on the lookout for how to do as little as possible, gets another one of his wacky ideas to escape work: he decides to purposefully gain enough weight to be accommodated under disability legislation. The idea is that this will allow Homer to work from home. Homer first sets his goal weight at 300 pounds, and visits Springfield's resident quack, Dr. Nick, for advice about how to quickly gain weight. Dr. Nick suggests that Homer take advantage of the "neglected food groups" such as "the congealed" group. Dr. Nick tells Homer he is guaranteed to gain weight with one simple premise: if it's greasy, eat it. To determine whether or not a particular food item is suitable for Homer's purpose, he's told to rub the food in a circular motion against a piece of paper. If there's enough grease on the food to turn the paper translucent, then it's "his window to weight

gain" ("King Size Homer"). By following the diet, and by stuffing his face with hamburgers, ice cream—and eventually even Play-Doh as he's reaching for those last few pounds—Homer finally exceeds his goal weight and tops out at 315 pounds.

Now at his desired weight, Homer wears only pink floral muumuus because he's too fat to fit into anything else. He loafes all day, watches soap operas and changes television channels with a broomstick while children from the neighborhood lurk outside the windows and taunt him. At 315 pounds, Homer becomes too lazy to even hit a computer key that signals the nuclear plant to discharge gasses that, when they build up, can cause a reactor meltdown. When the gasses build to a critical level and Homer realizes that a nuclear disaster is imminent, he tries to phone the plant to warn them about the impending disaster but discovers that his fingers are too fat to dial the phone. He also realizes how many mobility problems he has. Reaching the reactor is a struggle, to say the least. His weight bursts the tires on his own car and he is forced to steal an ice cream truck for transportation.

At the same time Homer is racing down the freeway to the nuclear plant, Lisa is riding the bus to school. Martin tells Lisa he heard that her dad went into

restaurant and ate all the food and then the restaurant had to close. Defending her father, Lisa tells Martin that just because Homer is overweight he shouldn't assume that he's a "food crazed maniac." At that very moment, Homer races beside the school bus, eating an ice cream cone while he's mumbling to himself about saving Springfield from nuclear disaster.

When he finally reaches the plant, Homer struggles up a ladder to the top of the reactor and tries to pull the manual release lever that will release the toxic gasses and cool the reactor core. As he's unable to reach it, he wishes he had his "reaching broom." At the very moment of the explosion, Homer falls into the top of the reactor core and stops the disaster by plugging the release valve with his fat body. When asked what kind of a reward he'd like for his bravery, Homer says he'd like to be thin again. Mr. Burns (the owner of the plant) tries to implement an exercise program for Homer, but when Homer can't even manage a single sit up, Mr. Burns says he'll just pay for the liposuction. This act ends Homer's ability to claim disability and work at home.

Is fatness a disability? Do fat people deserve protective legislation? These seem to be the questions "King Size Homer" raises with its portrayal of fatness and

the possibilities of disability. Playing on familiar narratives of fatness as a voluntary condition (and in Homer's case, purposefully assembled from poor eating habits and sedentary lifestyle) the episode strikes a chord with contemporary concerns about disability in general and obesity specifically. On the federal government's ADA website, a section entitled "Myths and Facts about the Americans with Disabilities Act," concerned citizens can find answers to their questions. Notably, the page specifically addresses the issue of weight alongside concerns about the abuses of the ADA by people with "emotional problems" ([www.usdoj.gov](http://www.usdoj.gov)). So, the Simpson's episode resonates with real-life fears about frivolous and expensive disability claims, fears heightened by the constant circulation in the America media of the supposed costs of healthcare for obese people. "King Size Homer" also underscores the rhetoric of volition in dominant understandings of fatness and disability, shadowing recent court rulings about "correctable" disabilities. As I will discuss in this chapter, recent rulings about disability and The Americans with Disabilities Act (ADA) and about obesity specifically emphasize volition and individual responsibility to self-correct rather than focusing on the

ADA's purpose of providing civil rights protection for members of socially oppressed groups.

Homer's "reaching broom" tests the limits of disability precisely because obesity is so freighted with notions of volition and even downright willfulness, as evidenced by Homer's purposeful action. Looking specifically at obesity, this chapter maps the regulatory functions of liberal systems of justice and medical paradigms used to certify disability and aims to illustrate why these rubrics cannot usefully account for *stigma* in spite of the fact that one of the goals of the ADA is to protect against harmful stereotypes. Thoughtful examination of fat embodiments tenders new insights into discussions of disability as socially constructed. An examination of the Americans with Disabilities Act of 1990 and the ways courts have interpreted both the ADA and fatness helps us understand what is at stake in conversations about restricting disability and why obesity might seem like such a reach in terms of disability legislation. In answering the question of whether or not fat is a disability, we must turn toward a framework established by disability scholars that understands disability as a politicized identity and not merely a physical condition. The question of whether fat is a



disability encompasses legal issues about what is and is not covered under the Americans with Disabilities Act as well as contemporary ideas about obese people, disability as a physical condition and social identity, just and unjust compensation, and the tangled issue of volition.

### **The Americans with Disabilities Act**

In 1973 the United States' Congress passed The Rehabilitation Act. While this legislation made it illegal to discriminate against disabled individuals applying for government positions, it did not affect the private sector. Responding to this significant oversight, Congress passed the Americans with Disabilities Act in 1990, making such discrimination illegal in both the public and private sectors. The purpose of the ADA was to remove barriers to employment that had previously kept disabled individuals from obtaining gainful employment:

The Americans with Disabilities Act gives civil rights protection to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations,

employment, transportation, State and local government services and telecommunications.

("Americans with Disabilities Act" 1990)

The ADA's definition of disability is notably broad and therefore open to much interpretation. Rather than setting aside certain conditions as disabling, the ADA instead sets certain standards to be met: "An individual is considered to have a 'disability' if s/he has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment" ("Americans with Disabilities Act"). While the ADA does not clearly define what constitutes "major life activities," the phrase has usually been interpreted as meaning physically based tasks. For example, walking is frequently considered a "major life activity" under the ADA.

Although obesity is commonly understood to cause problems with activities such as walking, many courts have ruled that because weight is not *specifically* mentioned in the ADA employers can discriminate amongst job candidates so long as such discrimination is not unlawful. The question of unlawful discrimination is, however, especially tangled as the cases of *Krein v. Marian Manor Nursing Home* and *Philadelphia Electric Co. v. Commonwealth* show. In

1987 the case of Krein v. Marian Manor Nursing Home tested the waters of obesity and what it means to be perceived as disabled. Krein, a nurse's aid, maintained she was denied employment because she was *perceived* as disabled. Krein never claimed she was impaired by any physical condition but rather claimed that her prospective employer discriminated against her because he *believed* she would be rendered by her obesity physically incapable of performing the job requirements. Krein's claim was that she was made disabled by stereotypes about obese people. Krein, in fact, *insisted* that she was not suffering from a medical condition related to her obesity (Garcia 216).

The federal court hearing Krein's case refused to acknowledge that Krein may very well have been and probably was perceived as handicapped by her potential employer, and, in doing so, ruled against her. Because Krein insisted she was able to fulfill the requirements of the position—she espoused a narrative and experience of fat embodiment that explicitly opposed mainstream medicine's contention that fatness is a physically disabling condition—Krein was effectively shut out of seeking legal recourse. The ruling made it clear that if Krein had been willing to testify that she was disabled and could find a physician who would argue that her fatness constituted a

physical disability, her claim might have stood a better chance.

The 1982 case of Philadelphia Electric Co. v. Commonwealth exemplifies another problem with what can legally constitute discrimination where obesity is concerned. Weighing 341 pounds and standing five feet eight, the female plaintiff was subjected to standard pre-employment examinations and was then asked to endure a physical examination. The doctor performing the exam, who was under the employ of the company, did not recommend her for employment because the company had previously established weight guidelines for customer service representatives. The company decided the appropriate weight for those working in customer service should coincide with a standardized height and weight chart. In this case, the company believed the applicant should weigh around 140 pounds (Garcia 219).

Early in the legal process of this case, the Philadelphia Electric Company was considered at fault. The initial ruling operated under the premise that "her morbid obesity was a handicap within the meaning of the state act" and that the condition did not interfere with the plaintiff's ability to perform the job she sought (Garcia 219-220). In other words, the original ruling presented an

understanding of weight as a state of the body that is not necessarily always physically disabling but was, in this particular case, perceived as a disability; therefore, the plaintiff was a victim of stigma and was socially disabled. The ruling, however, did not stand; it was later reversed by an appellate court. The appellate court maintained that "since the doctor had found nothing wrong with the plaintiff, there was nothing to prevent her from performing her duties" (Garcia 219). Continuing on, the court also argued that because the plaintiff's obesity didn't interfere with her ability to perform the tasks required by the job that "it was not a job related handicap" (Garcia 219). Ironically, the court also maintained that under Pennsylvania statutes obesity did not in and of itself present as a handicap, adding that there was no proof that the plaintiff was in any way handicapped. Finally, the court added that "'an employer may be selective about the persons he [sic] employs as long as he [sic] does not *unlawfully* discriminate against the applicants'" (Garcia 219).

The original ruling that the plaintiff's weight was not a disability, but that she'd been perceived as disabled and should therefore be protected, was certainly on the track of recognizing the social construction of disability

and the debilitating stigma associated with fatness. The subsequent rulings, however, are wrongheaded. Take, for example, the appellate courts' insistence that the plaintiff was not disabled because the doctor performing the medical exam found her to be healthy. The court stated that, because the plaintiff could perform her job duties, she was not disabled and therefore had no job-related handicap. Yet, the plaintiff had never asked that she be considered physically disabled or incapable of performing the necessary tasks entailed by the position; in other words, she was never seeking reasonable accommodation, which might have entailed something like being able to sit down while performing certain tasks. She was instead seeking protection from the discrimination that treated her as physically unworthy of work.

As shown by the handling of Philadelphia Electric Co. v. Commonwealth and Krein v. Marian Manor Nursing Home as well as other miserly interpretations of ADA standards, the seeming (im)possibilities of such legislation dealing with the stigma surrounding fatness shepherd people of size into a sticky wicket. They can either self-identify as physically disabled and hire any one of millions of doctors who understand weight only as pathology to certify that being morbidly obese is indeed disabling (if not

immediately then in the near future), or they can argue they have been *perceived* as having a disability and therefore socially disabled and almost certainly be ruled against. In other words, the non-specific language of the ADA and bountiful refusals, from both federal and state courts, to acknowledge or work against the stigma associated with obesity force plaintiffs to adopt regulatory and hence detrimental constructions of both disability and fat embodiment, constructions that often reiterate the negative discourses already associated with both identities. In the current legal climate, those offering alternate accounts of disability and/or fatness risk being unrecognized.

In "The 'Miserly' Approach to Disability Rights," legal scholar and disability activist Andrew Imparato notes that since the passage of the ADA the U.S. Supreme Court has consistently moved toward interpretations of disability that restrict the possibility of civil rights protection under the ADA. Discussing the court's recent opinions on correctable conditions, Imparato writes:

Does the ADA let people with correctable conditions "in the door" of civil rights protection? Why not? As Justice Stevens notes, "Inside that door is nothing more than basic

protection from irrational and unjustified discrimination because of a characteristic that is beyond a person's control." (205)

In other words, the court's practice of narrowly defining disability out of fears about who it lets in the door fails to provide the civil rights protection the ADA should offer. As Justice Stevens understands, the ADA exists to "dismantle employment barriers based on society's accumulated myths and fears" (qtd. in Imperato 205). These accumulated "myths and fears" inevitably involve people who are physically impaired and those who are perceived as physically disabled. In the same way that civil rights protection ensures that individual African Americans, for example, are not discriminated against because they are thought to embody the stereotypes associated with African Americans as a group, the spirit of the ADA aims to do the same for people labeled or treated as disabled.

According to Imperato, the failure to acknowledge the role of irrational myths and fears is the most significant flaw in recent Supreme Court decisions regarding disability. The court's definition of disability tends toward a discrete physical state rather than a social experience and fails to seriously entertain discussions of disability as a source of stigma and stereotype. This in



spite of the fact that the ADA specifically set out to protect those “*regarded* as having [. . .] an impairment [my emphasis]” (Americans with Disabilities Act). Discussing cases involving individuals who can “correct their impairments through mitigating measures such as medications and assistive devices,” Imparato points out that such people no longer “meet the statutory definition of ‘individual with a disability’ under the ADA. In other words, the ADA no longer protects disabled people who [. . .] are able to function well but nonetheless experience discrimination because of irrational employer behavior” (204). Yet, it seems unlikely that a strong distinction between a potential employee who *is* disabled and a potential employee who is *perceived* as disabled exists in the mind of employers who discriminate. Under the spirit of the ADA and civil rights legislation, to be perceived as disabled is to be disabled. Interpretations of the ADA that deny this harsh reality “[leave] millions of disabled Americans without an effective remedy for discrimination” (Imparato 207).

For many people, the word disability calls to mind a person in a wheelchair, and it’s no wonder this is the image disability conjures. The person in a wheel chair is, after all, our cultural symbol of disability. In addition

to emphasizing physical impairments, and in particular mobility related impairments, the symbol of the person in the wheelchair also suggests that disability lies within that person.<sup>1</sup> We don't, after all, have signs that represent disability as a social problem. We don't pull into parking lots and see signs representing misguided individuals who disable others by their actions or inaction, and we don't have signs that represent the ways physical and institutional structures inhibit movement. People who are differently disabled are not set against backgrounds that emphasize their struggles with particular environments or situations. Instead, the way we culturally symbolize disability focuses our intention on an impaired individual who is free floating (although chair-bound) and without cultural background. Presented against such a stark background, the problem can only lie within a particular individual.

The narrative of disability presented by handicap signs and court rulings that emphasize "correction" in order to limit the category of "disabled" further complicate efforts to house obesity under the ADA because each represents an attempt to sort out physical disability from social disability. Because those making and upholding ADA policies and other similar policies rely so heavily on

medical definitions and popular myths, other narratives of fat embodiments are not recognized within juridical frameworks. The result of these processes is that different experiences with fat embodiments are not intelligible under the required terms. When courts interpreting the ADA only consider medical definitions of obesity and disability they ignore the tremendously disabling stigma surrounding what are considered to be "less than normal" embodiments. As disability studies scholar Susan Wendell explains in *The Rejected Body: Feminist Philosophical Reflections on Disability*, the stigma associated with certain bodies and abilities can sometimes be as disabling as physical impairments themselves might be:

[. . .]being identified as disabled also carries a significant stigma in most societies and usually forces the person so identified to deal with stereotypes and unrealistic attitudes and expectations that are projected on to her/him as a member of a stigmatized group. (12)

Thus, the attempt to separate those who are "really" disabled (such as those who are physically impaired) from those who are socially disabled (those who are discriminated against due to fear or hatred, such as some

HIV positive individuals) is wrong-headed. As Wendell points out, there is no clear line between the biological and the social: “[. . .] the biological and the social are interactive in creating disability” (35).

In the case of obesity, sorting out the biological from the social is especially complicated. As the cases of Krein and Philadelphia Electric Co. suggest, obesity is expected to be a disability in the sense that our cultural narratives about fat people hinge on inactivity and the downright inability to perform certain physical tasks. The belief that fat embodiment is disabling is represented in Homer’s reaching broom as well as the weight loss narratives discussed in Chapter One. The idea that obesity is disabling is not, then, something new or radical. The idea that obesity isn’t always a physical impairment but can be a social disability presents, however, a different twist. Because obesity might manifest as a physical impairment for some, other obese people—like the plaintiffs in the two sample cases—might not experience problems with major life activities but instead with people’s responses to their bodies.

Thus, we are confronted with the knowledge that reliance on physical tests of dis/ability only reinforces the pathologizing and medicalizing of disability, and fails

to understand *all* disability as at least somewhat socially constructed. Such tactics also place the onus, at least in the case of fatness, squarely on the individual. In other words, these literal strategies for determining who is “truly” disabled deny the sorts of group politics involved with many stigmatized identities because they only concede to physical traits. Medical professionals, lawmakers, and judges often resist believing they are influenced by cultural norms and group stereotypes; however, fatness features as an interesting test case for these claims within both medicine and disability law. While attempting to judge each case on an individual basis, many courts do not consider that people of size are often *not* treated as individuals in the first place, and although mainstream American medicine’s analysis of weight works under the assumption that it is the individual’s responsibility to control her body, it is also clear that medicine finds little room for individual analyses of weight. Instead, almost anyone considered obese by medical standards will be given the same diagnosis and recommendations.

### **Why Disability Studies?**

In the same vein as disability scholars such as Simi Linton and Susan Wendell, I aim here to dislodge disability

from its origins in impairments and medicalized physical conditions. This is not to suggest that physical impairments are unimportant; certainly there is physical suffering and frustration endured by many. Rather it is to say that the way such impairments feature in people's lives divulge cultural values about bodies, normativity, and social responsibility. Wendell encourages readers to defamiliarize the most common notions about disability by looking for social and environmental factors. She writes:

One of the most crucial factors in the deconstruction of disability is the change of perspective that causes us to look in the environment for the source of the problem and the solutions. It is perhaps easiest to change perspective by thinking about how people who have some bodily difference that does not impair any of their physical functions, such as being unusually large, are disabled by the built environment—by seats that are too small [. . .] doors and aisles that are too narrow [. . .]the unavailability or expense of clothing that fits.

(46)

Examining the terrain of disability from the perspective that problems inhere not within particular individuals but

rather within social contexts, social expectations, and built environments allows us to map disability as a socially constructed phenomenon rather than an inherent physical trait.

For both Wendell and Linton, disability studies must move beyond the study of physical impairments and toward a study of group politics and social contexts. In Linton's *Claiming Disability: Knowledge and Identity*, she maintains the distinction between impairment and disability in order to articulate and theorize differentiations between medical and cultural, individual and group. Thus, she characterizes impairments as related more closely to medicalized individuals while disability refers to disabled people as a culturally recognized and defined group. Linton argues that "[. . .] we should [. . .] utilize the term *disability studies* solely for investigations of disability as a social, cultural, and political phenomenon" (149). Thus, while understanding that there are fat people who suffer impairments due to size, I choose to focus on disability studies in terms of Linton's use of the concept. While physical impairments surely cause personal struggles, the treatment of fat/disabled people as social pariahs must be addressed first and foremost.

Resistance to seeing fatness as a disability and fat people as a politicized group situates itself squarely within medical epistemological frameworks that focus almost exclusively on the isolated biology of individuals. In a striking comparison between the politics of the supposedly biological categories of race and disability, Wendell states that "[. . .] the belief that 'the disabled' is a biological category is like the belief that 'Black' is a biological category in that it masks the social functions and injustices that underlie the assignment of people to these groups" (24). Echoing the problems with individualization and medicalization, Sondra Solovay writes that the battle between those who choose to see weight as a disability and those who discredit any attempt to do so stems from the belief that weight constitutes a problem with an impaired individual (135). For weight in particular, the definitions of impairment and disability entangle themselves in cultural debates about medicalization, group and individual autonomy, cultural decisions and consequences of pathologizing certain bodies, ultimately demanding corrective action on the part of individual people rather than collective social action. If we think of obesity only as an individual impairment, then the true context of the situation is lost.



Although obesity is not specifically named within the Americans with Disabilities Act, there is hope. Considering the numerous policies written to protect one group then later extended to others offers a progressive vision of how fatness might come to be productively housed under ADA legislation. Sexual harassment policies, for example, were originally aimed at protecting women from unwanted sexual attention and harassment proffered by men. However, recent cases have, rightfully, moved beyond the original purpose and dated language of such policies to also protect men who are sexually harassed by same sex colleagues. Thus, interpretations of these policies acknowledge dynamic cultural shifts. Those interpreting the Americans with Disabilities Act and state legislations passed for similar purposes have also remained open to considering newly proposed forms of disability. For example, when members of the medical community began to cite scientific studies suggesting that alcoholism was a disease—in the sense that those suffering from it shared similar physical traits and characteristics—courts adopted similar views. As a result, alcoholism, although not explicitly named under the Americans with Disabilities Act as a disabling condition, is often a legally recognized disability. Thus, courts clearly do engage in considering

shifting paradigms of disability. There are also several cities, including San Francisco and Santa Cruz,<sup>2</sup> that have successfully passed legislation against weight discrimination, and Michigan<sup>3</sup> has a state law barring weight based discrimination. These steps must, however, be read cautiously as small steps in the right direction. There is far more at stake in locking out obese individuals than merely being true to the original nomenclature or intention of anti-discrimination legislation; closing the door on disability claims is far more about the pervasive and perverse fatphobia of our culture.

### **Medical (Re)Constructions of Fatness**

Many people fear that accepting fatness as a disability and the concomitant possibilities of it becoming a protected category condones fatness. This seems intolerable in a time when obesity is referred to as a public health crisis of epidemic proportions and raises the same sort of concerns *Today Show* anchor Matt Lauer expressed about products for the larger people: won't all this accommodation just encourage people to be fatter? ("New Products"). While the majority of American culture indicates to us that fat is unhealthy, immoral, and often downright disgusting, the medical opinions on weight are

actually quite mixed. Even well respected members of the medical community are beginning to understand that such assertions display a woefully fatphobic and misguided understanding of obesity, one that damages fat people as well as public health campaign goals in very tangible ways.

One of the most notable statements of professional dissent came on January 1 of 1998 when Dr. Jerome Kassirer and Dr. Marcia Angell published an editorial in *The New England Journal of Medicine* that succinctly stated the reasons any New Year's resolution to lose weight was doomed. Citing the well-known fact that 95% of diets fail, Kassirer and Angell asked that the medical community stop pushing for weight loss. In addressing the issue of "health" so often used to justify fatphobia, they wrote:

Given the enormous social pressure to lose weight, one might suppose there is clear and overwhelming evidence of the risks of obesity and the benefits of weight loss. Unfortunately, the data linking overweight and death, as well as the data showing the beneficial effects of weight loss, are limited, fragmentary, and often ambiguous. (52)

Given their substantial review of medical literature and their inability to find the unquestioned cause and effect

of obesity and heart disease, for example, Kassirer and Angell concluded that because the data present medical professionals with more questions than answers healthcare providers should not uncritically recommend weight loss to their patients as if it were a simple and accessible "treatment" option.

Despite the efforts of doctors such as Kassirer and Angell, misinformation continues to circulate, further confusing the American public about fatness. In 1993 the *Journal of the American Medical Association* published a brief statement entitled "Actual Causes of Death in the United States." Contained within this short piece was the statement that 300,000 people had died in the previous year due to "diet and activity patterns" (2208). Weight was never specifically mentioned; the study focused on poor nutritional habits and lack of exercise, regardless of weight.<sup>4</sup> In the following months, however, weight was all that was mentioned when this statistic came up. The 300,000 figure was even included in the Surgeon General's "Overweight and Obesity at a Glance." The report states simply, "300,000 deaths each year in the United States are associated with obesity" ([www.surgeongeneral.gov](http://www.surgeongeneral.gov)).<sup>5</sup> Yet that isn't what the original statement said; it clearly referred to "diet and activity patterns," not weight.

Nevertheless, in addition to the statistic being batted around repeatedly on television newscasts, it was liberally sprinkled throughout newspaper and magazine articles.<sup>6</sup> A voice in the wilderness in *Sizewise: "Your World, Your Size"* finally admonished:

The legs this "300,000" figure has serves as an example of how literally anyone can come up with a "fact" ignore other, disputing evidence, and watch their "fact" take on a life of its own. In this case, the "fact" is helped along by an aggressive diet industry, looking for any angle or scare tactic to get you to buy their product—one more time. ("That '300,000 Deaths a Year' Figure" par. 3)

The figure has, indeed, been used by the diet industry.

For example, in Joel Fuhrman's *Eat To Live: The Revolutionary Formula for Fast and Sustained Weight Loss*, the 300,000 figure appears in the foreword, which is written by the director of the Cardiovascular Institute of the Columbia-Presbyterian Medical Center (Oz).

Interestingly enough, the director takes his 300,000 figure from the Surgeon General, showing how the problem became compounded once the nation's doctor misrepresented the

statistics. In *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*, Rosemarie Garland Thomson argues that representation, especially when speaking about representations of disability or other misunderstood embodiments, often tells us more about what people take to be reality than reality itself (11).

Reading the 300,000 figure in light of Thomson's argument, it would seem that the liberal misrepresentation of the figure has served to verify people's desires about obesity and danger and has helped fuel fatphobia.

My own experience with doctors resonates with these examples of near hysterical fatphobia and the overwhelming cultural narratives of fatness, constructions fueled far more by the drive toward normative bodies than solid medical evidence. I have many times been reminded by medical care providers that—despite the fact that my blood pressure, cholesterol, and pulse are within acceptable ranges—I am “unhealthy,” for no other reason than my weight. Although it is difficult to find scientific studies that suggest fatness is in and of itself the catalyst behind diseases such as arteriosclerosis or high blood pressure, it seems that many medical practitioners feel quite comfortable telling overweight and obese patients that regardless of any other aspect of their

lifestyle or health, they are ill. The doctors who have confronted me have offered a litany of possible impairments they see in my future, ranging from heart disease to arthritis in my knees. The problem here is that, regardless of a patient's weight, health care providers should be talking to all patients about food and exercise habits because those matter to all of us, rather than chastising those of us believed to have conspicuous embodiments. Yet, mainstream medical accounts of obesity and disability often focus on physiology and impairments alone, failing to address the stigma the misquoted 300,000 figure showcases.

### **Toward Group Identity?: The Cases of Deaf Culture and Fatness**

The lack of social room for self definition of ability also elides alternative accounts of disability. Because weight is almost always medicalized and concomitantly pathologized, alternative narratives of fat embodiments often remain unrecognizable or, at the very least, shocking. Speaking of disability broadly, Linton writes, "We [disabled people] further confound expectations when we have the temerity to emerge as forthright and resourceful people, nothing like the self-loathing, docile, bitter, or

insentient fictional versions of ourselves the public is more used to" (3). When medical narratives of disability maintain such firm footing within cultural imaginations, little room is left for political self-definition.

In posing the question of whether or not fatness is a disability—and in particular whether or not fat people as a group should be protected as a group in the same way as other recognized minorities—we are faced with the question of identity. Yet, as discussed in the Chapter Two, even scholars committed to understanding the most subtle nuances of identity have difficulty approaching fatness as a possible site of identity formation. Although analyses of weight work under the assumption that it is the individual's responsibility to control her body, it is also clear that medicine treats fat people as a group; almost anyone considered obese by medical standards will be given the same list of possible causes, conditions, and complications. Thus, ironically, one place where fat people have already been accorded group status is medicine.

Though American medicine does offer a ready-made group identity to fat people, it is not a progressive one. In medicalized narratives "the obese" are frequently accused of emptying our national health care budget and driving up insurance rates for "healthy" Americans (Gaesser 60,



Albrecht et al 149). Even psychoanalysis partakes in negative constructions of "the obese"; one particularly interesting study, supposedly conducted to better understand "the morbidly obese patient," states that "depression is the hallmark of the obese" and declares that many of us are very "angry people" (Fox et al 479). Familiar with such strategies, Linton notes a trend in psychological and psychoanalytical studies of casting personality traits as pathologies related to disabled embodiments (99). In doing so, such studies imply that any problems disabled people encounter—whether it be depression, social anxiety, or general dissatisfaction with life—result from their embodiment rather than social structures. As Adrienne Asch explains, there is a long history of attributing "the negative aspects of a disabled person's life solely to the biological characteristics of the condition" (78). Asch also notes that blaming "physiology for any problems acted to alleviate social responsibility:

Inability to read print, and not the lack of Braille or recorded material, explained why blind people were [. . .] poorly educated and unemployed. People with impaired mobility were perceived as in their homes and not out shopping

because they couldn't walk, not because stores and restaurants had narrow aisles and flights of steps that barred access for people in wheelchairs. (78)

Thus, ironically the stigmatizing and pathologizing of fat and disabled people is conceived around the medicalized notion that we are, indeed, a cohesive group, unfortunately, a group of "patients" often evoked for the purposes of pathology only, not for empowering political action.

So what would the contours of a progressive Fat group status entail? Historically, activism and legislation aimed at social justice centers around the belief that certain groups have been oppressed via social structures such as racism, sexism, and nationalism. However, as already stated, fat individuals remain largely ignored by such activism or legislation. In addition to fears about frivolous claims, the belief that fat people do not constitute a cohesive social (as opposed to medical) group hinders progress toward advocacy and protection. Yet, many of the litmus tests for politicized group identities are met by fat folks by virtue of sharing similar social locations resulting from stigma. As a group, fat people share many common experiences, and fat people also share

many common experiences with those conventionally considered disabled.

To be certain, fat people constitute a diverse population, but there are important shared experiences. We are constantly told we have a social responsibility to change our bodies, regardless of how we might feel about such proposals. Second, we are repeatedly told to lose weight even though mounting evidence exposes weight loss as a false panacea. Third, our bodies are held up as public spectacles on a daily basis. Pitted against one another, particularly in the case of women, we are often represented as warning signs for those who are currently thin as well as those who are already heavy. Watching *The Jerry Springer Show* on any given day provides ample evidence of many women's ability to chastise other women about weight. Thin women castigate fat women, and women who are themselves large play the game of "at least I'm not *that* fat." In spite of being pitted against one another and differentiation within the group, these experiences remain similar across such lines, suggesting Fat is a shared political identity.

Indeed, these shared experiences are already uniting a growing Fat community. In addition to The National Association to Advance Fat Acceptance (NAAFA),

organizations such as SeaFattle—whose tag line is “raising consciousness or raising hell”—are “dedicated to both activism and support around issues of size and self acceptance, women’s (and human) empowerment, and fat liberation” (Seafattle). These and other organizations offer forums for sharing experiences, support, strategies for action, as well as engagement in self-definition around social issues. They reject oversimplified, misleading, and demeaning medicalized narratives. So in growing numbers, fat people understand themselves as a cohesive group.

Paying attention to the way fat people understand themselves and regarding Fat as a viable political identity might encourage protection for fat people as a class. However, resistance to such proposals is quite strong. Why? What specifically makes the proposition of acknowledging fat persons as a group so threatening? How are notions of individual responsibility and “choosing” to be obese implicated here? As disparate as the identities “Fat” and “Deaf” might seem, critically reading recent debates about deafness and what is now being referred to as “elective disability” can help activists and scholars think through these questions.

Consider, for example, a comparison between weight loss “medicine” and cochlear implants. A careful analysis

of fatness and deafness reveals similar strategies aimed at eliminating both physiological traits, despite the fact that medical interventions produce neither conventionally hearing nor conventionally thin people. While cochlear implants have been touted as "cures" for deafness, members of Deaf culture have fought to be recognized as a protected social group, a group that should not be forced to assimilate into mainstream hearing culture. As Bonnie Poitras Tucker explains in her article, "Deaf Culture, Cochlear Implants, and Elective Disability," Deaf culture is based on several practices believed to create cultural autonomy:

The theory of Deaf culture is primarily premised on a shared language—American Sign Language (ASL). Individuals who communicate via ASL clearly *do* speak a different language [. . .] in addition, some members of the Deaf cultural community claim to be part of a separate culture as a result of attending segregated . . . schools for Deaf children, or as a result of their participation in Deaf clubs or wholly Deaf environments in which they socialize or work. (6-7)

Additionally, most individuals who identify as members of Deaf Culture take great pride in their deafness (Tucker 7). Those inside and outside Deaf culture, who both acknowledge and wish to support this separate culture and pride, refuse to view Deafness as a disability that should be "cured." Opponents of cochlear implants believe both that the political genocide of Deaf Culture and the implantation of cochlear devices is wrong. At the basic level of physical outcomes, opponents of cochlear implants question the success rates of this new miracle technology. Members of Deaf culture might persuasively argue that there is no "choice" of disability because cochlear implants simply do not create hearing people. For example, bioethicist Robert A. Crouch, who is a staunch opponent of cochlear implants, believes that there are serious limitations to cochlear technology. Indeed the author of the section on cochlear implants included on *Healthlibrary.com* writes that as a result of Crouch's work we must reconsider the "miracle" of technology. S/he writes: "We need to recognize the limitations of cochlear implant. A recent study found that after five years of hard work, patients with such implants were able to correct [sic] pronounce just 70% of vowel sounds. Lest this sound satisfactory, the preceding sentence has just one word

without a vowel" ("Cochlear Implants"). There is no doubt that these implants do not successfully alleviate deafness as it is understood medically.

Nevertheless, efforts to culturally establish support for mandatory cochlear implants has grown as the demand for responsible self-correction has mounted. But is it the responsibility of the Deaf to assimilate? Proponents of cochlear implants, including Tucker, describe the technology as "a surgically implanted device that is capable of restoring hearing and speech understanding to many individuals who are severely or profoundly deaf" (6). Supporters of cochlear implants often view the surgical insertions of the devices as Deaf culture's responsibility to larger society, especially when deafness is discovered in children. From this perspective, the presence of a "cure," and deaf people's refusal of it, amounts to choosing disability, which of course angers advocates of cochlear technology and the same people worried about "frivolous" accommodation/demands for supposedly volitional conditions. Likewise, bariatric surgeries, which often reduce stomach capacity to around two tablespoons and bypass sections of bowel, are socially encouraged (even pushed) despite questionable outcomes. NAAFA maintains a staunch position against such surgeries: "the National

Association to Advance Fat Acceptance condemns gastrointestinal surgeries for weight loss under any circumstances" ("NAAFA Policy: Weight Loss Surgery"). The rationale behind NAAFA's policy is based on a lack of organized longitudinal follow-up studies, new surgeries being performed without adequate testing, and a host of complications, including dumping, life threatening and debilitating post-surgery complications, and death ("NAAFA Policy: Weight Loss Surgery"). Moreover, like cochlear implants, weight loss surgeries (in particular the most popular procedure at the moment) simply do not produce "normal," i.e. thin people.<sup>7</sup> NAAFA states, "Currently, the most frequently performed procedure, vertical banded gastroplasty, results in weight loss of about 20% within 18-24 months. Because weight regain is common within two to five years after operation, doctors plan "staged surgery" ("NAAFA Policy: Weight Loss Surgery").

In sum, both fatness and deafness continue to be represented as ideally curable and mutable traits despite the mixed outcomes of medical technologies designed to "fix" them. Fat and Deaf people's identities are depoliticized because they are not recognized as members of individual groups and diverse populations sharing the identification of disabled people. Often already isolated



from mainstream culture and often from other disabled people, non-recognition further breaks down group bonds, isolates us into discrete individuals, and severely hinders the forming of politically conscious group politics. As Linton states, "the material that binds us [disabled people] is the art of finding one another, of identifying and naming disability in a world reluctant to discuss it" (5). This "art" can be severely hindered by the isolation of disabled people into discrete individuals who are thought to share no common experiences due to the diverse nature of impairments. The experiences of Fat and Deaf people exemplify the commonalities between what might seem to be disparate groups of people and can form the basis for new political alliances perhaps previously untapped.

While I'm not making an argument for anything like a Fat culture, I will again suggest, as Rosemarie Garland Thomson has suggested, that "the shared experience of stigmatization creates commonality" (15). Notably, Harlan Lane, Robert Hoffmeister and Ben Bahan maintain, "the DEAF-WORLD is not to be found in any single locale" (124) nor is a FAT-WORLD. What is important about the comparison of Deaf culture and the Fat experience is that, while they might not necessarily share a particular physical location (either within each separate community or with one

another), members of both groups are bound together by mainstream culture's erasure of people thought to have abnormal (and now volitional because "correctable") embodiments.

For fat people achieving a politically progressive Fat identity necessitates getting over the sense that they are "polluted" by the label of disability. The Fat community is decidedly divided on the issue of whether or not fatness should be considered a disability. One time NAAFA executive director Sally Smith believes that the controversy over disability and fatness is responsible for a "split in the [. . .] weight movement" (Vogel). When asked to elaborate on the "split," Smith did so and offered her own opinion on the issue: "There are people who think that we should take what we can get [. . .]. There are others of us—and I'm among them—[who say] that claiming fatness as a disability is a way of splintering us" (Vogel). Smith's statement about people "taking what they can get" suggests that disability should be the last possible option in fighting for civil rights protection. Fat people worry that claiming disability further stigmatizes them as individuals and as a group while proving fat people unable and unworthy of work. These worries manifest because of the mistaken belief that

disability inheres within an individual's body. In order to move beyond the notion that Fat identity is polluted by claims to disability, members of the Fat community must come to accept disability as socially constructed.

Likewise, others need to divest themselves of the idea that fat people making claims to disability are "polluting" the charitable image of the "worthy cripple." The notion that the label of "disabled" is reserved for those unfortunate folks who have been the victims of "accidents" (genetic or otherwise) undercuts the potential for both fat and/or disabled people to participate in progressive politics.

### **Questioning the Question**

So, is fatness a disability or can it be? As I have shown, overweight or obesity is physically disabling for *some*, but prevailing attitudes about overweight and obesity are, or at least hold the potential to be, socially disabling for *all* overweight and obese people. As the increasing number of legal cases filed about weight discrimination suggest, and the innumerable narratives of discrimination available on websites sponsored by fat advocacy groups attest, weight discrimination is not only alive and well but on the upswing. From a legal standpoint, however, overweight and obesity are

increasingly defined as a personal problem rather than a social liability. As Imperato's study discussion of recent rulings makes clear, fat people, like other potentially disabled people who have any avenue of self-correction available, find themselves largely without legal protection. For overweight and obese people living in the age of weight loss—when it is expected that everyone “be doing something” about his or her weight—courts ruling on fatness and disability tend to circle the wagons around volition and individual responsibility rather than provide civil liberties protection. Recent rulings thereby have been stripping the Americans with Disabilities Act of its spirit, choosing to cite it as a document that concerns itself with physical impairments rather than social stigma and ostracization.

## NOTES

1. The problems with the handicap symbol are being addressed by MUDS, the Modernization of the Universal Disability Symbol Task force. On their website ([www.mudstaskforce.com](http://www.mudstaskforce.com)), the taskforce explains that one of the reasons they are suggesting the symbol be modified is because people who might not have readily apparent disabilities are frequently harassed when they park in reserved spaces.

2. The Santa Cruz, CA law was passed in July of 1992 and the San Francisco, CA law was passed in June 2000. For a citation of the Santa Cruz law see the Works Cited entry for the Santa Cruz City Equal Employment and Opportunity Commission. A citation for the San Francisco law is also in the works cited section; see San Francisco Human Rights Commission.

3. See Elliot Larsen Civil Rights Act listed in Works Cited.

4. Here I am greatly indebted to Dr. Jon Robison. During the summer of 1998 I took a summer class with Jon, which turned out to be germinal to my work. Jon's refusal to settle for the easy explanations of obesity and his desire to offer socially just accounts of fatness that took into account both medical and cultural narratives were both

inspiring and informational. It was during Jon's class that I first heard about the misquotation of this particular statistic.

5. The print version of Satcher's report presents several versions of the "300,000 deaths" statistic. For example, the Foreword states, "Approximately 300,000 deaths a year in this country are currently associated with overweight and obesity" (xiii). "Section I: Overweight and Obesity as Public Health Problems in America," however, uses the same statistic differently: "Unhealthy dietary habits and sedentary behavior together account for approximately 300,000 deaths every year" (1). The second citation more accurately reflects the original statistic.

6. For examples, see Janda's "The War on Obesity," Shelley's "Surgeon General Warns of Obesity Epidemic," and *FDA Consumers'* "Overweight, Obesity Threaten U.S. Health Gains." Citations for these articles can be found in the Works Cited section.

7. Roseanne recently appeared on *The View* and discussed the fact that although she underwent WLS several years ago she has still been able to keep her weight up. See Works Cited.

## Chapter Four

### **Collateral Damage from Friendly Fire?: Race, Nation, Class and the "War Against Obesity"**

Last July 4<sup>th</sup> when I drove past the Veterans of Foreign Wars Post in my neighborhood, I was struck by the sign out front:

Happy July 4<sup>th</sup>  
Hotdog and Hamburger Supper  
God Bless America<sup>1</sup>

For someone who studies the "war" against obesity in the United States, it captured some of the central issues surrounding America's obsession with fatness and in particular the institutionalized oppression of fat people. All across the land Americans find themselves in a nation that celebrates its birthday with what are probably its quintessential foods—hotdogs and hamburgers—yet rails against those same foods in its government sanctioned dietary advice. As the public health campaign against obesity intensifies, being slim and "healthy" are treated as matters of patriotic duty (perhaps the way to help "bless America") of each inhabitant. With three plastic

lines of letters, the VFW sign captured the central tensions and contradictions of our nation's moralized war against obesity.

Most Americans don't bat an eye at nationally launched campaigns for fitness and health because our history presents a wealth of examples of similar crusades. For example, the President's Council on Physical Fitness and Sports, developed by Dwight D. Eisenhower and continued by John F. Kennedy, gained popularity when it was discovered that American boys were becoming less fit. During Kennedy's era, the campaign aimed to fortify a population of young American boys who had fallen behind Soviet boys in fitness tests (Critser *Fat Land* 76).<sup>2</sup> The President's Council established a set of tasks that school children would perform and these tasks, such as pull ups and fifty yard dashes, were intended to measure students' fitness. Eventually, the tasks fell under criticism because many people failed to see these exercises as necessarily indicative of or promoting fitness. While defending the program and the chosen evaluative tasks, program director Ash Hayes said, "Why was a pull-up so important? Ask any soldier who had to pull himself out of a foxhole, or any fireman who had to hang from the window of a burning building" (Critser *Fat Land* 82). Hayes' comment expressed



concerns not only about the fitness of individuals but about our national ability to fight wars or perform civil service. Such programs therefore addressed concerns about individual health in tandem with apprehensions about our nation's position in global politics and power.

Contemporary health campaigns—equally allied with nationalistic concerns—have turned their attention to obesity rather than physical fitness per se. Surgeon Generals C. Everett Koop and David Satcher, as the nation's physicians, respectively launched *Shape Up America!* in 1994 and the "war against obesity" in 2001. These are arguably two of the most significant contemporary public health campaigns. According to *Shape Up America!* (SUA), "as the nation looks toward controlling healthcare costs, no workable agenda can ignore the pressing issue of combating obesity in America" ("About SUA" par. 1). Koop and his cohorts further claimed that obesity-related illnesses "cost employers [. . .] \$4.06 billion annually" ("About SUA" par. 5). In addition to the economic burden of obesity, SUA's organizers provided a long list of health problems they believed to be obesity related:

Medical researchers calculate that 88 to 97 percent of all cases of Type II diabetes, 57 to 70 percent of coronary heart disease cases, 11

percent of breast cancers, and 10 percent of colon cancers that are diagnosed in overweight Americans are attributable to obesity. ("About SUA" par. 4)

When Satcher announced America's "war on obesity" on December 13, 2001, he provided nearly identical statistics to justify his concern for American health. To launch the "war," Satcher and Health and Human Services Secretary Tommy G. Thompson held a press conference and to motivate those watching Thompson stated that "all Americans—as their patriotic duty—[should] lose 10 pounds" (Doherty 1).

Both *SUA* and Satcher's campaign concerned themselves with the physical and fiscal fitness of the United States and its citizens, but as Thompson's call to action suggested, "fitness" could also be about who is a worthy American and who isn't. In the same ways people might speak about whether or not a person is "fit" for marriage or a "fit" mother, the state sanctioned mandate to be patriotic by losing weight suggests that being "fit" to be an American means watching one's weight. In order to be a proper American one must meet a certain corporeal standard and take seriously the moral responsibility to be a patriotic citizen.

While many scholars have critically studied how various social categories and specifically stigmatized identities influence everything from popular narratives to government policies about citizenship, fatness remains outside the purview of most of these scholarly analyses. This marginalization is particularly troubling because fatness politics, when combined with the politics of race, gender, and class, can produce a volatile mix. For those already marginalized within U.S. culture—including women, people of color, immigrants, working class and poor people—being fat can be yet one more badge of stigma. If, as many scholars have argued, the idealized citizen is white, male, and middle class<sup>3</sup> and the idea of the ideal citizen is further complicated by Thompson's suggestion that responsible Americans are those who diet and are thin, then the United States is faced with a growing population of people who fall far outside the confines of ideal citizens. As empirical studies suggest that the fattest people in the United States are people of color, immigrants, and members of the lower class, the war against obesity targets a specific group of people who are already, in some sense, second class citizens.

This chapter examines the current movement to classify obesity as a problem of class, race, and nationality that

has economic repercussions for the United States and represents a serious threat to the health of our nation. By examining the rhetoric of the war against obesity and our history with other "health" wars as well as the moral imperatives involved in narratives about race, food, bodies, belonging and assimilation, this chapter seeks to parse out how our nation's current war on obesity negatively affects a growing number of people. By critically reading "health" as a culturally rich concept rather than a value-free and unquestioned state of the body, I explain how circulating discourses about obesity, nationality, class, and race signify far more than a concern for the physical well-being of any individual's body. I contend that the politics of fatness and fat bodies operate as a nexus of power where we can observe national angst and submerged racism and sexism being played out within individual lives. This chapter reads the rhetoric of the war against obesity as a value-laden discourse with perhaps unintended but very serious negative consequences for overweight and obese people and suggests that the benefits of the war may not offset the costs.

**The Fatwa(r): Rhetoric of War and the Fight Against Fat People**

Shortly after September 11, 2001 the United States began a war against terrorism meant to track down those responsible for the numerous attacks that took place and the thousands that died that day. In the wake of the falling towers, many Americans were angry and self-righteous, believing that a war against terrorism was more than justified. A war against terrorism, however, is a war against an abstract and ephemeral ideology with unknown protagonists, and thus doesn't serve well as a target for the emotions that war arouses. People look to social actors involved in political ideologies when they wish to assess blame or vent anger. For example, many people might vow that they hate racism or sexism, but aim their righteous anger at people who are racist or sexist. Even though many people recognize the institutionalization of social problems such as racism and sexism, the human actors within such systems are still blamed for racist and sexist actions. Thus, when the Bush administration declared a "war against terrorism," it declared the nation's anger about terrorism but made clear it aimed to punish people believed to be terrorists. As media coverage soared, racialized images of Afghans, Iraqis, and anyone else with certain cultural presentations and ethnic phenotypes came to serve as the face of the enemy in the war against

terrorism. Thus the nation finds itself fighting a war not against terrorism, but rather against specific groups of people.

These same problems, emotions, and the search for human causation can be observed within recent public health campaigns, often referred to as "wars" against offending agents. Writing about the government's war on AIDS, Michael Sherry points out that wars require a recognizable enemy: "Since the most obvious enemy—the viral agent—was faceless and invisible, [HIV] served poorly as the object of those intense emotions that war [. . .] arouses; instead, it located the disease within and on the bodies of the disease's victims" (41). Advocates of the war against obesity imagine themselves to be engaged in a battle for our nation's health because they believe obesity to be the most significant public health threat to the United States.<sup>4</sup> What many doctors, public health officials and concerned journalists writing in support of the war against obesity fail to recognize, however, is that a war against obesity also means a war against fat people. To have a war against AIDS, to have a war against poverty, to have a war against welfare, or to have a war against obesity without involving the people at the intersections of these identities and social locations seems impossible. Recent U.S. history

indicates that our nationally sanctioned battles against diseases—whether people believe they are caused by poor eating habits or pathogens—become associated with a certain group of people given enough time and media coverage. So, for example, as the media frenzy around SARS broadcast images of Asians wearing masks and gloves, many people inevitably came to associate the disease with any and all Asians.

The situation is further complicated and the associations even more problematic, however, when the disease in question is tacitly understood as volitional and/or the result of immoral behavior. Even though people might imagine pathogens existing on their own, perhaps free floating in the air waiting for a hapless victim, those attacked by the pathogens still tend to be pathologized on the basis of culture and/or behavior. The images of SARS and AIDS call to mind dirty Asians and infectious gays who voluntarily act irresponsibly. Obesity is not a pathogen, not free floating, and never a virus that attacks a helpless and innocent victim. Instead, obesity is virtually always typecast as a condition brought on oneself. A war against obesity, then, cannot be a war against a faceless pathogen. Obesity is a condition of human causation and therefore necessitates a war against

the group of people participating in the volitional behaviors that cause it.

The war on obesity was officially declared by David Satcher in December of 2001 in his publication "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity." Notably, this was the moment when the United States was still reeling from the infamous 9/11 attacks and President Bush was daily vowing to track down those responsible. In the midst of this turmoil, the valences of Satcher's war on obesity became clear as journalists began to refer to the war as a fatwa, obviously playing on the pronunciation of the Arabic word as well as the perhaps less obvious religious implications. The fatwa, a legal decree issued by an Islamic authority that is commonly associated in the western media with death sentences delivered by fundamentalists, provided a new means of discussing the fight against obesity.

Todd Seavey, writing in an online forum for the American Council on Science and Health, feels that the war against obesity is a "subtler manifestation" of the fatwa (par. 2). From Seavey's perspective, the government's fight against fat is, or at least has the potential to be, a legal decree against fat as health advocates such as Kelly Brownell suggest taxes on junk food. In addition to



Seavey's article, others adopted "fatwa" as a way to discuss the war against obesity. Titles such as "The Fat Fatwa Won't Work" and "Fatwa on Obesity Carries No Weight" became commonplace in popular media accounts.<sup>5</sup>

Where do the religious and moral implications of the fatwa lie and why do so many journalists choose this particular expression to describe Satcher's campaign? As explained in Chapter One, contemporary American associations with fatness—even when avowedly secular—involve concepts of (im)morality. In spite of his hesitancy to declare a war against fatness and his concern that individual rights will be violated by excessive government intervention, Seavey states in his article "Issuing a Fatwar:"

At the same time, don't be afraid to moralize a bit. Fat is no doubt a side effect, in part, of booming American wealth, and as such emblematic of the triumph of the free market. At the same time, it may be indicative of our slovenly lack of self-discipline in an era of loose morals. Fat is often the indicator of lack of self-control and it may be productive to label it so. If the fat acceptance movement insists that "fat

is beautiful," those concerned for public health are within their rights to respond with the more-justifiable slogan "fat is deadly" and even with the judgment "fat is evil." Still, we must remember that fat *people* are not evil, merely engaged in self-destructive patterns (that also set a bad example for others). We must remember to hate the *fat* and not the *fattie*, as it were.

(par. 12)

Seavey's beliefs about fatness and, by association fat people, follow the contemporary American penchant for considering the fight against fat as a morally righteous battle. Within Seavey's framework, fatness indicates a physical and fiscal economy of excess, an excess that, in spite of any cultural influences, should be managed by the individual. His proclamation that members of the public health movement are "within their rights" to judge fat as evil boldly situates fatness as a sinful vice. One does have to wonder for whom labeling fat as such will be "productive." When Seavey states that we must remember to "hate the *fat* and not the *fattie*" we are reminded of the Christian edict to hate the sin and not the sinner. Cleaving the sin and the sinner are not, however, as easy as Seavey assumes.

## **The Girth of a Nation: The Politics of Nation and Bodies**

The government has been battling fat for much longer than the two years since Satcher's declaration. According to social historian Harvey Levenstein, the 1977's Nutrition Committee's "dietary goals" called fat "a national evil to be extirpated" (241). In this case, the Nutrition Committee was speaking directly about fat in foods, but as history shows, associations with fat people are often not far behind. In *Never Satisfied*, Hillel Schwartz provides ample history to support his claim that fat frequently occupies our national imagination, and this preoccupation seems especially poignant in times of war. Schwartz maintains that World War I "was not about fatness, but from the start it was about food and soon enough about fats" (140). As it became considered criminal to waste rationed foods such as fats, meat, and sugar, fat people were targeted because it was assumed that they were excessively consuming rationed goods: "A woman overweight by 40 lbs was to be accounted as hoarding 60 lbs of sugar in her excess flesh" (Schwartz *Never Satisfied* 141). From there, the jump to thinness equaling patriotism was short but devastating: "In such an atmosphere, reducing weight became civil defense" and in 1918 a member of "the

Interallied Scientific Food Commission announced, 'There are probably a good many million people in the United States whose most patriotic act would be to get thin [. . .] and then to stay thin'" (*Never* 140-41). In short, "[the war] transformed gluttony into treason [. . .]" (Schwartz *Never Satisfied* 143).

As Schwartz's study suggests, and Thompson's request that all good Americans lose ten pounds cements, government sanctioned concern about America's weight follows historical trends of national trepidations about excess and the assumption that those who are overweight are most wasteful. Against this historical backdrop Satcher's new war against obesity—the fatwa—again takes on international and nationalist meanings that exceed those associated with a simple campaign for better national health.

For advocates of the war against obesity, one of the strongest reasons for the campaign is the staggering cost of obesity. P. Hauri, FF Horber, and P. Sendi conclude from their 1999 cost-benefit assessment of bariatric surgery that "the economic burden of obesity is considerable [. . .]" with the "direct costs of obesity-associated diseases in the U.S. to be at least \$45.8 billion in 1990, and the indirect costs [. . .] estimated to be \$23 million" (480). Similarly, an article in the

July/August issue of *World Watch* states that one Harvard obesity expert "estimates the direct costs (hospital stays, medicine, and visits to the doctor) and indirect costs (reduced productivity, missed workdays, disability pensions) of obesity in the United States to be \$118 billion annually" (Gardner and Halweil 32-3).<sup>6</sup> These figures shock most Americans, especially when they're told that the costs of obesity now exceed the costs of tobacco-related expenses. In his article "Fat Nation" Andy Steiner sums up the situation when he writes, "Fat is now being labeled a serious—and costly—public health crisis linked to heart disease, diabetes, and other serious illnesses. The discussion has taken on the language of crisis" (72). Without a doubt the U.S., as well as many other countries, faces a shortage of healthcare resources, but the language of a fat-based crisis and the emphasis on figures that seem outrageous to average Americans, particularly when they're not compared to other health care costs, amplifies calls for action and the targeting of fat people as the responsible group.

According to James O. Hill, an obesity studies scholar from the University of Colorado, we should expect healthy (read thin) people to express anger about the rising healthcare costs of obesity that will be passed on to

everyone. Speaking about people's reactions to current cost estimates, Hill says "the main thing we see is real shock when people digest [the costs of obesity]. They get very worked up—and why not? They are taking care of themselves'" (qtd. in Critser *Fat Land* 148). In spite of the justification of outrage, the social costs to fat people (such as being disabled from working due to fears of low productivity and rising health insurance costs) go largely unexamined because, as explained in my analysis of disability, certain members of the U.S. population are seen as beneficiaries of public and government charity rather than productive citizens. The notion that fat Americans simply eat too much food, the figures suggesting they are also unproductive at work (presumably creating more work for others), and the supposed health care costs that are passed onto people that "take care of themselves" cast a tightly woven blanket of condemnation over fat oppression. If, after all, we have hard empirical proof that fat people are costing our nation money—endangering our national health care budget and the health of worthy citizens who aren't bringing health problems on themselves—then isn't outrage and even perhaps fat hatred justified and reasonable? Shouldn't action be taken?

Many cultural critics and public policy officials have already suggested bold actions for curbing the costs of obesity related expenses. For instance, Kelly Brownell is credited with being the first person to propose a tax on "junk food" in hopes that such a tax—similar to the increased taxes on cigarettes—would generate extra government revenue for the healthcare of people who are currently overweight or obese while simultaneously encouraging some currently overweight and obese people to diet and thin people to remain so (Fortino). Brownell has been associated with the Center for Science in the Public Interest, is a psychology professor by trade, and also directs the Yale University Center for Eating and Weight Disorders. In 2000 Brownell testified at the National Nutrition Summit in Washington D.C., a government conference to bring together the "collective expertise of the country's leading nutritionists" ("Fat Tax Attack!" par. 1). Speaking about what some have dubbed his "twinkie tax," Brownell has stated, "'Hit junk-food junkies where it hurts: in their wallets" by "slapping high-fat, low-nutrition food with a substantial government 'sin' tax"<sup>7</sup> ("Fat Tax Attack!" par. 3). Since Brownell's campaign for a "fat tax," the Internal Revenue Service passed regulations in 2000 that allowed folks willing to pay for

their own bariatric surgeries to take a significant reduction in taxes ("A Taxpayers Guide"). Continuing such measures, last year the IRS allowed deductions for physician-recommended weight loss programs (Internal Revenue Service).

Initially, many people might agree that these courses of action are reasonable, perhaps even kind. After all, it's not often the IRS gives anyone a break, and the majority of people might see the opportunity to lose weight as a chance to invest in their health while receiving tax deductions. The United States is woefully behind many other nations in terms of preventative health care and measures taken to ensure that people can be proactive about their health would be welcomed. The thorny part of such policies and the part most often overlooked is the assumption behind what it means to lose weight. The IRS policy that allows deductions when a physician has recommended a particular program for *weight loss* makes it clear that the ideas girding this government policy are that weight loss necessarily promotes health. A true health campaign might supplement gym memberships for everyone rather than weight loss for a few. Thus, it looks very much like this supposed "public health campaign" is



really a battle against obesity (and, as I argue, obese people) rather than a battle for health.

### **International Politics in the Fat Land**

As Susan Sontag explains, "illnesses have always been used as metaphors to enliven charges that a society was corrupt or unjust" (72). In past and present rhetoric, "disease imagery is used to express concern for social order" (72). Seavey's justifications of the "fatwa" against fat, especially his claim that fatness is indicative of American culture's excesses, illustrate the ways the war against obesity has become a medium for addressing the excesses of American culture in general. Following Sontag's logic, obesity—as an illness—functions as a metaphor for American society gone awry; obese people operate as the lynchpin in circulating concerns about American society and its possible downfall. Although most Americans consider the capitalist system and their ability to consume key to fulfilling the American dream, what is imagined to be the excessively conspicuous consumption of American resources by obese people is made to stand in contradiction to the American dream. Instead, obesity represents the downfall of American culture.

Within the international arena, the United States literally represents fatness. During a time of war—the war against obesity and the war against terrorism—concerns about our national image become heightened. At these moments, the image of the fit, rugged American seems especially vital. Americans don't, after all, want the world to look at our nation as a country going "soft." Americans want their bodies, their currency, their economy, and their image thought of as hard and strong, and America's ideas about obesity and fat people simply do not compliment those images. Americans are well aware that the world is watching our population's weight grow and reading the country's self-proclaimed obesity epidemic as a consequence of national excess. In Beppe Severgnini's *Ciao! America: An Italian Discovers the U.S.*, he gives ample text to evaluating American bodies and what they symbolize about American culture. Writing about American's large backsides, Severgnini declares, "If that's the price tag for being the world's number one nation, then no thanks" (138). It appears that our neighbors to the North also enjoy engaging in such schadenfreude. Indeed, the United States has become a litmus test of sorts for Canadian obesity. Writing about Canada's obesity "epidemic" Mark Kennedy states:

Canadians may be tempted to smugly shrug off the problem [of the obesity epidemic] by noting that—as anyone who’s ever eaten in a U.S. restaurant surely knows—we’re nowhere near as fat as our neighbors South of the border. Indeed, 55% of Americans are overweight, and a stunning 23% are actually obese. (E4)

Kennedy goes on to caution Canadians that they are facing their own problems, as Canada now has more obese children than the United States, “the country that gave the world Big Macs and Twinkies [. . .]” (E4). The question of “Are we as fat as Americans?” seems to be the way other nations gauge what many consider a world-wide obesity epidemic. Although Americans are often obsessed with being “number one,” being the front runner in the obesity epidemic tarnishes the image of the U.S., as Severgnini’s “no thanks” shows. The international attention heaped on American obesity is matched by our government’s zeal for the campaign against it.

### **Dropping the Bunker Buster: Fighting the Good Fight?**

For some time, feminist scholars, cultural critics, and journalists have reported that people of color (and most often women of color) are somehow immune to fatphobia.

In other words, these scholars assert that within communities of color, weight is simply not an issue or even that it is prized in some circumstances.<sup>8</sup> There are those who have argued against these assertions, instead claiming that women of color (especially young women) find themselves just as concerned with the cult of thinness. Most notable of these scholars is Becky Waansguard Thompson, whose publication of *A Hunger So Wide and So Deep* marked the opening of a national discussion about young black women and their concerns about fatness. Citing numerous conversations with young black women who obviously worried about their weight, Thompson muddied the water that once seemed clear. In fact, *A Hunger So Wide and So Deep* argues that young black women have even more at stake in the achievement of the ideal body image. According to Thompson, with the ideal Western representation of womanhood and beauty consisting of white skin, long blond hair, and blue eyes, most black women—whether they be thin or heavy—fall well outside traditional notions of beauty. With this in mind, Thompson stakes a counterargument to the stereotype and insists that black women are concerned about weight precisely because they understand that being heavy removes them even further from the ideal of Western beauty.<sup>9</sup>

If there ever was any truth to the generalization that black women remain unconcerned about their weight and are not discriminated against because of it, the war against obesity has certainly changed the situation. The main actors in the war against obesity make a point of stressing that people of color and the working class are most at risk for obesity, adding that "modern obesity, like cholera in nineteenth century New York and London, is more common among the poor and disenfranchised" (Steiner 74). Statistics do, in fact, support these assertions. Greg Crister writes:

While new studies, particularly those from the CDC, showed that the fat epidemic was slowly but surely crossing over into the upper and middle classes, particularly among men, the most consistent numbers concerned the poor and the working poor. Among these classes, obesity was rampant. At the very bottom end were households with less than \$10,000 annual income; among them, 33 percent of blacks were obese, 26 percent of Hispanics, and 19 percent of whites. (*Fat Land* 110)

Critser goes on to write, "Poverty. Class. Income. Over and over these emerged as they key determinants of obesity

and weight related disease" (*Fat Land* 116). Critser is not alone in pressing these statistics. *New York Times* science writer Natalie Angier states that "One in ten middle-aged black women is morbidly obese, more than 100 pounds overweight, explaining at least in part why black women are four times more likely as white women to die young of heart disease" (1).

A recent spate of articles utilize these and similar statistics to justify the war on obesity and classify overweight as a healthcare problem of people of color and/or poor people, i.e., a problem that should rally liberals as much as conservatives. Summing up the situation, Kennedy writes, "[. . .] statistics clearly bear out the politically incorrect stereotype: while we're all at risk of getting fat, it's the poor and uneducated who are most likely to be obese" (E4). Such empirical data leads avowedly liberal authors such as Critser to argue that the war against obesity is more about class (and concomitantly race) than anything else. Writing about his own weight loss, Critser states, "The more I contemplated my success, the more I came to see it not as a triumph of will, but as a triumph of my economic and social class" (*Fat Land* 2).

Critser's comments acknowledge economic disparities in the U.S. while still suggesting that by working hard enough, one can be both rich and thin, which is the new American Dream. For Critser, far too many people have been locked out of the American Dream of thinness. I cannot argue with the accuracy of these statistics, nor would I suggest we turn a blind eye to inequities that near guarantee some wealthier people access to a wider variety of healthful foods, opportunities and time to exercise, and better health care. But the faulty assumption here is that a wider variety of foods, exercise, and better healthcare cause thinness, which is what Critser and other proponents of the war against obesity seem to be after. Critser's argument rests on the belief that thinness, like obesity, is always volitional and controllable. Critser and his cohorts rightly point out the disparity of resources, but the ramifications of these arguments, Critser's in particular, are potentially more detrimental than helpful.

Take, for example, how Critser follows from inequalities through to the issue of young black women, their rising obesity rates, and body image. Although Critser argues that many poor blacks are almost forced to eat at McDonald's<sup>10</sup>—and therefore become obese—he still finds the notion that anyone be exempt from weight based

discrimination quite troubling. Critser maintains that the obesity epidemic is driven by a fast food industry that traded in its desire to be associated with a white, family atmosphere for a growing inner city, poverty stricken, and captive market. He maintains that the fast food industry now serves supersize portions to supersize folks for supersize profits. This, coupled with urban environments that aren't activity friendly due to poorly maintained sidewalks, absence of public parks, and street violence, are the key factors in Critser's understanding of the obesity epidemic. In short, he argues that fast food industries exploit populations who are hungry, need food, are short on cash and time, and often lack transportation. To stop the obesity epidemic, we must stop this exploitation.

Yet, Critser doesn't entirely focus on capitalistic exploitation as the suggested target of public wrath; he goes on to argue that targeted weight based discrimination can also help stem the tide of obesity. Contrasting statistics about black and white women's average weights, Critser believes that "social stigma may serve to control obesity among white women" (*Fat Land* 121). Citing rising numbers of overweight children and adolescents, Critser finds the prospect of young black women *not* being teased



about their weight problematic.<sup>11</sup> Critser seems to think that the African American community is behind the times when it comes to enforcing ideal body weight and suggests that "a few more Black Kate Mosses wouldn't be a bad thing" ("Let Them Eat Fat" 4). Thus, Critser believes concerns about young women and anorexia and bulimia are misguided in the era of obesity. What is far more important, he insists, is that we provide motivation for losing weight. When considering arguments about community autonomy and African American's rights and needs to hold alternate standards of beauty and body size, Critser dismissively states that such thinking "denies minority girls a principal—if sometimes unpleasant—psychological incentive to lose weight: that of social stigma" (*Fat Land* 121). In essence, Critser suggests opening up yet another avenue of discrimination.

Critser is not the sole author of such claims; many people feel that a certain amount of discrimination can prove helpful. When Southwest Airlines announced it would begin enforcing a 22 year old policy of charging larger customers for extra seats, many people believed this would serve as incentive for people to lose weight (DeLollis 1). The idea behind what I call "helpful discrimination" seems to be a fear that accommodating fat people will only

encourage more obesity among the population. Thus, in the same way people fear that accommodating a wider range of what constitutes disability will lead to more and more people claiming to be disabled, Americans fear that accommodating larger bodies will lead to more people becoming fat. In a recent *Today Show* segment about products manufactured specifically for larger people—aids for putting on socks with ease, a steering wheel with a smaller turning radius, and seat belt extenders for cars and airlines—Matt Lauer asked very bluntly, “These are all great products, but won’t the presence of such products just encourage people to gain weight?” (“New Products for Larger People”). Critser poses similar questions in his book and answers them by writing:

[. . .] we would be fooling ourselves if, as a culture, we came to believe that such accommodations come without a price, and perhaps a sizable one. Science, history, and common sense all hold that physical reminders of one’s excess girth are critical when it comes to controlling further weight gain. (*Fat Land* 60)

Obesity’s price—in this case any sort of accommodation—is too great. Fat people must be physically reminded of their

place on the social ladder, a place given them because of the abnormality of their bodies.

### **A New Kind of Classism and Racism?**

In their brief but germinal editorial in the *New England Journal of Medicine*, "Losing Weight: An Ill-Fated New Year's Resolution," physicians David Kassirer and Marcia Angell explain that a "reason for the medical campaign against obesity may have to do with a tendency to medicalize behavior we do not approve of. In this age of political correctness, it seems that obese people can be criticized with impunity because the critics are trying to help them" (53). I would argue that in addition to a tendency to medicalize unpopular behavior, one might also consider the ways portraying obesity as a problem of class and race potentially provides new avenues for racism and classism, especially in light of arguments about obesity and the rising costs of healthcare. Writing about the changing face of America and its growing immigrant population, American Studies scholar George Lipsitz maintains that new avenues of racism often appear in response to changing conditions. He writes, "[. . .] competition for scarce resources in the North American context generates new racial enmities and antagonisms,

which in turn promotes new variants of racism" (12). It hardly seems a coincidence that at a time when medicalized or biologically based accounts of race and/or poverty have fallen out of vogue, arguments about the classed and raced nature of those hardest struck by the obesity epidemic have gained popularity. Everything thought about the working class, the poor, women, and people of color, the stereotypes of volition-laziness, lack of moral responsibility, costly to Americans who pull their fair share—all of these notions seem reiterated via obesity's status as pathology. Fatness has become a vehicle for once again making these stereotypes and fantasies "real" to people.

For example, even though Critser staunchly argues that we must recognize the social and economic causes of obesity and why it affects poor people of color more than others, he also clearly retains rights to criticize obese people in (de)moralizing ways. Perhaps not so coincidentally, in horror show restaurant scenes he often describes people of color:

Although open around the clock, the Winchell's near my house doesn't get rolling until around seven in the morning, the Spanish language talk shows frothing in the background while an

ambulance light whirls atop the Coke dispenser. Inside, Mami placates Miguello with a giant apple fritter. Papi tells a joke and pours ounce after ounce of sugar and cream into his 20 ounce coffee. Viewed through the lens of obesity [. . .] the scene is not so feliz. ("Let Them Eat Fat" 3)

Regardless of his intentions, Critser's description reads much more like an anthropological description of obesity as a result of poor parenting skills and misguided familial and cultural examples than an argument about class injustices. Although Critser might argue that if the Winchell's wasn't there the people he describes might not have such easy access to fritters, coffee, and sugar, his descriptions suggest that obesity remains largely volitional and particularly a problem for weak people of color who placate their children with fattening foods.

The richest example Critser provides of his investment in criticizing obese people of color tightly ties together the key cultural narratives about obesity and submerged racism and classism. Again writing about the poor and/or people of color he states, "Places like McDonald's and Winchell's Donut stores, with their endless racks of glazed and creamy goodies, are the San Francisco bathhouses of

said [obesity] epidemic, the places where the high-risk population gathers to engage in high risk behavior ("Let Them Eat Fat" 3). The tie between McDonald's and Winchell's and San Francisco bathhouses, and obesity and HIV, establishes obesity as a correlate to a disease many Americans consider to be the punishment for engaging in "high risk" (read: sexually sinful) behavior. When the immoral break certain social codes, penalties result. The tie to bathhouses further suggests that these "behaviors" are entirely volitional. No one, after all, is really forced to go to a bathhouse. It's a place one chooses to go, and the rhetorical strategy of aligning bathhouses and fast food joints places volition at the forefront. After all, shouldn't people be able to resist the "endless racks of glazed and creamy goods" and the bodies of attractive men? Yet if poor people of color are trapped by their economic situations and this is the root of the obesity epidemic, then why compare them and their behavior to gay men, a group that is not associated with economic strife and lack of choice? Given the rampant homophobia in American culture (as well as Critser's argument here<sup>12</sup>), lashing obesity to homosexuality inevitably also casts obesity as a crime against nature and morality. Michael Sherry's argument about HIV and its poor service as an

identifiable target in the war against AIDS, as well as Sherry's claim that the war was waged against those bodies and identities most easily identified with the disease, offers an apt historical example of the possible effects Critser's moralizing discourse will have in the lives of obese people.

### **Obesity and Belonging: Race, Nation, and the American Body**

In September of 2000 Anamarie Regino, a four year old Mexican American girl, was taken away from her parents because she was obese. Without doubt, Anamarie was a big child: "At four years old, standing four and a half feet tall, she [weighed] just over 110 pounds—meaning she [was] three times heavier and 50 percent taller than an average child her age" (Belkin par. 1). During the early coverage of the case, the media images of Anamarie presented her as a spectacle, an obese child whose life was in danger. Initially, the case might have seemed to be only about the health of a child; however, months later when Anamarie's parents were interviewed, especially her mother Adela, it became clear that the handling of the case was about far more than an overweight child. Adela Regino's account of how she and her family were treated, particularly by the social workers involved in the case, suggests that concern

about Anamarie's weight couched a struggle involving citizenship and race. Although Adela's native language is English, she claims that the social worker consistently asked her to speak Spanish, which Adela speaks but not fluently. Born in the United States, Adela was also irritated by the social worker's blatant assumption that she must have been born in Mexico: "She kept asking me for phone numbers of my family in Mexico. I kept telling her I was born and raised here. My mother was born here. She wanted us to be ignorant foreigners so she could write that on her report" (qtd. in Belkin). What the social worker reported was eerily close to what Adela feared. According to Lisa Belkin, a writer for *The New York Times* who investigated the story and was given access to the legal documents involved in the case, the social worker "hinted that the family does not fully understand the threat to their daughter's safety and welfare due to language and cultural barriers" (par. 22). The social worker in charge of the case assumed that the Regino's, because of their race and culture, didn't know and couldn't understand how to properly care for their child and this resulted in her obesity.

The subtexts of the Regino case speak to struggles, misunderstandings, assumptions, and demands of citizenship,



particularly for people of color, and the state intervention in this case (re)presents patterns of government investment in understanding and changing consumption patterns. In *Paradox of Plenty* Harvey Levenstein maintains that the U.S. government has a long history of involvement with food programs, including programs aimed at assessing and changing food choices of those seen as culturally different. In particular, the United States government has taken an interest in the food choices of immigrant populations and the working class, and although the war on obesity might be relatively new, government concern about obesity and immigrants is long standing.

In 1941, anthropologist Margaret Mead was commissioned by the government to study and explain interrelationships between food habits and culture in hopes that she could find ways to change diet "in ways that didn't threaten culture" (Levenstein 71). Mead's study, however, was considered unsatisfactory because she concluded that patterns of consumption were far too complex and sometimes bound to people's identities for the government to make any sweeping recommendations regarding nutrition and food (Levenstein 71). Perhaps the best known work on immigrant children, eating, overweight and obesity, is Hilde Bruch's

1957 *The Importance of Overweight*. Bruch, who is best known for *The Golden Cage*, one of the first texts on anorexia nervosa that looked at the role of family dynamics in eating disorders, launched her study because as a European arriving in America she was fascinated by the number of overweight and obese children. Unlike Mead, Bruch was not commissioned by the U.S. government to conduct her study, but many of her conclusions certainly echoed national concerns. Bruch was constantly frustrated and bewildered by immigrant parents' refusal to adopt the nutrition plans she suggested for their children. In response to this strong resistance, Bruch began to understand overweight and obesity in children of immigrant parents as a result of poor family dynamics and psychological problems. She writes, "it was poor cooperation on the part of fat children and their parents that aroused my interest in possible psychological aspects of obesity" (8). Family dynamics, however, included parent and child interactions as well as how well she felt families were assimilating. By studying obesity in children and possible psychological factors, Bruch catalogued and measured how well immigrants were fitting into American society.

Writing about Bruch's study, historian Paula Saukko maintains that Bruch's analysis of childhood obesity was ultimately about whether or not immigrant families were living up to the American ideal:

For Bruch, the norm was not merely a certain weight: her comments on the immigrant families' home and family size, their consumption patterns, their manners, and their ways of raising children entangled body weight in a broad normative agenda for everyday life. The white middle-class family ideal, which demanded a 'carefree, child-centered outlook—with relaxed methods of child discipline, separate rooms for each child, and educational toys and music lessons' [. . .] reached its apex in the fifties. In short, Bruch's agenda interpreted the immigrant families' problems as resulting from their inability to live up to that ideal. (37)

Living up to that ideal involved, as Saukko suggests, complete Americanization. Weight became a stand in for assimilation and belonging.

From Bruch's perspective, the most stubborn immigrant trait to change was food choice. Bruch writes:

Children of [immigrant] background are inclined, as they grow older, to reject the social customs and traditions of their parents; but an appreciation of mother's cooking and her lavishness in offering food lingers on after other values have been abandoned. Acquisition of new food habits is a late step in the emancipation from home and in the process of Americanization. (40-1)

By referring to "the emancipation from home" Bruch established a framework for understanding the social customs and beliefs of immigrant parents—and by default other countries and cultures—as oppressive. Americanization offered freedom. It's also apparent that Bruch fully understood the ways food binds families and communities together and that food choice can be tied to identity—in this case a familial and national identity. In order to truly become American old food habits were to be discarded and the children of immigrants were urged to adopt an American diet. According to Schwartz, "Americanization began to imply an actual physical change" and "100 percent Americanism meant a change in food habits from the ethnic to the homogenized" (*Never Satisfied* 143). Thus, the idea of a unified America and the desire to be

American was mapped onto food choices and diets. Those who wanted to be American were expected to eat American, and ethnic foods had no place in this plan.

Eating the American way has become even more complex since Bruch's era, especially as America's population has become more diverse. As Lipsitz points out:

U.S. citizens invested in the notion of their nation as essentially white and European confront a daunting demographic challenge. The population of the United States now includes thirty million Latinos and ten million Asian Americans. African Americans, Native Americans, Asian Americans, and Latinos account for more than half of the population of Los Angeles, Miami, San Antonio, Honolulu, and several other major cities. (10)

While one might assume that the changing demographic of the United States and the presence of ethnic restaurants on nearly every block would drastically change narratives of food and nation, this doesn't seem to be the case. Whites cruising ethnic neighborhoods for a Friday night dinner and being a person of color who primarily eats ethnic food draw very different reactions. In part because of the growing popularity of ethnic cuisines, food is even more closely

tied to nation; often cuisine is the only thing Americans know about other nations. Further, the changing demographic of the United States appears helpless in changing ideas about what constitutes American food. As Levenstein astutely notes, fast food is seen as *the* American food (227).

For contemporary Americans who retain an ethnic identity, the choice of foods for celebrating America's birthday reveals a persistent national investment in white identity. By contrast, Chicano activist Oscar Zeta Acosta engages in a denial of American identity as white by passing up hamburgers and hotdogs on the fourth of July, and instead choosing instead to eat guacamole and "[watch] someone irreverently sew corn chips to the American flag" (Chamberlain 102). Acosta insists on re-making the fourth of July into a holiday that accounts for at least part of *his* American identity, a Mexican American identity.

Acosta's autobiography presents readers with instance after instance of his struggle with a fat brown body and his love of ethnic food. He consistently resists doctors advice for how to heal his ulcers. He writes, "What value is a life without booze and Mexican food?" (12). He goes on to write, "[The doctors] said, 'Nothing too hot or cold, nothing spicy and absolutely nothing alcoholic.' Shit, I

couldn't be *bland* if my life depended on it" (12). Reading "*bland*" as white—which seems fair given the associations between spicy food and Chicano identity that abound within Acosta's text as well as Bruch's insistence that immigrants eat white foods—Acosta's resistance to changing his diet represents his refusal to compromise his life as a Chicano. As Marcia Chamberlain points out, Acosta's "doctors read his choice of foods pathologically but he reads them culturally. Enchiladas, hot sauce, and cheap beer are part of his heritage; they give him strength and vitality, and they connect him to the larger Mexican American community" (101). Yet even Chamberlain misses the mark a bit with her analysis; Acosta's doctors most likely read his food choice, culture, and race as routes to pathology.

Acosta's Mexican American identity and diet are problematic within contemporary discourses of nationalism and responsible citizenship because to eat differently is, as W. Charisse Goodman notes, "to be set apart from others" (112). The assertion of a Mexican American identity challenges not only ideas about American food but about American citizenship. As Craig Calhoun argues, in the discourse of nationalism, one is *only* French or Chinese and the primary nationality takes precedence over any other aspect of one's identity: "This way of thinking reinforces

the idea of nationality as a sort of trump card in the game of identity" (256). Thus, being an American citizen entails being committed to the American identity first and foremost. Being set apart from others is poorly suited to a nation seeking to present a unified identity and from Acosta's autobiography, it appears that eating differently can also act as protest. In fact, Chamberlain says that during many Americanization programs immigrants were told to "choose 'white' foods because [. . .] 'eating un-American foods [i.e. spicy, exotic foods] could be interpreted as a protest'" (101). While Acosta certainly means for his food choices to serve as protest, those whose food choices are interpreted as protest even if not intended as such face being considered un-American.

When obesity is also at issue, the situation is even further complicated. Writing about Acosta's fat brown body, Chamberlain notes that "his fat body is simultaneously the ultimate dream come-true and the ultimate American nightmare, 'a gross physical salute to the fantastic *possibilities* of life in this country'" (92). Acosta's body, as well as those described by Critser, are both the embodiment and the antithesis of American ideals. On the one hand, Acosta's brownness and his ability to conspicuously consume serve the American dream



mythopoetically. He symbolizes the weak, poor and *hungry* the U.S. promises to protect, and fulfills the fantasy that anyone can make it in the United States regardless of race, class, gender, ad infinitum. On the other hand, his size, seen as emblematic of his overconsumption, is the American dream gone awry. For people of color, particularly those still strongly identified with immigrant groups, fatness indicates excessive consumption of food as well as the excessive consumption of American resources.

When the war on obesity, the war on poverty, and the war against immigration all converge on one body, the discrimination Critser believes helpful abounds. Openly criticizing certain groups can draw negative responses, but obesity provides a useful vehicle for criticizing groups of people already marginalized in the United States.

According to Mark Roehling, an industrial relations scholar who studies weight based discrimination, "Being fat seems to have a consistent strong effect, more consistent than any other form of discrimination I've seen, though part of that may be because people feel freer to talk about it" (qtd. in Goldberg 1). Roehling states that in his review of existing research about weight based discrimination he was surprised that "in those studies where researchers asked participants about weight discrimination" people were

quite "forward [. . .] in admitting that they were making decisions based upon weight. In a way, it appears to be the acceptable bias" ("WMU News" par. 15).

In *Fat History: Bodies and Beauty in the Modern West*, Peter Stearns writes that "the social, class, and race implications of American dieting merit attention as well [. . .]. In a society that likes to discuss equal opportunity and resists class labels, the United States has used dieting as a marker among groups [. . .]" (259). The division among groups becomes stronger as the battle against obesity gains strength from the backlash against recent lawsuits against fast food companies. One posting on a Yahoo message board read, "I say we all get together and sue fat people for being fat and raising our insurance costs" (PFunk Bootsy). Regardless of whether or not one believes fast food companies should be held accountable, it's still apparent that holding companies accountable will not alleviate weight based discrimination. It might, in fact, increase fatphobia as fat people are yet again charged with receiving resources they don't deserve. Why should companies pay because fat people have no control and are looking for a free ride? Considering the implications of a war against obesity and its tangled ties to discourses of nationalism and citizenship, we must re-evaluate the

goals of this war. As Diane Carol Bast, editor of *Health Care News* states:

A government-sponsored "war on fat" will resemble the war on drugs, alcohol, tobacco, firearms, and other products disliked by the elite but valued by the majority. All these campaigns are sources of human suffering, public costs, and violations of individual rights that must be weighed against the slight benefits to public health they may engender. (Meier and Bast par. 26)

In order to understand the complexities of the "war against obesity," healthcare professionals, scholars, and any concerned citizens must take into account the full range of human costs. Otherwise, many Americans might become the victims of friendly fire during the "war on obesity."

## NOTES

1. This message was in front of VFW Post 701 in Lansing, MI during the summer of 2002.
2. During the course of my argument, I use two pieces by Critser. The first is "Let Them Eat Fat," an article that appeared in *Harper's*. The piece was popular enough that Critser spun it into his book *Fat Land*. When I use "Let Them Eat Fat" instead of *Fat Land* it's usually because some of the language in the article was changed for the monograph.
3. For a feminist account of liberal society and the ways it is structured around an ideal male, white citizen, I recommend Wendy Brown's *States of Injury: Power and Freedom in Late Modernity*. In her chapter "Finding the Man in the State," Brown argues that within liberal societies subjects are often believed to be without gender but the ideal liberal subject is a male who is able to move freely throughout society (182).
4. Although I criticize Critser later in the chapter, I do think he genuinely believes that class is at the root of the obesity epidemic, and his argument is not without its merits. Much like Eric Schlosser's *Fast Food Nation*, Critser's *Fat Land* investigates the hidden politics behind food in the United States and offers important insights

into how certain people are encouraged (be it by marketing or location) to consume in certain patterns. There is no doubt that class can play a substantial role in food politics, and I think Critser rightly points this out. I believe his intentions are good but his rhetoric is seriously flawed.

5. See Works Cited for complete information.

6. Cost related statistics for obesity often vary wildly. Even when I've attempted to compare data from similar years, the figures frequently don't match. Further, figures associated with the costs of obesity frequently appear in newspaper and popular press articles without reference to sources. According to Meier and Bast one reason the dollar costs of obesity are difficult to pin down are the methods used to collect such data, which constitute "an amalgamation of incomparable numbers, including health care costs handled by a variety of private insurance policies or by individuals paying their own out-of-pocket costs" not to mention the difficulties in accounting for exactly how obesity causes reduced productivity (par. 17).

7. Brownell's rhetoric, as the article cited here explains, has softened a bit since his initial proposal.

8. Refer back to the discussion of Klein and Wann in Chapter Two.
9. Here I summarize Thompson's chapter, "Making 'a Way outa No Way," pages 1-26.
10. In line with current narratives about obesity, Critser assumes that eating at McDonald's necessarily makes people obese. While I would certainly not argue that McDonald's provides the best quality food, I would argue that there are many people who regularly eat at McDonald's and remain thin. McDonald's doesn't cause obesity. I think this is yet one more example of Critser sidestepping more nuanced discussions of obesity.
11. In a chapter entitled "Who Let the Calories In," Critser bemoans the fact that Americans now consider children's feelings and emotions more important than what he considers to be the more serious problem of obesity (*Fat Land* 36-37). In fact, Critser suggests harassment as a means of controlling children's weight. He claims that children who were "lovingly 'hassled' [. . .] were substantially less overweight ten years later" (*Fat Land* 38).
12. The homophobia expressed in Critser's statements is just as deplorable as the fatphobia. He obviously characterizes AIDS as a disease only associated with gay

men, and in doing so suggests that AIDS, like obesity, is restricted to a certain population. My objections to the comparisons between obesity and HIV are not meant to reiterate Critser's homophobia. In other words, I don't object to fat people and gay men being associated but rather to how Critser goes about it. Within his rhetoric, both are derided.

## Conclusion

In *Never Satisfied: A Cultural History of Diets, Fantasies, and Fat*, Hillel Schwartz recounts the history of the first mass manufactured bathroom scale. Known as "The Detecto," the scale was introduced by the Jacobs Brothers of Brooklyn in 1921 (169). At the same time the Jacobs Brothers were marketing their private scale, street corners across America were graced with penny scales, and by the late 1920's penny scales had begun to provide both a person's weight and his or her fortune on a convenient card that could be carried in a wallet or purse. According to Schwartz, "people saved their weight cards, which were at once a personal medical record and a set of promises about what lay ahead—marriage, fame, money, children, good health, the end of troubles" (*Never Satisfied* 167).

Penny scales and fortune tellers on street corners have faded, but the cultural value of weight as a predictor of health and happiness remains. For most Americans weight is still their primary means of measuring health and the potential for happiness. Nearly every bathroom in the



nation houses a bathroom scale. Yet, the American obsession with weight has paradoxically made bodies simultaneously private and public issues. At the same time Americans are able to weigh themselves in their bathrooms, arguably the most private room of a house, their bodies are judged at every moment as a public spectacle that signifies one's wellness, economic and social class, morality, and citizenship.

As a public health campaign, "the war against obesity" continues to gain steam. The values bolstering the campaign and the possible consequences seem to go unexamined and Americans continue to dream of thinness, with many of them pursuing "health" via thinness at any cost. Cancer survivor Christine Arthurs offers a unique perspective on this latter day American obsession with what she calls "perfect health" (A16). Reflecting on Susan Sontag's work in *Illness as a Metaphor*, Arthurs suggests that wellness as a metaphor can be just as loaded. She writes, "Like illness, wellness is charged with meaning, especially in today's health conscious society. We don't just want good health but perfect health" and "we have forgotten that the human organism doesn't have to be perfect to be deemed healthy" (A16). Exercise physiologist and fat activist Jon Robison echoes Arthur's sentiments in

his article "Do We Really Need to Exercise and Eat Low Fat to Get Into Heaven?". Questioning America's obsession with thinness and the belief that thinness is a stand in for health, Robison writes:

Health is much more than the absence of disease or behavioral risk factors for disease. We need to shift towards a more holistic conception of what it means to be healthy, taking into consideration the social, emotional and spiritual as well as the physical aspects of the human existence. Our culture's at times almost religious fervor regarding the importance of weight and exercise to health is making this difficult. Can we truly say that someone is not "healthy" because they choose not to exercise and eat less than 30 percent of their calories from fat? Is a person with anorexia nervosa who eats virtually no fat and exercises constantly healthy? How about someone who hates their job, is in a failing relationship and abuses their children? Is he healthy if he works out at the gym 5 days a week and has a body mass index of less than 25? (par. 1-2)

After clouding the waters of "health," Robison clearly states the consequences of America's obsession: "[. . .] this incessant focus on diet and physical fitness as the principle determinants of health is misleading and keeps people from addressing other areas of their lives that may have more impact on their overall well being" (par. 8).

As both Arthurs and Robison argue, the American preoccupation with a concept of "health" narrowly defined by height and weight charts and health qua thinness is as likely to lead us away from health as toward it. Examined critically, the rhetoric of the U.S. government's "war on obesity" appears to be less about a public health campaign and more about the linguistic pathologizing and scapegoating of already marginalized groups. In parsing out the causes for the hatred of and discrimination against fat people, America's national policy against fatness cannot be excused. As Annemarie Jutel explains, "national policies contribute to crystallizing social beliefs about body fat and its nefarious qualities" (par. 4).

Certainly a positive and comprehensive public health campaign would encompass many of the measures Greg Critser and his cohorts suggest. Critser, for example, argues that if urban neighborhoods were safer people would be more likely to walk as exercise. According to his research,

many inner city dwellers report that fear of crime keeps them from walking in their own neighborhoods (*Fat Land* 73). Of course everyone deserves to be safe, but why must a campaign against obesity be the vehicle for making neighborhoods safe? Don't people deserve to be safe regardless of whether or not they take evening walks? Whether or not they are thin or fit? Critser's argument serves as apt example of the how more important factors can be overlooked when the rhetorical target of public health campaigns becomes particular embodiments. Following Robison's argument, personal safety and freedom from fear might be issues that have a greater impact on a person's overall well being.

A legitimate public health campaign must address more than obesity and strive for more than fitness as a narrowly and problematically defined state of "health" or perfection. Instead, a true public health campaign must adopt a more holistic approach to American health, which means addressing both the physical and psychological well being of *all* citizens. The argument behind a successful and progressive public health campaign must be an "us" argument rather than a "them" argument. Like the "Detecto" scale, casting overweight and obese people as the cause of America's physical, fiscal, and moral problems and failures

portends a future that further stigmatizes and disables a growing group of Americans who find themselves fat in the age of weight loss.

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