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CHAPTER 11

FAT STUDIES

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It has taken us a lifetime but today we draw the line
No one is going to fault us for our needs, our loves, our size
For we are shattering that mirror, and silencing that voice
And claiming our own beauty as a right, a gift, a choice
Song "Beauty" by Estelle Freedman (2007)

WHAT IS FAT STUDIES?

Fat studies is a field of scholarship that critically examines societal attitudes about body weight and appearance, and that advocates equality for all people with respect to body size. Fat studies seeks to remove the negative associations that society has about fat and the fat body. It regards weight, like height, as a human characteristic that varies widely across any population. Marilyn Wann, one of the first activists to use the term "fat studies," stated (2009, p. x): "Unlike traditional approaches to weight, a fat studies approach offers no opposition to the simple fact of human weight diversity, but instead looks at what people and societies make of this reality." Fat studies scholars ask why we oppress people who are fat and who benefits from that oppression. In that regard, fat studies is similar to academic disciplines that focus on race, ethnicity, gender, or age.

The size acceptance movement began in 1969 when William Fabrey founded NAAPA, the National Association to Advance Fat Acceptance (initially the National Association to Aid Fat Americans). NAAPA has remained the major U.S. organization advocating for an end to size discrimination (see naafa.org). It has established

a Declaration of Health Rights for Fat People, holds an annual conference, publishes a newsletter, and works to eradicate fat discrimination in education, the workplace, and the media.

In the 1970s in Los Angeles, a group of fat women formed the Fat Underground (Fishman 2008) as a way to organize against discrimination of fat people by the medical profession via diets and medical practices. Two of their members, Judy Freespirit and Aldebaran, wrote the Fat Liberation Manifesto (1983). The Manifesto demanded respect and equal rights for fat people, singled out the false claims of the dieting industries, and, paraphrasing Karl Marx, ended with the statement "Fat people of the world, unite! You have nothing to lose" (p. 53).

NAAFA and the Fat Underground both used the word "fat" instead of "obese" or "overweight." In English, medical terms (such as "obese") tend to be based on Greek or Latin terms, and as oppressed groups organize they often replace the former medical or clinical diagnosis (e.g., "homosexual") with more descriptive or catchier terms (e.g., "gay"), sometimes reclaiming words that have been used against them or that had derogatory meanings (e.g., "queer"). Similarly, fat activists felt that the terms "overweight," "underweight," and "normal weight" all imply that there is an attainable "ideal" weight when in fact there is great diversity in weight.

THE CURRENT OBSESSION WITH THINNESS

Fat studies scholars examine why Western cultures are currently preoccupied with weight. People in the United States, regardless of their own weight, have strong negative attitudes about fat people, and the stigma of weight is particularly apparent for women. Women are more concerned with their own weight than are men, and women of average weight who perceive themselves as fat are more likely than men to state that their weight has interfered with obtaining a job and with their sexual attractiveness (Tiggemann and Rothblum 1988). Women's self-confidence is more tied to their bodies than is men's self-confidence (Thompson 1986).

In a capitalist society that ranks people according to their financial value to society, women's appearance is often considered the most precious asset for marital and professional success (see Rothblum 1994 for a review). It is difficult to be female in the United States and not be aware of one's physical appearance. When asked to describe themselves, most women (even those who are professionally successful) begin by describing their appearance (Freeman 1986). *Looksism*, prejudice or discrimination based on appearance, disproportionately affects women who are not white, middle-class, heterosexual, young, thin, and able-bodied. Increasingly, diet products and services are also aimed at men, children, and even household pets.

There is a huge economic market that depends on people wanting to lose weight, feeling dissatisfied with their bodies, and buying diet products. Billions of dollars are at stake and these industries would lose revenue or go bankrupt if people became satisfied with their bodies.

WHEN DID FAT BECOME BAD?

As old paintings, photographs, and written descriptions will attest, women's fashions in appearance and dress have changed drastically across time and geographic region. Brownmiller (1984) described commonalities that exist among women's appearance norms throughout history and across cultures. First, women are expected to look and dress in ways that immobilize them. Second, this constricting appearance is thought by people of each time period to be invented and practiced by women. Nevertheless, without conformity to these appearance norms, women are considered ugly or immoral by men. Often the specific fashion focuses on physical characteristics (e.g., size of feet, body weight) that are already smaller in women and attempts to curtail its size even more. Finally, the medical profession endorses the practice as health-promoting, while simultaneously treating large numbers of women for medical complications (e.g., eating disorders, complications of weight-loss surgery) as a result of the practice.

Fat studies scholars have described how views about fatness in the United States changed from healthy and attractive to ugly and unhealthy between the 1880s and 1920s (see Fraser 2009). During that period the U.S. economy was changing from primarily agricultural to industrial. Food was more available, and when most people could afford enough to eat, plumpness was no longer a sign of prestige. A huge wave of immigrants entered the country, and Fraser stated that "well-to-do Americans of Northern European extraction wanted to be able to distinguish themselves, physically and racially, from stockier immigrants" (p. 12). Physicians followed this trend by providing scales, calorie counts, and weight-loss treatments.

By the 1990s, the medical and pharmaceutical corporations were playing a large role in the U.S. public health debate, a phenomenon that Lyons (2009, p. 79) has termed "Obesity, Inc." When U.S. Surgeon General C. Everett Koop declared "War on Obesity" in 1995, his Shape Up America Campaign was funded by Weight Watchers, Slimfast, and Jenny Craig (Lyons 2009). The *Wall Street Journal* (Johannes and Stecklow 1998; McKay 2002) and the *New York Times* (Kolata 2005) have investigated the conflicts of interest by weight researchers and clinicians who hold leadership positions in the Centers for Disease Control and the National Institutes of Health while also consulting to pharmaceutical companies and commercial diet products. Mundy (2001) described the relative powerlessness of the Food and Drug Administration against the powerful pharmaceutical lobbies who want to get new medications approved quickly.

WEAPONS OF MASS DISTRACTION: HEALTH AND DIETING

Weight loss treatments provide patients with failure experiences, expose them to professionals who hold them in low regard, cause them to see themselves as deviant and flawed, confuse their perceptions of hunger and satiety, and divert their attention away from other problems.

(Wooley and Garner 1991, p. 1250)

Fat studies focuses on weight-based oppression and who benefits from that oppression, not on dieting. Yet it is impossible to talk about fat oppression without being asked about the health risks of fat and why fat people can't just lose weight. These two questions are so often the focus of talks about weight that I have termed them "weapons of mass distraction."

It is important to emphasize that weight and income are negatively correlated in the United States, and that this correlation is especially pronounced for women (Ernsberger 2009). When studies compare fat and thin people on health, they are also comparing poor and rich people. In a country with great discrepancies in access to health care and health insurance, this means that fat (i.e., poor) people are going to have more health problems. Low income is also related to illness and earlier death (Ernsberger 2009). It is thus vital that studies of weight and health control for income.

Most people believe that poor people are fat because of their inability to afford nutritious food or memberships in health clubs—in other words, they assume that poverty causes fatness. In fact, Ernsberger (2009) has shown that the opposite direction of causality has more evidence—fatness leads to poverty due to discrimination and downward social mobility. He stated: "While there is evidence that poverty is fattening, a stronger case can be made for the converse: fatness is impoverishing" (p. 26). A number of studies have shown the relationship between fatness and employment discrimination. This literature, which represents multiple disciplines, has shown that fat people are less likely to be hired, are perceived as having numerous undesirable traits related to job performance, are more harshly disciplined on the job, are assigned to inferior professional assignments, are paid less than their non-fat coworkers, and are even terminated for failure to lose weight at the employer's request (see Fikkan and Rothblum 2005; Puhl and Brownell 2001; Roehling 1999, 2002; Solovay 2000 for reviews). The self-report of fat men and women themselves have also revealed a high frequency of employment-related discrimination (Rothblum, Brand, Miller, and Oetjen 1990). In addition to these barriers, fat people have been perceived by employers as a liability when it comes to providing health care insurance (Paul and Townsend 1995; Roehling 2002) and even penalized through some companies' benefits programs for their weight status (Reese 2000). Women are more affected by employment discrimination because they tend to have service-related jobs, such as waitressing, clerical work, and receptionists, where

they may be hired based on their appearance. Fat women are also less likely to marry wealthier men (Ernsberger 2009).

An additional factor that increases health risks is that fat people report negative experiences in medical settings (see Rothblum et al. 1990) and are more likely to avoid medical care such as routine gynecologic exams (Amy, Aalborg, Lyons, and Keranen 2005). Research has shown that medical students and physicians hold negative attitudes toward fat people (Blumberg and Mellis 1985; Maddox and Liederman 1969) and rate videotaped "patients" more negatively when they are made up to appear fat (Breyspraak, McGee, Conger, Whatly, and Moore 1977). Finally, the negative stigma of weight and the stress of living as a member of an oppressed group both contribute to health risks (Ernsberger 2009).

In 1998, 28 percent of men and 44 percent of women in the United States were trying to lose weight (Serdula et al. 1999), and fatter people are much more likely to be dieting than thin ones (Gaesser 2009). Most weight-loss studies have considerable attrition, as participants drop out of treatment, particularly if they are in the waiting list control group, don't like the treatment condition to which they are randomly assigned, or are not losing weight (see Rothblum 1999 for a review). This means that the post-treatment and follow-up data are based on those participants who stuck with it, who were willing to attend the treatment sessions regularly and engage in the activities associated with the treatment, and who were able to lose weight (Rothblum 1999). Commercial weight-loss programs typically do not publish long-term follow-up data, but among research studies, the long-term (five years or more) failure rate of diets is 90–95 percent (Gaesser 2009). Even then, "success" is defined in number of pounds lost and not in achieving and maintaining so-called "normal" weight, which is rarely the case.

Interestingly, media preoccupation with the health risks of fatness ignores that life expectancy has been increasing (Lyons 2009). We may be fatter than our grandparents, but we are outliving them by an average of twenty years.

INTERSECTION OF FATNESS WITH RACE, CLASS, AND SEXUAL ORIENTATION

Fat studies scholars realize that weight needs to be examined within the context of gender, race/ethnicity, socioeconomic class, and sexual orientation. Because weight is so strongly correlated with income for women (Ernsberger 2009), being fat is often synonymous with being poor (e.g., "fat people don't join health clubs" can be understood as "poor people don't join health clubs"). Although it is illegal to discriminate based on gender, race, and ethnicity in most institutions, only a handful of places—the state of Michigan and the cities of Washington, D.C.; San Francisco and Santa Cruz, California; Madison, Wisconsin; and Binghamton, New York—have legislation prohibiting discrimination based on weight. Consequently, Campos (2004)

has argued that fat prejudice is a subtle way to discriminate against poor people (and thus also people of color) without being overtly racist and classist.

Boero (2009) described the connection between gender, race, socioeconomic class, and mother blame, because mothers are often held responsible for their children's weight and in fact have been charged with felonies and have lost custody when fat children did not lose weight (see Solovay 2000 for a review). When the media portray fat children as coming home to an "empty house" (Boero, p. 115), this description does not mention mothers specifically, but the implication here is that mothers, not fathers, should be home to monitor children's snacks after school. Similarly, media accounts of fat children mention ethnic foods ("pan dulce," or "collard greens smothered in fatback") so that readers can infer that the mothers are Latina or African American (Boero, p. 116).

How does weight and preoccupation with weight differ among lesbian, gay, bisexual or transgender people? Given men's socialization to focus on physical appearance of sexual partners, it has been hypothesized that people sexually involved with men (heterosexual women and gay men) are more focused on their own appearance than are people sexually involved with women (heterosexual men and lesbians; see Rothblum, 2002, for a review) and some research has confirmed this interaction for weight and dieting (Brand, Rothblum, and Solomon 1992; Siever 1994).

There is relatively little research on bisexual women and men, and this is an important area for future study. It is possible that bisexuals fall somewhere in between the continuum of body image concerns facing gay men, heterosexual women, lesbians, and heterosexual men. On the other hand, as bisexuals increasingly form their own communities and organizations, this group may have body image issues of its own. Bisexuals may also be sexually attracted to or involved with both male and female partners (either simultaneously or sequentially). This could permit study of how body and appearance issues differ for the same person when the sexual partner is male versus female. Taub's (1999) qualitative study of bisexual women indicates that bisexual women feel more pressure to conform to heterosexual beauty norms (e.g., dieting, shaving body hair, looking more feminine) when involved with men than with women.

Bergman (2009) described what happens when transgender people are perceived as female versus male:

Whether I'm fat or not depends on whether the person or people looking at me believe me to be a man or a woman. . . . As a man, I'm a big dude, but not outside the norm for such things. . . . As a big guy, I'm big enough to make miscreants or troublemakers decide to take their hostility elsewhere, big enough to walk calmly through the streets because I'm safe unless there's no easier target. As a woman, I am revolting. I am not only unattractively mannish but also grossly fat. The clothes I can fit into at the local big-girl stores tend to fit around the neck and then get bigger as they go downward, which results in a festive butch-in-a-bag look (pp. 140-141).

As this section illustrates, body weight, and even women's body weight, cannot be understood without reference to race, ethnicity, social class, and sexual orientation.

THE HEALTH AT EVERY SIZE MOVEMENT

If fat studies scholars and clinicians do not focus on weight loss as a desirable goal, what is their attitude about weight and health? The Health at Every Size (HAES) movement is a public health initiative that focuses on health for all people, regardless of body weight (see Bacon 2008; Burgard 2009, for overviews). HAES emphasizes improving nutrition and enjoying food, and also on the joy of movement instead of adherence to a structured exercise program. HAES clinicians strive to end bias against fat people, and underscore the fact that we cannot tell people's health or fitness level just from looking at them. Health is defined as physical, emotional, and spiritual well-being, and HAES clinicians focus on everyone appreciating their body and its appearance. Burgard (2009) describes how regimens that are prescribed for fat people would be defined as eating disorders if thin people engaged in them. In this way, HAES practitioners de-emphasize weight and dieting, and argue that if diets don't work in the long run, we are doing people a disservice by promoting such failure experiences. Burgard (2009) states:

If people have to do things in their day-to-day life in order to achieve a particular weight that a study says would be healthier, and the things they have to do (like stomach surgery, starving, or exercising 4 hours a day) are not compatible with loving self-care, then by definition, that is not a 'healthy' weight for that individual. It would be like starving a St. Bernard because a study of dogs shows that greyhounds live longer. We are genetically like different breeds of dogs, but we can't tell what breed we are by looking (p. 44).

FAT STUDIES AS AN ACADEMIC DISCIPLINE

In the 1980s and 1990s, researchers from the size-acceptance movement tended to be trained in health-related disciplines such as medicine, public health, nutrition, and exercise physiology. Their research examined and critiqued the health risks of fatness and the effectiveness of dieting. In the twenty-first century, fat studies has become more interdisciplinary. The Popular Culture Association and the National Women's Studies Association have fat studies tracks. The Smith College conference Fat and the Academy in 2006 focused on fat studies as an academic discipline, and the *New York Times* focused on fat studies in academia later that year (Ellin 2006). Fat studies became the focus of research in literature, cultural studies, theater, film and media studies, and the fine arts (see Rothblum and Solovay 2009). Scholars have examined fat characters in short stories, novels, television sitcoms, films, and plays.

A major focus on fat studies as social inequality needs to come from the social sciences, such as psychology, sociology, political science, and economics. There has

been a significant body of research focusing on the stigma of weight (see Brownell, Puhl, Schwartz, and Rudd 2005). Social scientists have examined weight bias among children, adolescents, and adults, and the consequences of negative attitudes for social relationships (Sobal 2005) and self-esteem (Crocker and Garcia 2005). Schools have become alarmed about the rise of bullying and its association with psychological and physical problems; fat children are often the victims of bullying (Weinstock and Krehbiel 2009). Despite the large literature on violence against women, there is little attention on physical and sexual violence toward women because of their weight or appearance (Royce 2009). Prohaska and Gailey (2009) have described "hogging," the practice of men preying on fat women who are viewed as easy targets for sexual satisfaction. There has also been focus on weight bias by medical and mental health professionals, landlords, employers, and the media (see Rothblum 1992 for a review).

There has also been a surge of fat-positive movement and exercise programs. Lyons and Burgard (1990) published the book *Great Shape: The First Fitness Guide for Large Women*. As Ellison states:

Despite cultural limitations faced by fat women who wanted to exercise, an independent fat women's only aerobics culture was thriving in Canada and the United States by 1990. What happened? Working against the notion that fatness was emblematic of a moral failing (laziness, overeating or ignorance), self-identified fat women developed aerobics classes for other fat women. Often driven by the politics of the fat liberation and fat acceptance movements, these classes offered a space where fat women could explore their physicality with women they perceived to be like themselves.

(2009, p. 313)

Movement groups for large women, such as fat women's dance, fat women's yoga, fat women's scuba diving, and fat burlesque, began in some areas in North America and scholars wrote about these initiatives (e.g., Asbill 2009; Schuster and Tealer 2009).

The "fatosphere"—Internet sites on fat studies—proliferated in the past decade, with over twenty sites such as *BigFatBlog.com*, *FatStudies.com*, and *ShowMeTheData.com*, the latter for fat studies researchers. *Fatshionista* (www.fatshionista.com/cms/) focuses on fat fashion. The web site www.fatso.com is "For people who don't apologize for their size." *BodyImageHealth.org* is described as "Building health body esteem in a body toxic world," *AdiosBarbie.com* is for "A body lovin' site for every body," and *BodyPositive.com* is about "Boosting body image at any weight."

At a time when people in the United States are preoccupied with weight but also living longer, fat studies activists are working to ensure that people get on with their lives and accept their bodies. There are far more serious issues to worry about than weight. Just as other oppressed groups have fought for their rights, fat activists and the emerging scholarly discipline of fat studies need to continue examining the impact of weight-based prejudice and how to overcome it.

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