THE ELEPHANT IN THE ROOM:

FATPHOBIA & OPPRESSION IN THE TIME OF OBESITY

by

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Abstract

Employing the social and political ontology of Iris Marion Young, this paper evaluates the claim as to whether or not fat people are subject to oppression on the basis of their weight. It establishes clear criteria for what constitutes oppression (exploitation, marginalization, powerlessness, cultural imperialism, and violence), as well as a compelling epistemological argument for the need to conceptualize structural social relations at the level of social groups. It provides a psychoanalytic account of embodied subjectivity, and considers the implications of a fat-hating culture on subjectivity in light of this ontology. Further, it documents the way these fatphobic cultural norms have impacted women, with particular emphasis on the history of anorexia. Lastly, it interrogates the medical literature surrounding obesity *qua* disease, as well as how the 'obesity epidemic' is both produced by, and co-constitutive of, the process of biomedicalization in late capitalism.

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I. Introduction: Whetting the Appetite

> FAT PEOPLE OF THE WORLD, UNITE! YOU HAVE NOTHING TO LOSE.
>
> ⬜ *The Fat Liberation Manifesto*, 1973

In January 2012, Toronto mayor Rob Ford announced that he and his brother, city councillor Doug Ford, would both be publicly dieting together in order to kick off a city-wide weight loss challenge. The mayor, by his own admission, weighed well over 300 pounds, and his brother clocked in somewhere in the ballpark of 275. Both pledged to drop 50 pounds each by the middle of June, with periodic public weigh-ins to mark their progress towards this goal. Ostensibly, both were motivated by health concerns; Doug explained to a radio show at the outset of the diet that:

> Rob has two young kids and I have four girls. We want to be around to watch them get married and be grandparents. If you're carrying this extra weight... it's not healthy. And we know that. (Bolen, 2012)

But while concerns about their health were no doubt a motivating factor, there was definitely something else behind the two brothers' decision to make a public spectacle out of their weight loss: it was as much a *political* act as a personal one.

Since becoming mayor, Rob Ford has received a lot of criticism from the Canadian Left. But beneath many of the partisan disagreements over municipal policy, it was never hard to discern a deeper and more damning denunciation: Rob Ford is a bad mayor (and a bad person) because he is fat. Obviously Doug Ford and his brother could more readily locate nearby Tim Horton's outlets than local public libraries; their priorities

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(donuts) are painfully clear. Their fat, bloated bodies are physical manifestations of the conservative, corporatist political agenda they represent; the irony of a fat man like Rob Ford talking about 'halting the gravy train' of municipal spending is about as thick as the plaque inevitably clogging his arteries. *Of course* Rob Ford hates cyclists and pedestrians; he *clearly* hates all forms of exercise (Horel, 2011). In one of the more scathing indictments of Rob Ford's fat body, Toronto writer Ben Johnson declared "I believe that the fact that our mayor is fat is actually relevant to the debate about his competency to do his duties (...) [and] I think it speaks to a level of personal irresponsibility and short-sightedness" (Johnson, 2011).

Presumably, Mr. Johnson and his colleagues have felt their opinions vindicated now that Ford's highly public diet has concluded; a few weeks before he was due to weigh in for the final time on June 18th, Ford openly conceded on a radio program that he had quit his diet (a month earlier, he had been caught on camera entering a Kentucky Fried Chicken). In the end, Ford only lost about 17 pounds over the six-month period; his brother Doug managed to lose 35 pounds after reportedly dropping a 3-litre-a-day chocolate milk habit. Predictably, Ford's failed diet has again served as proof for his critics that he is incompetent both personally and politically, and that this incompetency has visibly manifested itself on his body[1]. How can Rob Ford take care of Toronto, one wonders, if he cannot even take care of himself?

The obscene fascination that many self-identified "progressives" have with the

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1 Despite the fact that up to 95% of all diets fail and that even successful weight-loss programs only produce, on average, a sustained (i.e. lasting more than five years) reduction of less than 3% of body weight (Anderson et al., 2001).

size of Rob Ford's abdomen highlights an interesting phenomenon. I would wager that very few of the people who regularly use Ford's weight as a reason to question his competency as mayor would point to, say, former Alaskan governor Sarah Palin's personal (and political) ignorance as a symptom of her gender. Nor would they, I imagine, attempt to argue that Ottawa MP John Baird's abrasive performances in the federal cabinet are reducible (or even related) to his sexual orientation, or that any of Labrador MP Peter Penashue's political gaffes have occurred because he is Aboriginal. That many individuals who would otherwise not hesitate to denounce sexism, racism, classism, and homophobia have no problem explicitly and unabashedly claiming that Rob Ford is a bad person because he is a fat person speaks to just how powerful and pervasive the societal prejudices against fat people really are in the early 21st century. So powerful and pervasive, in fact, that they constitute nothing less than one of the many forms of *oppression* that fat people, collectively, experience in contemporary Western society.

'Fat people are oppressed' – that is the central argument of this treatise. There is a general consensus that fat people can sometimes be treated poorly or otherwise stigmatized because of their size, but there is a hesitation to label them oppressed. Public health officials have been warning us for over a decade that obesity is a deadly disease; media commentators remind us regularly that rising global obesity rates will take a terrible economic cost on our nation; popular culture buttresses both by portraying the fat body as repulsive and absurd (if they even portray it at all). The global obesity crisis mandates that although we might love the fat person, we *must* hate the fat.

Against this received wisdom, I submit that the contemporary moral panic about

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obesity is the outgrowth of very old prejudices in Western thought against the 'horrors' of the flesh itself, translated now into the post-modern discourses of consumer capitalism and the biomedicalization of our society. It is also serves as the implicit intellectual legitimation for much of the exploitation, marginalization, powerlessness, cultural denigration, and violence to which fat people – in particular, fat women and minorities – are regularly subjected.

These are radical claims for a fat-hating society, but – as I will argue – they are legitimate. Fat people, as a group, are regularly subjected to social, institutional, and cultural structures and power relations which adversely impact their quality of life and personal development. Fat children are, on the whole, subjected to more bullying than their thinner peers, and many are even ridiculed by their gym teachers (Rimm and Rimm, 2004); average-weight children who fear becoming fat may eat too little, become malnourished, and delay the onset of puberty (Pugliese et al., 1983). Fat teenagers are more likely to face humiliating and shaming experiences that can lead to depression (Sjöberg et al., 2005), teens who think they're not the "right" weight are more likely to contemplate or attempt suicide (Eaton et al., 2005), and disordered relationships with food are distressingly common among young women (Polivy and Herman, 1987). When it comes to higher education, high school counsellors are less likely to encourage fat students to apply for colleges, colleges are less likely to admit equally qualified fat applicants, and parents are less likely to pay a fat daughter's college tuition (Crandall, 1995).

Fat people do not fare any better in the workplace. In one survey, 93% of human

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resources professionals admitted they would hire a "normal weight" applicant over an equally qualified fat applicant, 15% said they would not promote a fat employee, and one in ten claimed it was acceptable to fire an employee for being fat (Wann, 2009). Fat women earn up to one-fourth less than their thinner co-workers (Cawley, 2000), and fat employees are regularly denied health insurance benefits and are pressured to resign or are fired for being fat (Rothblum et al., 1990). Perhaps most insidiously of all, anti-fat attitudes are often most deeply internalized (and most intensely expressed) by fat people themselves; in one psychological study of weight bias, fat people expressed significantly harsher judgements upon viewing an image of a thin man with a fat woman than average-weight people did (Gallagher et al., 2003). These are just a few of the concrete instances of fat oppression commonplace in Western society.

The social ontology of Iris Marion Young broadly encapsulates the systemic and structural processes which characterize fat oppression. Young's conceptualization of oppression – a multifaceted phenomenon comprised of a complex set of historically situated, systematically reproduced social, economic, cultural and institutional power relationships – is innovative; straightforward, expansive, and nuanced. Oppression occurs when relationships between social groups are characterized by exploitation, marginalization, powerlessness, cultural imperialism, and violence These are clear criteria for determining whether individuals and groups are oppressed; any claim of oppression can be assessed through "observable behaviour, status relationships, [economic] distributions, (…) and other cultural artifacts" (Young, 1990: 64). In this sense, they are 'objective' criteria and measurements of social oppression and injustice.

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The breadth of Young's theory makes it possible to evaluate the situations of various social groups, and allows us to compare different group oppressions without reducing them to a common essence, or claiming that one form of oppression is more 'fundamental' than another.

The presence of any of these five conditions is sufficient for calling a group oppressed. Different groups are subject to different combinations of these forms of oppression, as are various individuals within the groups themselves. And while these are general categories of oppression, causal explanations of a group's oppressions will always be particular and historical; "an explanatory account of why a particular group is oppressed in the ways that it is must trace the history and current structure of particular social relations" (ibid.: 65). Young's theory works because it builds on the insights of several important theoretical traditions in the study of oppression and ontology; namely, feminism, Marxism, psychoanalysis, critical race studies, queer theory, and post-structuralism. The first chapter of this work will delineate the contours and import of Young's theory; specifically, how it explains the formation and dynamics of social groups, why oppression is best conceptualized at the level of social groups, and why these theories are indispensable for making and evaluating claims of social justice.

Once this basic intellectual foundation has been laid, the second chapter provides a historical overview of cultural and aesthetic conceptions of the fat body through Western history, the way in which fear and hatred of the fat body – that is, so-called 'fatphobia' – has come to be the dominant cultural attitude towards fat bodies in the contemporary period, and the implications of a fat-hating society for the very ontology of

fat people. To be sure, one of the most important aspects of a study on fat oppression is that it exposes new dimensions in the central human question of *embodiment*; that is, the relationship of human subjectivity to the material body it inhabits. This question warrants recourse to psychoanalytic theory; I am in solidarity with philosopher Slavoj Žižek when he declares that "it is only psychoanalysis that can disclose the full contours of the shattering impact of modernity – that is, capitalism combined with the hegemony of scientific discourse – on the way our identity is grounded in symbolic identifications" (Žižek, 2006: 82). Here, I have deployed psychoanalysis to disclose the way subjectivity arises at the juncture of the human body and human socialization; it exposes the ontological trauma that comes with inhabiting a fat body in a culture that reduces it to a piece of abject trash.

The astute reader may have noticed by now that I have shown an unsettling deference to the term 'fat' ahead of 'obese' or any other euphemism. This choice of language is deliberate. There is nothing inherently bad about the word 'fat', and the extent to which 'fat person' (or especially 'fat woman') is read as a pejorative or offensive moniker is an index of cultural fatphobia. The word fat in common parlance is loaded down with moral signification: to be fat is to be lazy, sloppy, ugly, stupid, irresponsible, greedy, unhealthy, and *wrong*; it has become much more an accusation (or confession) of moral wickedness than a simple physical description. To use any of the assorted 'neutral' euphemisms commonly substituted in place of 'fat' (e.g. 'bigger', 'larger', 'person of size', 'curvy', 'plus-sized', etc.) would be to implicitly accept (and perpetuate) these fatphobic connotations. Similarly, to use the medical term 'obese' in its stead would be surrendering

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the ontological terrain to those who would argue that the fat body (and the fat person) is inherently a pathology, a clinical (and social) disease for which we must find a cure. Given that this work outlines and directly challenges societal fatphobia, my unabashed employment of the word 'fat' here is thoroughly political. Just as LGBT activists and intellectuals over the past twenty years have had considerable success in re-appropriating and transforming the term 'queer' from a homophobic slur into a positive and proud statement of subjectivity, I align myself with those fat activists (see; Braziel and Lebesco, 2001; Lebesco, 2004; Solovay and Rothblum, 2009; Bacon, 2010; Farrell, 2011) who would reclaim the word as a point of positive identification. If nothing else, the word's jarring appearance here underscores how deeply politicized and contentious the fat body is even at the level of basic semantic representation.

Much of the theoretical arsenal I wield in this analysis is greatly indebted to feminist theory. Recognition of the way that the female body (and the female subject) has historically been contorted and subordinated to oppressive, patriarchal power relationships is clearly one of the intellectual starting points for broader analyses into the way bodies and subjects are positioned and oppressed by social relationships; indeed, most of the early investigations into fat oppression come from feminists. This is because, as I will explore in the third chapter of this work, the experience of fat oppression is overwhelmingly gendered. Fear and hatred of the fat body has been inextricably linked to fear and hatred of the female body since the dawn of Western reason; fat women are in a particularly painful double-bind. Many feminists have argued that as restrictions have been lifted on what women are allowed to do, more constraints have been imposed on

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what women are allowed to look like. Fat women, by failing to make their bodies into objects of aesthetic and sexual pleasure, defy their gender roles; their occupation of public space puts them at odds with social conventions that mandate women make room for men. Even if they are not fat, women suffer the effects of fat oppression acutely. At its most benign, the fear of becoming fat locks many women into an endless repetition of anxious self-regulation and self-depreciation in the service of fatphobic beauty norms; at its most malignant, these misogynistic and fatphobic cultural norms converge in the explosion of eating disorders that has occurred across the West since the early 1980s. One need look no further than the emaciated body of the anorexic to see the obscene mirror image of contemporary femininity.

Certainly, no one would argue that anorexia and bulimia are not serious health concerns; but is not the larger epidemic of obesity an equally (if not more) serious problem? The last chapter in this work brings us to the question of the so-called obesity epidemic. Drawing on extensive reviews and critiques of the empirical research on obesity, it can be demonstrated that some of the dire pronouncements around the obesity crisis are somewhat overblown; in order to trace the lines of fat oppression through our the contemporary 'war on fat', there is a serious need to disentangle the ideological knot where medical science and longstanding cultural prejudices against the fat body intertwine. This is not a medical treatise, nor does it seek to malign legitimate medical research; however, it will highlight that, taken in historical perspective, much contemporary hand-wringing about obesity is the latest expression of very old fears about the decline of Western civilization; a century before opinion columnists would lament

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how televisions, computers, and fast food are making us lazy, fat, and decadent, commentators were regularly warning that telephones and elevators were having much the same effect. What *is* unique about the current moral panic surrounding obesity is the way that these cultural and medical prejudices have been transformed by the social forces of biomedicalization which permeate the late capitalist mode of production. Human health is now a commodity, and the value of your body (and your life) is measured with the Body Mass Index. In a consumerist society where everyone is always 'at risk' of succumbing to the "scourge" of obesity, it is ironically the dieter that turns out to be the consuming subject *par excellence*. As a matter of history, there are fat profits to be made from fat oppression.

These are bold claims; many of them are also moral. I take for granted the normative proposition that every human being should be equal in their basic life situation; I also take it for granted that many structures of oppression wrongfully permeate our society because of the ongoing stigmatization of human difference, and that these injustices are physically, psychically, and ontologically damaging. I would expect that these commitments are broadly shared by all political theorists insofar as they are committed to a vision of social justice signified by *liberté, egalité, solidarité*. As Young aptly formulates in *Justice and the Politics of Difference*, to the extent a society is divided by oppression, as theorists, we either reinforce or resist them; insofar as we allow oppressions to persist unexamined and unchallenged, our own freedoms are diminished.

I understand that this may be a lot to digest all at once; the "roast pigeons of knowledge" (Marx, 1843) rarely go down easy, and in this instance, they are scandalously

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fattening. I can only hope that the intellectual feast I have prepared here will leave the reader satisfied.

Bon appétit.

II. A Hunger for Justice – The Social Ontology of Iris Young

> The philosopher is always socially situated, and if the society is divided by oppressions, she either reinforces or struggles against them.
>
> - Iris Young

Any investigation into the relationship between body size and oppression must begin with a simple question: what is oppression? In *Justice and the Politics of Difference*, Iris Marion Young provides a concise definition: oppression refers to social and institutional structures and power relationships which adversely affect members of social groups (Young, 1990: 42). More specifically, Young describes oppression as the "institutional constraint on self-development" that "consists in systematic institutional processes which prevent some people from learning and using satisfying and expansive skills in socially recognized settings, or institutionalized social processes which inhibit peoples' ability to play and communicate with others or to express their feeling and perspectives on social life in contexts where others will listen" (ibid.: 37-38). It is important to note here that for Young, oppression 'functions' on the level of the social group; individuals experience oppression by virtue of their belonging to a group. As we shall see, this fits with her overall ontology, wherein groups are prior-to, and constitutive of, an individual's identity.

For Young, a social group is "a collective of persons differentiated from at least one other group by cultural forms, practices, or way of life" (Young, 1990: 43). These groups are a function of social relations; a group exists only in relation to at least one other group, and identification with a group arises out of the encounter and interaction between social collectivities which experience some difference between one another -

even if both groups regard themselves as belonging to the same society (ibid.). In this sense, group identity is *created* through social contact with other groups; "group identities must always be defined in relation to what they are not – in other words, to non-members of the group" (Eriksen, 2010: 14).

It is important to note that a social group is not defined primarily by a set of shared attributes, but rather by a sense of shared identity - "though sometimes objective attributes are a necessary condition for classifying oneself or others as belonging to a certain social group, it is identification with a certain social status (...) and self-identification that define[s] the group as a group" (Young, 1990: 44). More importantly is the relationship - and distinction - between individuals and social groups: social groups are not entities which exist apart from empirical individuals, but nor are they aggregates of individuals according to attributes which are 'external' to their identities. The social meanings of belonging to a group partially constitute individual identities in terms of the cultural forms, social situation, and history that members of the group share. This is true insofar as these meanings are either forced upon the group, forged by the group, or a dialectical combination of both. As Young aptly explains, groups are 'real' in a very Lacanian sense - they exist not as substance, but as the function and form of social relations (ibid.).

Young's group-based social ontology forms the core of her conceptions of justice and oppression. This differentiates her from what she criticizes as the "individualist social ontology" at the core of liberal conceptions of justice (see, for instance: Rawls, 1971; Nozick, 1974), which she claims is co-morbid with a normative conception of the self as a unified, homogenous entity that ontologically precedes socialization, wherein the subject

qua individual is an autonomous unit to which attributes and identities (gender, race, class, etc.) attach themselves (ibid: 45). Against this position, Young presents a 'poststructural' ontology, wherein identity is a "socialized sense of individuality, an internal organization of self-perception concerning one's relationship to social categories, that also incorporates views of the self perceived to be held by others" (Epstein, 1987: 29); in this conception, group categorization and norms are major constituents of individual identity. By locating identity in the dynamics of the social relations in which individuals find themselves (Young here invokes Heidegger's notion of 'thrownness': "one *finds oneself* as a member of a group, which one experiences as always-already having been" (Young, 1990: 46)), Young both presents a fluid and nuanced conception of social ontology, and prefigures the psychoanalytic model of subject-formation explored in the following chapter. Insofar as liberal social ontology presumes the individual to prefigure or transcend the impact of social relations on identity formation, it remains incompatible with the insights of psychoanalysis on the development of human subjectivity; by illuminating the way socialization constitutes identity, Young's post-structuralist approach is significantly more compatible to the study of social justice.

In this conception, individuals never forge their own identities *ex nihilo*; instead, subjects experience (group-derived) identity as given, and then appropriate that identity as 'their own' in a certain way. Groups, then, effectively constitute individuals; "a person's particular sense of history, affinity, and separateness, even the person's mode of reasoning, evaluating, and expressing feeling, are constituted partly by her or his group affinities" (ibid.: 45). While this is not to say individuals are limited to the horizon of their

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group identities, those identities – as well as the group's position *vis-à-vis* other groups in the grand network of social relations – form the bedrock of their subjectivity.

Groups are a function of social relations; they exist only in relation to other groups. These groups may come into being in a number of ways. Groups may be identified by outsiders without those so identified having any specific consciousness of themselves as a group; certainly this is the case for many fat people, who have been extensively categorized and pathologized by public health officials and social commentators since the outbreak of the 'obesity epidemic,' regardless of whether or not they consciously self-identify as such. Other times, a group comes to exist only because another group excludes and labels a category of persons, and those labeled come to understand themselves as group members based solely on the shared experience of oppression; this is the history of contemporary 'fat activism,' which grew out of feminist and civil rights struggles in the 1960s as people began to challenge the way fat people (and particularly, fat women) were stigmatized in Western society[2]. In certain cases, a person's group identity may be for the most part only a background or horizon to his or her life, becoming salient only in specific interactive contexts[3]; for instance, an individual may not be conscious of their identity as 'fat' until they are denied health insurance because of their weight. (ibid.: 46).

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2   New York City was the site of the first "Fat-In" protest in 1967, out of which grew both the North American Association for Fat Acceptance (a civil rights organization dedicated to protecting the rights and improving the quality of life of fat people) and more radical Fat Underground (authors of the 1973 *Fat Liberation Manifesto*) (Schwartz, 1986: 331).

3   Young makes the point that it is generally only individuals in privileged groups who do not experience themselves as part of a group, whereas individuals in oppressed groups are often unable to *not* experience themselves as defined to a great extent by their group identity; the oppression they experience always makes that identity salient (Young, 1990: 124).

Young is quick to point out, however, that while recognizing the dynamics of group difference is paramount to her social ontology, it is important to avoid falling into the 'essentialist' trap. Essentialism refers to the attribution of a fixed essence to a social group; that is, the theoretical commitment that "fixed, independent [generally biological] mechanisms steer individual desires and behaviours (…) irrespective of circumstance or experience" (De Cecco and Elia, 1993: 11). This essence is assumed to be given, universal, and is usually, though not necessarily, rooted in biology and 'natural' characteristics[4] (Grosz, 1989). In essentialism, identity and difference are naturalized and rendered unalterable, often anchored in biology and largely unaffected by culture, history, and socialization. As Young aptly points out, "oppression has often been perpetrated by a conceptualization of group difference in terms of unalterable essential natures that determine what group members deserve or are capable of, and that exclude groups so entirely from one another that they have no similarities of overlapping attributes" (ibid.: 47). Groups must therefore be conceptualized as highly relational and fluid; whereas they arise from social relations and processes, group differences generally cut across one another. In a large, complex, and highly differentiated society like our own, social groups are not homogenous blocks but are themselves heterogeneous and differentiated, impossible to reduce to an 'essential' identity.

Indeed, Young makes such a convincing case for the potentially infinite sub-stratification within a social group that some liberal critics have charged that it actually under-

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4   Essentialism, of course, can be asserted on both theological (e.g. women are inherently morally weak, as displayed by Eve's actions in the Book of Genesis) and ontological (e.g. the assertions by many early Freudians that women's social position is a function of her genital morphology) grounds.

mines her argument that groups should take precedence over individuals at the level of analysis. Specifically, Adam Tebble – following Chandran Kukathas' critique of group-based theories of justice – charges that asserting social groups as ontologically given is succumbing, at the level of groups, to the theoretical 'atomism' that Young associates with methodological individualism. These social groups must be asserted as given, Tebble argues, so that the theory "actually [has] something – the group – that can act as the bearer of the rights to be parcelled out" (Tebble, 2002: 270). However, because social groups are never ontologically given – they are "always constituted within a matrix of sociality" (Tebble, 271) – group-based theories of justice must *necessarily* essentialize, reify, and otherwise *atomize* the subjects of their inquiry.

Following Young's own theorization that groups themselves are internally differentiated and dynamic in continually new ways (arising from interactions with other groups, subgroups, etc.), social groups would constantly be shifting in constitution and character. For Tebble, this is the point where Young's theory hangs itself; because of what she has "correctly [identified] (…) as the cross-cutting nature of group-differentiated identity, (…) the kind of entity [i.e. the social group] to which rights are supposed to adhere is not there to receive them" (ibid.). Kukathas here underscores the point to be made from all this, noting that "the divided nature of cultural communities strengthens the case for not thinking in terms of cultural rights" (Kukathas, 1992: 110).

To be sure, as we have seen above, Young has argued that social groups are not themselves 'real' in any substantive sense. Seizing on this point, Tebble points out that if this is the case, then while there might be value to theories of social explanation that muse

about social groups, in *political practice*, "how groups are important and to what extent they should feature in people's lives are questions that can only be meaningfully answered by individuals once groups are described at the level of ontology in anti-essentialist terms" (Tebble, 2002: 272). The logical conclusion of Young's anti-essentialist ontology is that it undermines her entire argument for thinking in terms of group rights rather than a "liberal individualist institutional arrangement to grapple with the challenges of differ-ence" (ibid.). Following Kukathas' claim that whereas groups are "*constantly forming and dissolving in response to political and institutional circumstances*," the task of political theory is to "articulate and justify that set of institutions that best reflects the fact of the dynamism of groups" (ibid.). Inevitably, "what this points to (…) are liberal individualist institutions as the most appropriate for *eliciting*, on a free and equal basis, the ever-un-folding character of groups, without presupposing at any stage either their ontological stasis or internal homogeniety" (ibid.).

From all this, moreover, Tebble diagnoses Young with a crippling case of "unac-knowledged liberalism"; her commitment to a radically anti-essentialist ontology as well as her theoretical emphasis on such 'universal' values such as the promotion of individual self-determination, individual self-development and the equal moral worth of all human beings (Young, 1990: 37; 2000: 31) place her all squarely in the camp of the liberal theory she often appears to be criticizing. Ultimately, Tebble believes Young's entire emphasis on social groups is but a thin (and mistaken) theoretical veil for a clear and overarching con-cern with *individuals*:

The entire concern with groups – and the centrality [Young] accords them in her critical and normative projects – is no more than instrumental to an even deeper concern with the domination and oppression that is experienced in countless *individual* lives the world over. (Tebble, 2002: 274-5)

Young, by her own admission, has never tried to deny that she has taken some theoretical influence from liberal philosophy; in fact, it seems a stretch that any worthwhile political philosopher, from any ideological background, who theorizes oppression and justice would not be concerned with the 'really existing' suffering of the empirical individuals underlying their conceptual models[5]. Leaving aside this (rather silly) point of criticism, there are valid reasons to dispute Tebble's claims *contra* a group-centric theory of identity and oppression.

First and foremost, it should be noted that nowhere does Young take social groups as ontologically given; she goes to great lengths to argue that groups are constituted relationally in the mediated 'matrix of sociality' of structurally differentiated society. Specifically with regards to Tebble's charge that she mistakenly privileges groups above individuals, she asserts:

Individuals come into a world where social groups are a given, and people treat one another partly on the basis of imputed groups membership. Because so much about political conflict and social inequality turns on these relational group experiences, I have argued that political theory and public policy must take account of and respond to such experiences

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5 In her (rather scathing) response to Tebble, Young succinctly points out that "if liberalism means only a commitment to the postulate that all persons are of equal moral worth and that just politics requires a rule of law, civil liberties, and procedures of democratic decision making, then I am happy to claim membership in the group, as does today much of the rest of the world, including all the theorists called communitarian" (Young, 2002: 287).

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rather than try to ignore, level, suppress or transcend them. For political theory to do that, however, it cannot take groups as ontologically given but rather requires a social theory of their nature and constitution. (Young, 2002: 285).

As a matter of fact, I interpret Young's theorization of group differentiation as multiple, cross-cutting, fluid and shifting – that is, the model that Tebble believes undermines her argument – as a launchpad for her most devastating critique against the model of the autonomous, unified self presupposed by individualist social ontologies. Prefiguring the Lacanian critique of orthodox 'individualism' I will elaborate in the following chapter, Young points out that

in complex, highly differentiated societies like our own, all persons have multiple group identifications. The culture, perspective, and relations of privilege and oppression of these various groups, moreover, may not cohere. Thus individual persons, as constituted partly by their groups affinities and relations, cannot be unified, are themselves heterogeneous and not necessarily coherent. (Young, 1990: pg. 48)

To be sure, Young's group-level analysis is more than just an explanatory expediency; there is a legitimate epistemological need to theorize social justice at the level of groups. Many claims of social justice – especially those which claim inequality is unjust – are bound up in the evaluation of society's institutional relations and structural processes. Evaluating inequality solely by comparing the situation of individuals provides little or no basis for making claims about social justice because they do not reveal the depth of these institutional and structural processes to the same extent as group level analysis. For Young, "identifying inequalities according to group categories helps identify *structural* inequalities" (Young, 2001: 2). Again, this is obviously not to imply that Young is not concerned with inequality as it is experienced on the level of individuals, but identifying

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the social dynamics which underlie those inequalities requires a social theory that operates conceptually at the level of groups.

Structural inequality can be theorized as a set of reproduced social processes that reinforce one another or enable or constrain individual action in many ways. Indeed, the very group differentiations that are made (gender, race, class, age, size, etc.) in the context of evaluating inequality as unjust ultimately name structural social relations that tend to privilege some more than others. Identifying patterned inequalities and forms of oppression (as well as identifying and measuring their inverse, such as well-being and privilege) is the most fundamental step of identifying basic forms of persisting, structural injustice. It is only be evaluating social relations *qua* the dynamics of social groups that political theorists can identify and process how these social processes produce and reproduce patterns of injustice and oppression (ibid.)

In this sense, then, when we discuss fatness or body size – that is, when we name fatness as an identity, fat people as a social group – what we are in fact doing is naming the structural social relations that privilege and oppress individuals as a function of the signifier 'fatness'. These structural dynamics are only visible at the level of the group identity; that is, the way that particular identity is infused with socio-symbolic meaning, which in turn both shapes how an individual is constituted *as* an individual and also names the broader institutional relations and structural social processes in which they are embroiled as members of the named group.

Having settled the question of the ontological validity of Young's conception of social groups, the task now becomes to elucidate what exactly she means when she refers

to the "unjust structural inequalities" which groups name. This is best theorized through Young's conception of oppression as multifaceted, with five broad modes of structural operation: specifically, she names *exploitation*, *marginalization*, *powerlessness*, *cultural imperialism*, and *violence* as the 'five faces' of oppression which social groups are subjected to.

The Five Faces of Oppression

These five facets of oppression can be broadly broken down into two categories: those forms of oppression which stem out of the economic or material existence of social groups (economic exploitation, etc.) and those which are related more to a group's cultural and symbolic existence[6]. As each form is elaborated, so too will be the argument that fat people, as a social group, are affected by each particular form Young names.

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6   In her famous interrogation of Young's work, Nancy Fraser points out that although Young's theory admirably encompasses issues of both economic distribution and cultural recognition into a conceptualization of oppression, these two elements are not seamlessly integrated with one another. There are indeed some tensions in the way Young attempts to integrate theories of oppression based in political economy and those based in theories of cultural rights, and at times the distinction between the two (and the way this distinction would play out in practice) is somewhat muddled. Fraser points out that in many instances of cultural oppression, justice would be served through recognition and affirmation of group difference; but in cases where cultural differences are tied to differentially desirable locations in the political economy, justice may require the effacement of these differences and the restructuring of the division of labour, which problematizes the very premise of a 'politics of difference' (Fraser, 1995: 173). While these points definitely warrant further extrapolation, Young 's theory still captures the general interplay between culture, political economy, identity and oppression with exceptional breadth and nuance, and as such provides the best rubric for conceptualizing oppression as a function of social relations and processes.

Exploitation

Young draws her notion of exploitation largely out of Marxist theory. Specifically, she employs Marx's theory of exploitation to explain how exploitative and oppressive class structures can exist "in the absence of legally or normatively sanctioned class distinctions" (Young, 1990: 48). Young's concerted effort here in appropriating Marx's theory of exploitation is to expand it beyond its employment as part of the labour theory of value[7] by adding an explicitly normative dimension to it in order to elucidate more clearly its connection to injustice and oppression.

Following C.B. Macpherson (1973), Young teases out a more explicitly normative theory of exploitation: the injustice of capitalist society consists in the fact that some people exercise their capacities under the control, according to the purposes, and for the benefit of other people:

> Through private ownership of the means of production, and through markets that allocate labour and the ability to buy goods, capitalism systematically transfers the powers of some persons to others, thereby augmenting the power of the latter. In this process of the transfer of powers, (…) the capitalist class acquires and maintains an ability to extract benefits from workers. Not only are powers transferred from workers to capitalists, but also the powers of workers diminish by more than the amount of transfer, because workers suffer material

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7   In the interest of thoroughness, a brief summary of the 'classical' Marxist labour theory of value: every commodity's value is a function of the labour time necessary for its production; labour power is the one commodity which, in the process of being consumed, produces new value; profit, in capitalism, comes from the difference between the value of the labour performed by workers, and the value of workers' capacity to labour (which the capitalist purchases); this difference – the surplus-value – is then appropriated by the capitalist as profit.

deprivation and a loss of control, and hence are deprived of important elements of self-re-

spect. (Young, 1990: 49)

In this reading, then, justice requires that institutional arrangements which enable this parasitic transference of powers must be eliminated and replaced by institutional forms that enable all people to develop and use their capacities in ways that also enhance similar development for others; that is, in the words of Marx and Engels, political and economic institutional arrangements which encourage the "free development of each [as] the condition for the free development of all" (Marx and Engels, 2000 [1848]). In terms of a theory of oppression, however, the central insight in this reading of exploitation is that oppression occurs as the steady process of the transfer of the fruits of the labour of one group to benefit another. Class injustice does not exist only in the distributive fact of wealth inequality – rather, exploitation names the unjust structural relationship between social groups (Young, 1990: 49-50). Exploitation names the social rules about what work is, who does what for whom, how work is compensated, the social process by which the results of work are appropriated, and the way these rules operate to enact relations of power and inequality. Moreover, exploitation names the process by which these social relations are produced and reproduced through a systematic process wherein "the energies of the have-nots are continuously expended to maintain and augment the power, status, and wealth of the haves" (ibid.: 50).

Young also stresses that the concept of exploitation must be expanded to encompass broader dynamics of oppression tied to exploitation, such as sexist and racist exploitation. Gendered and racialized modes of exploitation are easy to demonstrate; women's

oppression does not consist solely in an inequality of status, power, and wealth resulting out of men's excluding them from privileged initiatives, but rather the power, status, freedom and self-realization of men is possible precisely because women work for them. The gendered nature of this exploitation, however, expands beyond the exclusively economic dimension, however – women are also exploited in the sense that their nurturing and sexual energies are also transferred to men[8] (ibid.). Moreover, the reality of economic exploitation has a distinctly female face: up to 70 per cent of those living on less than a dollar or less a day are women (Plan UK, 2007), women make up two-thirds of the 780 million people worldwide who are illiterate (Department of International Development, 2007), and in areas where there is little or no access to healthcare, it is predominantly women who, often foregoing their education, care for the sick (Jubilee Debt Campaign briefing, 2007). Women, as a group, undergo "specific forms of gender exploitation in which their energies and power are expended, often unnoticed and unacknowledged, usually to benefit men by releasing them for more important and creative work, enhancing their status or the environment around them, or providing them with sexual and emotional service" (ibid.: 51).

Young also specifies race as a structure of exploitation at least as basic as class or gender. This is especially discernible in the United States, where racialized groups (e.g. Blacks and Latinos) are oppressed through capitalist super-exploitation as a result of a

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8   Young provides a few examples: Delphy (1984) on the gendered division of labour and marriage; Ferguson (1984a; 1984b; 1989) on the gender socialization leading to women 'servicing' men sexually and domestically, etc.; Brown (1981) on the dependency of working mothers on the state as a form of gendered exploitation; and Alexander (1987) on the way traditionally 'feminine' jobs usually involve women expending their energies in jobs that enhance the status of, please, or otherwise comfort others (usually men).

segmented labour force that tends to reserve skilled, high-paying, unionized jobs for whites (ibid.). It is useful here to employ the distinction of 'menial' labour to demonstrate the nature of racial exploitation: menial signifies the labour of servants, and wherever there is racism there is the 'practical' assumption, more or less enforced, that members of the oppressed racial group are or ought to be servants of those in the privileged group (ibid.: 52). Moreover, menial labour refers not only to service, but also to any servile, un-skilled, and low-paying work lacking in autonomy in which a worker is subject to taking orders from many people. As Young points out, there remains strong cultural pressure in American society to fill servant jobs (bellhop, porter, chambermaid, busboy, etc.) with Black and Latino workers (ibid.: 52). More recently, Elvin Wyly et al. (2006) have identi-fied that many predatory mortgage capital lending agencies extensively and specifically targeted marginalized racial groups in the years immediately preceding the 2008 financial collapse, and suggest that race and racial exploitation is inextricably linked to many con-temporary forms of financial exploitation in the United States.

The injustice of exploitation is most often recognized – and approached – as a question of the distribution of goods and wealth, but this is too narrow a scope to fully capture the grander scope of the processes which produce exploitation. This is because, as we have seen, the injustice of exploitation consists in the social relations and processes which transfer the energies from one group to another to produce these unequal distribu-tions of resources, and in the way in which social institutions enable a few to accumulate vast wealth as they constrain many more. Moreover, economically exploitative relation-ships between groups are rarely arbitrary; as we have seen with the cases of gender- and

race-based exploitation, they are often rooted in group memberships that stretch beyond class. To this end, attempting to address injustice by approaching it solely as a question of resource allocation will be ineffective, because as long as exploitative institutionalized practices and structural relations remain unaltered, the process of transfer will perpetuate an unequal distribution of benefits (ibid.: 53).

Marginalization

Marginalization denotes people whom the system of labour cannot or will not use; while typically these people are racially marked (e.g. Blacks and Indians in Latin America; Blacks, East Indians, East Europeans and/or North Africans in Europe, etc.), significant numbers of others are not – such as the elderly, young people, single mothers and their children, the mentally and physically disabled, Aboriginal people, etc. (ibid.: 53). Two decades later, Young's insight still holds true: youth unemployment in the West has spiked since 2008 and remained chronically high throughout the 'Great Recession'; what little access to employment young people have is often (and in some jurisdictions, almost always) in the form of temporary positions (O'Higgins, 2012). Likewise, Aboriginal people in Canada face significant income and earning gaps compared to Canadian-born majority group workers with similar characteristics (e.g. age and education); these gaps were as high as 10-20% for women and 20-50% for men for the period between 1995-2005 (Pendakur and Pendakur, 2011). Tellingly, Pendakur and Pendakur also note that these gaps decrease the less an individual identifies as Aboriginal; "among Aboriginals, re-

gistered Indians fare worst, persons with self-reported Aboriginal identity fare somewhat better, and persons with Aboriginal ancestry (but not identity or registry) fare better still" (ibid.).

Young points out that marginalization is perhaps the most dangerous form of oppression: "a whole category of people is expelled from useful participation in social life and thus potentially subjected to severe material deprivation and even extermination" (ibid.). While this material deprivation is definitely a matter of distributive justice, there is much more to addressing marginalization beyond the redistribution of wealth. Although redistributive policies such as welfare alleviate some of the material poverty associated with marginalization, it also creates its own forms of injustice through the way it deprives those dependent on it of certain rights and freedoms; and that said, even when material deprivation is (partially) mitigated by the welfare state, marginalization is unjust because it "blocks the opportunity [for people] to exercise capacities in socially defined and recognized ways" (ibid: 54).

On the first point, because they depend on bureaucratic institutions for support or services, the old, the poor, and the mentally and physically disabled are subject to patronizing, punitive, demeaning and arbitrary treatment by the policies and people associated with welfare bureaucracies. Being dependent (whether on state agencies or otherwise) in Western capitalist society means being legitimately subject to the "often arbitrary and invasive authority of social service provides and other public and private administrators, who enforce rules with which the marginal must comply, and otherwise exercise power over the conditions of their lives" (ibid.). Indeed, in the contemporary United States (and

increasingly in Canada; see Crookshanks, 2012), welfare has been synonymous in the public mind with fraud and laziness since the early 1980s (Hudson and Coukos, 2005), and welfare policies have shifted focus from the social and systemic causes of poverty to the moral failings of the poor themselves (Martin, 2012). As a result, welfare policies are now geared more towards the disciplining and punishment of marginals than their rehabilitation; in the United States, this has been especially acute in cases involving African-Americans (Wheelock et al., 2012). Welfare agencies may be meeting the subsistence needs of the marginalized, but they also construct and frame the very nature of those needs; increasingly, the construction of welfare recipients is as failed or partially failed citizens (Martin, 2012). In this framework, medical and social service professionals, as 'experts', know better what their dependents need than the dependents themselves, and as such, the latter do not have the right to claim to know what is good for them. As Young opines, "dependency in our society thus implies (…) a sufficient warrant to suspend basic rights to privacy, respect, and individual choice" (Young, 1990: 54.).

That said, while dependency in our society does produce injustice, there is nothing inherently oppressive about dependency in and of itself. Rather, Young argues – following the work of feminist moral theory – that this marginalizing character of dependency has been tied to deeply held assumptions in bourgeois society that moral agency and full citizenship require that a person be autonomous and independent; that is, values typically stemming from a distinctively masculine experience and interpretation of social relations which favour competition and solitary achievement. "Dependency," Young points out, "should not be a reason to be deprived of choice and respect, and much of the oppression

marginals face would be lessened if a less individualistic model of rights prevailed"
(ibid.: 55).

Moreover, marginalization is not solely a question of material sustenance; "even if
marginals were provided a comfortable material life within institutions that respected
their dignity, injustices of marginality would remain in the form of uselessness, boredom,
and lack of self-respect" (ibid.). Whereas most of society's productive and recognized
activities take place in contexts of organized social cooperation, any social structures and
processes which shut people out of participation in that social cooperation are unjust.
Again, although marginalization is often a serious issue of distributive justice, it also en-
tails the deprivation of cultural, practical, and institutionalized conditions for self-devel-
opment and self-actualization in a context of recognition and interaction (ibid.).

It is very easy to discern structural marginalization specifically affecting fat people
as a group. Fatness is strongly linked to socio-economic status (SES) in contemporary
Western societies (Sobal, 1991; Sobal and Stunkard, 1989), and recent surveys have
shown an increasingly strong relationship between poverty and high body weight (Banks
et al., 2006). The assumption that poverty is fattening is taken for granted in most main-
stream discussions of obesity; poor neighbourhoods high in crime or pollution may limit
leisure-time physical activity, and processed or fast food is more readily available and
consumed by the working poor, who may have more than one job, or childcare obliga-
tions (Ernsberger, 2009: 26). Poverty has been strongly linked to low-quality nutrition,
which can result in weight gain because excess calories must be consumed to maintain
adequate intake of nutrients (Drewnowski and Specter, 2004). Both fatness and poverty

are associated with low self-esteem, high job stress, and a lack of self-care (Wamala et al., 1997), and a loss of employment (and by extension, a decline in socio-economic status) can often precede a significant (10% or more) gain in body weight (Morris, Cook and Sharper, 1992).

There is, however, equally compelling evidence to suggest that fatness may be im-poverishing; specifically, fatphobia and discrimination against fat people can result in un-employment or low-paying work (Sorensen, 1995). In one longitudinal study of fat and thin teenagers and their life circumstances over a seven-year period, researchers found that after that period, fat young women were much less likely to be married (28% versus 56% of the thin women), their household income was a third lower, they were three times more likely to live in poverty, and they were half as likely to have finished college (Gort-maker et al., 1993). This was not related to self-esteem, as levels of self-esteem (as meas-ured by psychological testing along the Rosenberg Scale) were the same among both fat and thin women (the findings applied to men as well, but the effects in each instance were less pronounced) (ibid.). They also found that not only were fat young people no more likely than others to have chronic health conditions, but that when they looked at young people who really did have chronic health conditions (asthma, diabetes, epilepsy, etc.), rates of marriage, college completion, and income levels were completely unaffected (ibid.). Poverty (and fatness) is also more common among minority groups, and these three factors taken together tend to compound oppression[9].

9   Given that fatness is pathologized as a contributor to ill-health, it is worth noting here that low socio-economic status is a powerful predictor of death due to cardiovascular disease (Banks et al., 2006; Marmot, 2003). In one representative U.S. sample, low income was associated with a higher risk of cardiovascular disease among both men and women, and these relationships persisted even when

Powerlessness

Young defines powerlessness as a specific form of 'economic' oppression experienced by non-professional workers in relation to professional workers under capitalism (ibid.: 56) – professionals are privileged in relation to non-professionals by virtue of their position in the division of labour and the status it carries.

Young notes that in advanced capitalist countries, "most workplaces are not organized democratically, direct participation in public policy decisions is rare, and policy implementation is for the most part hierarchical, imposing rules on bureaucrats and citizens" (ibid.). The powerless, then, are those over whom power is exercised without their exercising it; they are positioned in society and the labour force such that they must take orders but rarely get the chance to give them. Powerlessness also designates a position in the division of labour (and its concomitant social position) that provides individuals with very little room to develop and exercise skills. In this conception, the powerless have little or no work autonomy, exercise little creativity or judgment in their work, have no technical expertise or authority, and command little respect (ibid.).

In this sense, powerlessness is perhaps best described *negatively*; the powerless tend to lack the authority, status, and sense of self that professionals tend to have. Young argues that professional workers have three main identifying features, and the absence of these marks those subject to the oppression of powerlessness. First, acquiring and practicing a profession has an expansive, progressive character – one first acquires the creden-

statistically adjusted for cigarette smoking, alcohol intake, exercise level, and body weight (Lantz et al., 1998). Most significantly, the risks related to poverty remained constant across the weight spectrum (Marmot, 2003); while many may assume poor people are unhealthy because many of them are fat, it may be the case that many fat people are unhealthy because they are poor.

tials to join the profession, and then one experiences progress through professional advancement and rising status. The powerless non-professional, on the other hand, lacks this orientation towards progressive development and has very few avenues for recognition (ibid.: 57).

Second, while most professional workers have superiors to whom they must answer, they nonetheless have considerable day-to-day work autonomy (and often their own authority over clients and other workers); non-professionals, on the other hand, lack this autonomy, and in both their working and consumer-client lives they often stand under the authority of professionals (ibid.). Lastly, the dichotomy between the professional and non-professional (named colloquially in the distinction between the 'middle' and 'working' classes) denotes not just a position in the social division of labour, but also extends into each group's wider social life – the privileges of the professional expand to their whole way of life, a way of life Young terms 'respectability'; she highlights that the "norms of respectability in our society are associated specifically with professional culture" (ibid.). There is thus a great emphasis placed on non-professionals to look, dress, and act 'professional' whenever they appear in public, when they apply for jobs or loans, when they buy homes and cars, etc. (ibid.). This dialectic of privilege and oppression is visible most starkly in the dynamics of racism and sexism: "in daily exchange, women and men of colour must prove their respectability (…) [whereas] working-class white men, on the other hand, are often treated with respect until their working-class status is revealed" (ibid.: 58).

Cultural Imperialism

Up to now, the faces of oppression hitherto detailed by Young – exploitation, marginalization, powerlessness – are all forms of oppression generated out of the division of labour and relations of production; that is, who works for whom, who does what work, and how the content of the work defines one institutional position relative to others (ibid.). There are forms of oppression not explicitly tied to economic well-being, however; one of which that Young, following the work of feminist and Black liberation theorists, denotes as cultural imperialism. According to Young, "to experience cultural imperialism means to experience how the dominant meanings of a society render the particular perspective of one's own group invisible at the same time as they stereotype one's own group and mark it out as the Other" (ibid.: 58-59).

Cultural imperialism involves the universalization of a dominant group's experience and culture, and its establishment as the norm. In a setting of cultural imperialism, some groups have exclusive or primary access to what Nancy Fraser (1987) terms society's means of interpretation and communication (that is, the means of cultural production). Often unconsciously and unintentionally, dominant groups project their own experience of social life as representative of humanity as such, and cultural products express the dominant group's perspective and interpretation of historical events and social elements (including all other social groups; at least, insofar as they are recognized at all) (Young, 1990: 59).

This universalization of a particular culture and subjectivity necessarily means that other groups which exhibit difference from this norm are constructed as lacking and deviant – they become marked as Other (ibid.). This puts the culturally dominated in a paradoxical position wherein they are simultaneously marked out by stereotypes at the same time as they are rendered invisible – they are positioned as remarkable, deviant beings who are essentialized, confined by their stereotypes to a distinct 'nature' (often attached in some way to their bodies) which cannot be easily denied. These stereotypes so thoroughly permeate society that they are not even perceived to be contestable:

> Just as everyone knows that the earth goes around the sun, so everyone knows that gay people are promiscuous, that Indians are alcoholics, and that women are good with children. White males, on the other hand, insofar as they escape group marking, can be individuals. (Young, 1990: 59)

Those subject to cultural imperialism find themselves totally defined from the outside, positioned and placed by a network of social discourses which stamp meanings on them produced by those with whom they do not identify and who do not identify with them (ibid.). This results in the uncanny experience American civil rights activist W.E.B. DuBois described as 'double consciousness' - "the sense of always looking at oneself through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity" (DuBois, 1969 [1903]: 45). This double consciousness arises when an oppressed subject refuses to coincide with these devalued, objectified, stereotyped visions of themselves, but they find no representation in the symbolic order with

which to identify beyond those which judge them different, marked, stigmatized, or inferior (Young, 1990: 60).

In many ways, however, the groups marked out by the dominant culture as different *are* in fact different; their status as Othered creates specific experiences not shared by the dominant group. Furthermore, because culturally oppressed groups are also often socially segregated and occupy lower positions in the social division of labour, cultural imperialism often overlaps with exploitation, marginalization, and powerlessness (ibid.). Double consciousness, then, arises out of the tension in one's being defined by two (or more) socio-symbolic networks: the dominant culture and subordinate culture(s). Because they can affirm and recognize one another as sharing similar social life experiences, people in culturally imperialized groups can maintain a sense of positive subjectivity (ibid.).

Cultural imperialism involves being caught in the paradox of experiencing oneself as invisible at the same time that one is marked out as different. The injustice of it resides in the fact that the oppressed group's own experience and interpretation of social life finds little expression that touches the dominant culture, while that same culture imposes its own experiences and interpretations upon oppressed groups (ibid.). Cultural fatphobia colours virtually all aesthetic, moral, and medical representations of fat people, and the remainder of this work will examine the way this prejudice translates into material forms of oppression.

Violence

Lastly, Young identifies systematic violence as a form of oppression. While this obviously includes more heinous acts of violence (murder, rape, assault, etc.), she also includes in this category less extreme incidents of violence, such as harassment, intimidation, or ridicule employed with the purpose to degrade, humiliate or stigmatize group members (ibid.: 61). What makes violence oppressive, however, is less the particular acts of violence themselves than the social context surrounding them, that which makes them possible and even acceptable. What makes violence an instance of social injustice, according to Young, "is its systemic character, its existence as a social practice" (ibid.: 61-62).

Violence is a social practice, a given that is always at the horizon of social imagination; within prevailing social logic, there are circumstances where violence is more 'called for' or 'acceptable' than others (for instance, the social practice of putting the onus of responsibility on women in cases of date rape, etc.). Moreover, group-directed violence approaches legitimacy in that it is very often socially tolerated[10]. This tolerance is painfully visible in cases where fat women are (verbally or physically) abused, assaulted, and raped; many fat women have disclosed that, upon reporting instances of sexual assault to the police, the officers have refused to take their reports seriously and ridiculed them as insufficiently attractive to rape (Goodman, 1995; Mabel-Lois and Aldebaran, 1983). Indeed, the experiences of some fat women suggest that some male strangers are not only more likely to become verbally aggressive with a fat woman, but also to "physically

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10 Young here cites Manning Marble's (1984) cataloguing of cases where police officers had severely beaten, killed, or raped Blacks while on duty and who were acquitted of any wrongdoing.

threaten and intimidate her, perhaps because they regard her as lacking sexual utility"
(Royce, 2009: 154).

This type of violence is qualitatively different from the 'rational' violence of state repression. Whereas repressive violence serves the purpose of solidifying state or ruling-class power, the systemic violence Young describes is ultimately *irrational* in character, stemming from fear and hatred of the targeted group (Young, 1990: 62). Violence-inducing fear or hatred of the other at least partly involves insecurities on the part of the violator; "its irrationality suggests that unconscious processes[11] are at work" (ibid.: 63). Moreover, this type of violence tends to overlap with cultural imperialism; the fact of group difference puts the lie to a dominant group's claim to universality, and the cognitive dissonance this challenge to hegemony generates can often erupt into violence (ibid.). Not all the 'irrational' violence that occurs in society is motivated by (or directed towards) group difference, of course, but this investigation is mainly concerned with the way violence functions systemically as a form of oppression.

Fat People as an Oppressed Social Group

Young's multifaceted account of oppression here allows for a relatively unified conception of oppression while being sufficiently pluralized to avoid reductionism, such as the orthodox Marxist reduction of all oppression as stemming from class-based oppression. Where traditionally Marxist theories of oppression often foundered on assumptions of

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11 As we shall see in the next chapter, there is a compelling psychoanalytic account to be made that the fear and hatred towards some groups (specifically fat people, in this case) is bound up with fears of identity loss and subjective disintegration.

economic determinism or a homogenous, unified working class underpinning all other identities, Young's approach opens a space for pluralism and contingency in both historical and political processes, as well as in the constitution and dynamics of group (and, by extension, individual) identity[12]. While the organization of the political economy and the social division of labour have a significant impact on group constitution, identity, and questions of justice, they do not provide a complete picture of oppression; a myopic focus on economic forces may obscure the way other forms of oppression (notably, cultural imperialism) themselves influence the constitution of the political economy.

Likewise, Young's ontology is not so pluralized and differentiated that it collapses into its opposite; that is, it does not provide an account of identity or oppression so specialized and theoretically complex that it becomes "conceptually sophisticated to the point of depoliticization" (Viner, 1999). Indeed, in the commitment to a theory of subjectivity emphasizing the complexity of identity, many Anglo-American appropriations of post-structuralist and post-modern thought (Judith Butler's work in *Gender Trouble* (1990) is often cited as an example of this[13]) have tended to emphasize the 'correct' destabilization of general categories of identity such as race, gender, and class to the point that it undermines practical political struggle (Bordo, 2003: 242). As Susan Bordo acerbically notes, "most [social] institutions have barely begun to absorb the message of modernist social criticism; surely it is too soon to let them off the hook via postmodern heterogeneity and instability" (ibid.). Although Young's theory leaves room the complex-

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12 Some scholars have argued that more the expansive social theories presented by theorists like Young that blend together elements of Marxism, post-structuralist and post-modern thought have reinvigorated the "emancipatory impulse of Marxism" (Sim, 2000: 13).

13 For an extended critique of Butler on precisely this point, see: Bordo, 2003.

ity and nuance of 'really existing' group identity formation, at the same time it does not abandon subjectivity to total abstraction, instead keeping focus on the way group identity and oppression are materialized in social practice in a way that "gives content and force to the notions of social interest, historical location, and cultural perspective" (ibid.).

Young's conceptions of oppression can function as criteria for determining whether individuals and groups are oppressed, rather than as a 'full theory' of oppression: "each criterion can be operationalized; each can be applied through the assessment of observable behaviour, status relationships, distributions, tests, and other cultural artifacts" (Young, 1990: 64). In this sense, they are 'objective' criteria and measurements of social oppression and injustice. Moreover, applying these criteria to the circumstances of groups makes it possible to compare oppressions without reducing them to a common essence, or claiming that one form of oppression is more 'fundamental' than another (ibid.). The presence of any of these five conditions is sufficient for calling a group oppressed. Different group oppressions exhibit different combinations of these forms, as do different individuals within the groups themselves. Moreover, it is important to note that while these are general categories of oppression, causal explanations of a group's oppressions will always be particular and historical; "an explanatory account of why a particular group is oppressed in the ways that it is must trace the history and current structure of particular social relations" (ibid.: 65). This is the object of the rest of this inquiry – to demonstrate how each of these five criteria can be applied to 'fat people' as a social group, and to trace the history of the particular social and cultural forces which produce and reproduce these relations of oppression.

Drew Brown – 40

III. 'A Dreadful Parasite': Subjectivity, The Body & Cultural Fatphobia

> One must comfort the patient's fantasy as he suffers more from the idea of his illness, than from the illness itself.
>
> - Friedrich Nietzsche

This chapter will endeavour to do two things: first, to provide an account of ontology compatible with Young's conception of social groups, in which the subject and its body are integrated – rather than seen as opposed or otherwise arranged in a hierarchy – and the way in which this integrated, embodied *subjectivity* is produced by culture. Through recourse to psychoanalytic theory – particularly, Jacques Lacan's theory of the mirror stage and ego formation, Julia Kristeva's theory of abjection, and Sigmund Freud's theory of the sexual drives – it will build a compelling case that subjectivity is intimately tied to the empirical body, and that both of these things are conditioned and positioned by networks of socio-symbolic relations. Second, it will trace the evolution of normative concerns about body fat (and the fat body) – so-called 'fatphobia' – since its emergence in the modern context during the mid-19th century, as well as the way it has developed up to the present day. By linking the way cultural discourses are intimately involved in subject formation, and profiling the way contemporary cultural discourses surrounding the fat body present it as marginalized, utterly unintelligible and thoroughly abject, it can be demonstrated that fat bodies (and the subjects which inhabit them) are indeed subjected to the form of social oppression that Iris Young defines as *cultural imperialism*.

Any discussion of identity must first be buttressed by a discussion of subjectivity itself: what *is* the subject, what is its relationship to the body, and what are the dynamics

by which the subject 'obtains' its identity(ies)?

Jana Braziel (2001), following Susan Bordo (2003) and Elizabeth Grosz (1994), identifies the root of contemporary anti-fat sentiment in the way the human body has been historically conceptualized in Western thought, originating primarily with Plato[14]. Indeed, according to Grosz, "since the inception of philosophy as a separate and self-contained discipline in ancient Greece, [it] has established itself on the foundations of a profound somatophobia," (Grosz, 1994: 5) which she identifies as the mind/body dualism that privileges the mind or spirit at the expense of the material body. This privileged dualism runs the course of Western intellectual history; Young points out that "modern philosophy and science [has] established unifying, controlling reason in opposition to and mastery over the body, and then identified some groups with reason and others with the body" (Young, 1990: 124).

Beginning with Plato, the body was regarded as a source of interference and danger to the operation of reason; "in the *Cratylus*, Plato[15] claims that the word *body* (*soma*) was introduced by Orphic priests, who believed that man was a spiritual or non-

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14 All three authors also identify this intellectual denigration of the body as the foundation of patriarchal and misogynist thought, a point to which I will return later in greater detail.

15 Bordo, however, indicates that Plato's thought about the body may have been somewhat more nuanced; she points out that although in many instances he conceives of the body as an 'epistemological deceiver', "its unreliable senses (...) continually tricking us into mistaking the transient and illusory for the permanent and real," she also notes that in the *Symposium* he claims that love of the body is "the essential first step on the spiritual ladder that culminates in the recognition of the eternal form of Beauty." (Bordo, 2003: 3-4). Moreover, Plato's approach – that the body is ultimately irrelevant to our moral being – is not so much the root of fatphobia *per se* (especially when contrasted with Aristotle's position that the body is indeed a symptom of our moral being, an approach more directly linked to an aesthetic and normative denigration of the fat body) so much as it more broadly lays the intellectual groundwork for the subordinate status of the body vis-a-vis the mind in Western thinking. This makes Plato an obvious starting starting point for feminist critiques of the body's place in Western cultural and political thought.

corporeal being trapped in the body as in a dungeon (*sema*)" (Grosz, 1994: 5). Aristotle, in contrast, characterizes the 'softness' (*malakia*) of corpulence – it is worth noting here that *corpulence* is, etymologically, an excess of corporeality, an excess of the body itself – as a kind of moral weakness[16] (Braziel, 2001: 239). In the *Nicomachean Ethics*, Aristotle stresses this connection between softness and moral weakness:

> Someone who is deficient in withstanding what most people withstand, and are capable of withstanding, is soft and self-indulgent; for self-indulgence is a kind of softness. This person trails his cloak to avoid the labour and pain of lifting it, and imitates an invalid, though he does not think he is miserable – he is [merely] similar to a miserable person. (...) The female is distinguished [by softness] from the male. (Aristotle, 1999: 7.7 1150b 1-6, 16)

The contemporary conception of fatness as a signifier of moral weakness and an intrinsically pathological condition – stereotypes which persist in medical and psychological discourses of obesity – can here be traced to the very threshold of Western reason (Braziel, 2001: 240).

While this Aristotelian reading of the body as a 'moral symptom' was inherited and further expounded by the Christian tradition, Grosz notes that René Descartes effectively codified the mind/body opposition as the dominant ontology in Western thought (*cogito ergo sum*), placing "the mind in a position of hierarchical superiority over and above nature, including the nature of the body" (Grosz, 1994: 6). This dualism is problematic; it

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16 Again, it is worth noting here that corporeality (and its excess, corpulence) for the Classical philosophers is gendered concept; women are associated with the soft body and its corresponding moral weakness while men are associated with the mind, reason, etc. The gendered nature of anti-fat bias will be examined further at a later point.

establishes a (gendered) concept of the body "as animal, as appetite, as prison of the soul and confounder of its projects" (Bordo, 2003: 3), and as a barrier to 'objective' and 'universal' knowledge. The Cartesian conception of the relationship between the mind and the body serves as a "*practical* metaphysics that has been deployed and socially embodied in medicine, law, literary and artistic representation, the psychological construction of self, interpersonal relationships, [and] popular culture" (Bordo, 2003: 13-14). To the extent that this dualism necessarily denigrates the body and casts those groups traditionally associated with corporeality in a negative or marginalized social position, it serves as the intellectual foundation for many forms of identity-based oppression.

Bordo, Grosz, and Braziel are all interested in reconceptualizing the subject's relationship to their body in a way that overcomes the mind/body dualism which they perceive as inherently oppressive, specifically to women and more broadly to the 'really existing' multiplicity of human bodies; as Grosz points out, "there is no body as such: there are only *bodies* – male or female, black, brown, white, large or small – and the gradations in between" (Grosz, 1994: 19). Rethinking the subject's corporeality in this way destabilizes the supposedly 'neutral' or 'universal' perspective of this dualist ontology. This makes it an important theoretical endeavour for feminist theory, 'fat studies', and indeed any identity-based emancipatory theoretical project:

> The subject, recognized as corporeal being, can no longer succumb to the neutralization and neutering of its specificity (...) [;] [the body] helps to problematize the universalist and universalizing assumptions of humanism, through which women's – and all groups' – specificities, positions, and histories

are rendered irrelevant or redundant; it resists the tendency to attribute a human

nature to the subject's interior; and it resists tendencies to dualism, which splits

subjectivity into two mutually exclusive domains. (Grosz, 1994: ix-x)

In this conception of *embodied subjectivity*, the body 'as such' is not some 'naturally'
given, ahistorical constant to be contrasted against all social and cultural 'constructions';
rather, following Foucault, these theorists propose that the body is always "in the grip" of
culture (Bordo, 2003: 142). In this sense, there is no 'natural' body. Against the 'intuitive'
position that cultural practices exert their power against the spontaneous physiological
needs, 'basic' pleasures or instincts, or 'fundamental' structures of bodily experience, these
cultural practices are always-already inscribed "on our bodies and their materiality, their
forces, energies, sensations, and pleasures" (Foucault, 1980: 155). Indeed, as Bordo
emphasizes, "our bodies, no less than anything else that is human, are constituted by
culture" (Bordo, 2003: 142).

That is not to say that the body is some kind of *tabula rasa* onto which culture can
inscribe and re-inscribe itself in endless textual play. On this point, Grosz provides a
compelling account of how psychoanalysis provides the theoretical means to think
through the interaction between the body, the subject, and culture in a way that
acknowledges both the materiality and primacy of the physical body in contributing to the
formation of subjectivity and the way in which cultural processes and discourses
constitute the subject's relationship to this corporeality.

Let's Get Oedipal: Psychoanalysis & the Body

Psychoanalytic theory makes a radical presumption of a correspondence between the forms of the body and the forms of mind or psyche. Yet more radically, it also proposes that "the constitution of the subject as an integrated and functional psychical totality is an active ingredient in the constitution of the body, for it provides the subject with a body which has particular, socially distinctive, and culturally determined attributes and abilities, individual idiosyncrasies and styles of behaviour" (Grosz, 1994: 27). Sigmund Freud effectively outlines a clear, two-way overdetermination with regards to the interaction between the biological and the psychological, the body and the mind.

In *The Ego and the Id*, Freud posits that the ego – the 'I' of the subject – is a mediator between the instinctual and corporeal cravings of the id, on the one hand, and the demands and requirements of 'civilization' (a notion later refined as the superego) on the other. The ego has the "structure and form" of a corporeal projection; it is the internal psychic rendering of physical, bodily sensations. As such, the subject acquires "an underlying sense of unity and identity only as the end result of a series of processes which construct the ego as such" (Grosz, 1994: 29-31). In this configuration, the subject only gradually acquires a unified sense of self over and above the wildly disparate sensations that actually comprises its life experience. Grosz notes that,

> if the subject were merely a perceiving and experiencing being – as naive empiricism presumes – then there could be no way of unifying the subject's experiences as the experiences of a single being. (...) The subject would simply be an aggregate of otherwise disconnected perceptual events, which could give it no

index of the existence of objects or the world. (Grosz, 1994: 31)

According to Freud, the ego is what brings a sense of unity to the overwhelming and disconnected array of perceptions the young child experiences. In this sense, the ego (that is, the sense of self, the 'I', etc.) does not arise out of a preordained biological order, but more radically, arises from "a psychosocial intervention into the child's hitherto natural development" (Grosz, 1994: 32). That is to say, the child's internal sense of self is formed primarily out of external factors as perceived and registered by the surface of the body.

This prefigures the Lacanian theory of the mirror stage – that is, the moment when the child is first able to separate subject from object; self from other. For Lacan, the mirror stage results from two complementary processes: first, the ego is formed out of 'identificatory relations' with other subjects – either other children, the mother herself, or even the subject's own reflection in a mirror. These (entirely external) identifications are then integrated within the newly-formed ego as the 'ego ideal', i.e., the "idealized model of itself for which the ego strives" (ibid.). Second, the ego results from the blocking or channelling of libidinal impulses in the subject's own body in the form of a 'narcissistic' (that is, a vested libidinal interest in one's self) attachment to a part of the whole of its body. Effectively, the ego here is the meeting point, the conjunction, between the body and the social. As such,

the narcissistic genesis of the ego entails that the subject cannot remain neutral or indifferent to its own body and body parts. The subject is libidinally invested. The subject always maintains a relation of love (or hate) to its own body because it must always maintain a certain level of psychical or libidinal investment. No

person lives in his or her body merely as a functional instrument or a means to an end. Its value is never simply or solely functional, for it has a (libidinal) value in itself. The subject is capable of suicide, of anorexia (...) because the body is *meaningful*, has significance. (Grosz, 1994: 32)

For Freud, "the ego is first and foremost a bodily ego (...)[;] the ego is ultimately derived from bodily sensations, chiefly from those springing from the surface of the body" (Freud, 1960 [1923]: 26). In this sense, the ego works to connect two different 'surfaces', the inner surface of affects and the 'subjective experience' of bodily sensations and excitations, and the otherwise disparate sensory experiences of the body's various sense organs into an 'imaginary anatomy' of the body's outer surface (Grosz, 1994: 37). It is worth pointing out here that the subject's very notion of the body as a unified whole is dependent on its (mis)recognition that the body of the other (either other subjects or its own mirror image) is experienced as unified, complete, and autonomous; in this way, the ego is both a 'map' of the body's surface *and* a reflection of the other's body. The subject's ego, then, is an image of the body's significance or meaning both for itself and for the other; the subject's fundamental sense of self is thus as much a function of mistaken perception, of fantasy and desire, as it is of sensation and empirical perception – it is, in effect, an 'occupation' of sensation and perception by a fantasmic dimension (ibid.: 38).

Freud's conception of the ego has profound implications: this sociocultural dimension of the ego's construction implies that bodies, egos, and subjectivities are not simply reflections of their cultural contexts and associated values, but are instead *constituted as such* by them, marking bodies in their 'biological' configurations with

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sociosexual inscriptions (ibid.). Indeed, "the 'natural' body, insofar as there is one, is continually augmented by the products of history and culture, which it readily incorporates into its own intimate space" (ibid.). Within the psychoanalytic model, the once rigid demarcations between mind and body, nature and culture, are rapidly worn away.

For Lacan, the ego is not so much a representation or projection of the actual anatomical/physiological body as it is an 'imaginary' outline or projection of the body insofar as it is imagined and represented for the subject by the image of others (or itself in the mirror). Critically, the earliest recognition by the child of its bodily unity is at the same time a fundamental *misrecognition*, in that the images with which the child identifies belie the child's own sensory and motor incapacities. This, of course, means that this 'imaginary anatomy' is the internalized image of the meaning the body has not only for the subject, but also for others in its social world, and the symbolic order (that is, the web of social discourses and significations in which all subjects are caught) writ large. It is "an individual and collective fantasy of the body's forms and modes of action" (ibid.: 39-40).

According to Lacan, the mirror's promise of unity is preserved (after the resolution of the Oedipus complex; that is, the subject's positioning in the symbolic order) as the 'ego ideal', a model of bodily integrity and wholeness that is fundamentally alien to the subject's self-experience. The ego is thus existentially split between a psychical interior in need of constant stabilization and a corporeal exterior which remains labile and open to many meanings (ibid.: 42-3). As a result of this process of ego formation, the stability of

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unified body image – even in the so-called 'normal' subject – is always precarious; "the constitution of the subject's imaginary identity in the mirror phase establishes a provisional identity which still requires the stabilization, ordering, and placement of the subject in a sociosymbolic position where it can engage in symbolic and linguistic exchange with others[17]" (ibid.: 44). In order to fully take up this sociosymbolic position, the subject must be situated in the space occupied by its body. The anchoring of subjectivity to its body is the condition for coherent identity[18] (ibid.: 47).

Iris Young, following the work of Julia Kristeva, notes that there is an 'obscene' obverse to this process of subject-formation and the drive to stabilize body image: that is, the process of subject formation also necessarily produces its negative inverse, the *abject*. Social groups under the yoke of cultural imperialism are not only associated with the body (in a subordinate position to groups associated with reason), but particularly those aspects of bodily existence deemed abject and repulsive.

The abject is to the subject as the unconscious is to consciousness; it is the difference between the symbolic (signification and meaning) and the semiotic (arbitrary signifiers) as the two heterogeneous and irreducible sides to the coin of language. The symbolic, in this configuration, is the capacity to signify; that is, to make an element (i.e. signifier) stand for an absent other – it is the possibility of representation, sense, and logic. The process of symbolization always functions by displacement (and the

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17 The actual moment of the subject's insertion into a 'sociosymbolic' position is, of course, the Oedipus complex.
18 It is worth noting that the failure of the subject to mesh with the body is generally an instance of psychosis. Many psychotics are unable to locate themselves where they should be, either in a dissociated observation of themselves from the outside, or in hearing alien voices within their own head.

repressions this process involves), as well as the opposition between conscious and unconscious associations of meaning (Young, 1990: 143). By contrast, the semiotic is the "heterogeneous, bodily, material, nonsensical aspect of speech always present with, but not integrated into, its signification (…). The speaking self always carries along this shadow, its spilled-over body expressed in comportment and excitations" (ibid.).

Abjection is the (necessary) by-product of ego formation and a precursor to the process of subjectivization – that is, the insertion of the material body into a network of sociosymbolic relations – at the moment of separation between self and other. The abject *is* that chasm, the necessary structural gap between the self and the other, the lack or gap that makes representation possible; as such, it cannot be symbolized, it exists solely as a 'traumatic', unrepresentable affect (ibid.). For Young, abjection is

> the feeling of loathing and disgust the subject has in encountering certain matter, images, and fantasies – the horrible, to which it can only respond with aversion, with nausea and distraction. The abject is at the same time fascinating; it draws the subject in order to repel it. The abject is meaningless, repulsive in an irrational, unrepresentable way. (Young, 1990: 143)

Young locates the process of abjection in the 'foundational' separation of the infant from the mother; in order to become a self, the infant must "separate from its joyful continuity with the mother's body and establish a sense of the border between itself and the Other. In the primal fluidity of the mother's *jouissance* the infant introjects the Other" (ibid.). In this conceptualization, the self can only be established by "expelling, rejecting the mother, which is only then distinguished from the infant itself; the expulsion that creates

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the border between inside and outside is an expulsion of itself" (ibid.: 144). This primary separation is experienced by the nascent subject as an existential loss, and the expelled self survives to us in the form of the abject (ibid.). This expelled self is particularly loathsome (that is, *abject*) because it always threatens the stability of this necessary separation; it threatens to re-enter the self and obliterate the formative gap between self and Other. The defence of the self against this disintegration is the aversion and repulsion of the abject (ibid.). At its most elementary level, abjection is most clearly expressed in reactions of disgust to bodily excretions (e.g. blood, pus, sweat, excrement, urine, vomit, menstrual fluid, etc.) – that is, matter literally expelled from the body's insides.

Abjection, then, is not only prior to the emergence of a subject in relation to an object – it makes that very distinction possible. Abjection makes signification possible by creating a subject capable of dividing, repeating, and separating. Unlike the object, the abject does not stand in clear distinction and definable difference from the subject; it is instead the obscene obverse of the subject. It is other than the subject, but it is the flip side of the same coin, always too close for comfort and always threatening to overwhelm the subject's self-sustaining divide between inside and outside (ibid.). The abject provokes fear and loathing because it exposes the boundary between self and other as constituted and fragile, and it threatens to dissolve the subject by destroying this border. Young defines this fear of the abject as *phobia*, "an irrational dread that latches onto a material to which it is drawn in horrified fascination" (ibid.).

Due to its proximity to the subject, abjection, for Kristeva, is a peculiar experience of ambiguity; the abject arises potentially in "whatever disturbs identity, system, and

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order (…)[;] what does not respect borders, positions, rules" (Kristeva, 1982: 4). The border between self and other, in the way it is structurally configured, is fragile, and the self "experiences this separation as a loss and a lack without name or reference" (Young, 1990: 145). The subject thus reacts to the abject with intense loathing as a means of restoring the integrity of the border between self and other.

This conception of abjection underscores the way in which certain identities and embodied subjects are subjected to a body aesthetic that defines them as ugly, grotesque or fearsome, and induces reactions of aversion in others (ibid.). The way in which certain bodies and groups are marked as abject is always socially constructed and historically variable; once the connection between identity and abject matter (that is, as that which signifies ugliness, degeneracy, and death), the subject will react to these groups and bodies with fear, nervousness, and aversion. As abject, they signify a threat to the cohesion of identity itself.

This outline of abjection is a useful conceptual tool for understanding the way in which fatness has been constructed as 'abject' in contemporary culture. As we shall see over the following pages, the fat body in Western society has been come to signify little more than ugliness, physical and spiritual degeneracy, sickness, and death. Moreover, aesthetic and normative pressures oriented towards regulating and producing 'ideal' bodies (and the virtuous subjects which supposedly inhabit them) are necessarily fragile, and can only be maintained through the production and reproduction of bodies deemed abject.

In order to round out this exposition on the nature of embodied subject formation,

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we must return to psychoanalytic theory's most compelling challenge to the mind/body divide: Freud's notion of the sexual drives. In Freud's own words, the drives are "a concept at the frontier between the mental and the somatic" (Freud, 1915: 122).

First and foremost, a distinction must be made between the Freudian notion of sexual drives and biologically-determined instincts. Where instincts are basic biological mechanisms, pre-social processes and behaviours necessary for the maintenance of life, drives are the product of the interaction between a subject's biology and their socialization. The drive "deviates from the instinct insofar as it takes for itself not a real object – food, etc. - but a fantasmic object, an object defined primarily through the lack or absence of a real object" (Grosz, 1994: 53). That is to say,

> If the instinctual can be defined as a biologically universal, preformed set of processes and behaviours, endogenous in origin and necessary for the maintenance of life (in its simplest form it is usually represented on the model of the reflex), then it can be argued that even apparently incontestable processes such as hunger, thirst, and the need to urinate or defecate – (...) generally regarded as instincts *par excellence* – are not biologically fixed but are amenable to a psychosymbolic takeover, in which they are retraced, taken over, as sexualized drives. From the moment this sexualization occurs, instincts can no longer be considered purely programmed: the drive transforms and transcends the instincts. (Grosz, 1994: 53)

The drives are attached to biological processes, in the sense that they are 'propped up' by them. That is, the drive is supported by the instinct and "retraces" the neurological

pathways across the subject's body that the instinctual and biological processes took, "thus mimicking them and taking on the same attributes as preformed instincts[19]" (ibid.). The drive props itself up on the instinct by borrowing the sites, sources, and aims of the instincts, inserting a new fantasy object in place of the object of need, enervating and disrupting the circuit between the external object, the bodily erotogenic source, and the fantasmic link between them. Freud describes this as 'somatic compliance'; that is, when a part of the body is singled out as different from or otherwise significant relative to other biological processes or organs (an occurrence that will be radically different for each subject depending on their own specific and contingent life history, experiences, etc.), it becomes susceptible to psychical takeover in this way. In this formulation, *any part of the body is capable of sexualization*: "there is a complete plasticity in the body's compliance with sexual meanings" (ibid.: 54).

Sexuality develops in this way – that is, insinuating itself in the body's various biological processes – because there is a fundamental incompleteness at the level of human instincts that it can harness for its own purpose. Human newborns are effectively 'biologically premature'; a child's instincts are insufficient in supporting the child's needs because of its sensory and motor incapacities. Small children are physically helpless and "naturally dependent, not only for its well-being but also for its barest survival, on the active good will of others" (ibid.: 55). In this sense, Grosz points out, human subjects are paradoxically "biologically social, social out of biological necessity. A lack at the level of

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19 Grosz suggests that this may be the reason why the sexual drives are assumed to be instinctive in the popular imagination.

instincts distinguishes the advent of human desire from animal need" (ibid.). It bears repeating again: as a result of this fundamental incompleteness at the level of human instinct, *any corporeal process, event, or experience is capable of sexualization*.

That said, although biology seems to provide the preconditions for the emergence of sexual impulses insofar as the drives displace the reality of the objects, aims, and bodily sources of the instincts, the two cannot be conflated. Without these biological processes tracing a path through the body, the 'raw materials' for sexuality would not exist, but biology alone is not enough; sexual drives result from the insertion of biological or bodily processes into networks of signification and meaning. Through this immersion they become bound up with and intimately connected to the structures of individual and collective fantasies and significations. In this sense, "the drive is a result of corporeal significances, the binding of bodily processes and activities to systems of meaning" (ibid.).

The psychoanalytic theory of the sexual drives has a number of profound implications for thinking about the relationship between the body, the subject, and culture. First and foremost, given that sexuality results out of the insertion of the body into social discourse, it means that sexuality is effectively imposed from without. The way a child actually, subjectively experiences its sexuality is a retracing, "a psychical transcription," of biological processes, organs and pathways - "the body is literally rewritten by desire" (ibid.: 55-56). Psychoanalysis here powerfully subverts traditional notions of mind/body dualism. Insofar as sexuality is derived from the dialectics of the biological body caught in the web of social signification, the human psyche is not reducible to the endpoint of a

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purely biologically-ordained process; neither are the two neatly divided by the ontological gap presumed by dualism. The psychic agencies are the transliteration of neurological structures by culture. Rather than providing the base to a psychological superstructure, neurology and biology "are the material constraints from which psychical and sexual phenomena are the deviation and conclusion" (ibid.).

Ultimately, psychoanalytic theory provides the intellectual tools needed to tackle the question of fat subjectivity with regards to the way the body, and the subject's experience of its body, is gripped and shaped by culture. Psychoanalysis lays bare that the body is literally written on and inscribed by desire and signification; culture carves itself into our bodies at the anatomical, physiological, and neurological levels. Biology does not determine the outcome of psychic agencies, sexuality, or subjectivity; the body is a pliable set of significations, capable of being rewritten and reconstituted in different social constellations (ibid.: 60-61).

Now that it has been established how the symbolic order inscribes itself on, in, and through the subject's body, it is time to examine the way in which social discourses surrounding fatness have changed over time, and the way in which contemporary fat subjects are constituted.

A Whale of a Tale: A Cultural History of Fatness

The fat body has been valued differently throughout Western cultural and aesthetic history. Richard Klein points out that to us moderns, Nefertiti, the 'immortal beauty' of

Antiquity, would be considered 'fat' (with all its pejorative weight), as would representations of Aphrodite, Greek goddess of beauty, and the Venus de Milo[20] (Klein, 2001: 24-26). That said, in keeping with the metaphysical commitments of the Greeks profiled earlier, Klein does note that for the Classics, "fat has always been conceived as a kind of cancerous cell growth, inessential to the body or its image, an excrescence, a corruption of the flesh whose removal left the body intact or in better shape (…)[;] it doesn't belong to us exactly, and it doesn't belong where we find it" (ibid.: 27). They were not averse to a 'moderate' thickness, however; in keeping with the Greco-Roman ideal that moderation as a principle was a key component of virtue, the ancient Greeks and Romans found "fat in moderation" to be a principle source of pleasure and a major component of beauty (ibid.).

According to art historian Kenneth Clark, when Christianity triumphed over paganism in Europe, "the body ceased to be a mirror of divine perfection and became an object of humiliation and shame" (Clark, 1956: 89). Indeed,

the pious Christian ideal of beauty starts (…) in the hatred of the flesh. It bespeaks a hatred of every fleshy thing that prevents the soul from instantly achieving its spiritual destiny. (…) For Christians, appetite is a lure that ensnares the soul and perverts its pious impulses. (Klein, 2001: 27-28)

With the Christian Middle Ages, moral attitudes towards flesh changed; statues and representations of full-bodied women gave way to the emaciated Gothic ideal of a skinny woman whose body was "no longer seen and loved for itself, as an object of sensual

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20 Klein also notes that if projected to a life-size scale, the famous Venus of Willendorf (one of the earliest representations of the human form) "is about the fattest woman one can imagine" (Klein, 2001: 21).

contemplation, but envisaged as a vessel devoted to reproduction (…)[;] the Gothic skinny is a philosophical decision and a moral judgement about the place of the body in the hierarchy of values" (ibid.: 33).

The Gothic chic appears to have been largely confined to the upper classes during the Middle Ages and Renaissance[21], however; as far as the peasantry were concerned, fat was very much still 'in':

> A thin wife brought disgrace to a peasant, but of a plump one it was said that a man will love her and not begrudge the food she eats. (…) Men, too, were supposed to be stout, to judge (…) from the painter Breughel's scenes of high life and low, where mostly everyone is tubby, afloat in rolling fat. (Klein, 2001: 33)

The aesthetic value of fat continued to swing back and forth as the Renaissance gave way to the Enlightenment; the 'frivolous excess' of 18th century Rococo gave way to the 'ethereal thinness' of 19th century Romanticism – and then back again in the Gay (Eighteen-)Nineties, when all classes aspired to look and feel fat, in what Klein suggests was a desire to have their bodies echo the material abundance of the Industrial Revolution. This was the fashion until the first decade of the 20th century, when "almost overnight," thin became sleek and modern (ibid.).

There is more going on here than just the evolution of Western aesthetics, however; there is also some basis for the changing cultural valuation of fatness in broader changes in the political economy of food and their corresponding class relationships. As the industrial production and distribution of food advanced in the 19th and early 20th

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21 Though there are exceptions here as well; consider, for instance, the early modern nudes of Rembrandt or Rubens (the term 'Rubenesque' is itself a particularly baroque euphemism for fatness).

centuries, with the increased access of poorer classes of people to richer foods (sugars and dietary fats, etc.), a fat body was no longer something exclusively tied to wealth (for a more thorough rundown of the changes in the political economy of food and fatness, see: Guthman and DuPuis, 2006). The changing class perceptions of fatness at work in the Victorian era can be illustrated by way of Charles Dickens; Juliet McMaster suggests that Charles Dickens' *Pickwick Papers* highlights the way that in the Victorian era, there could be said to be two different 'classes' of fat people. The first is embodied by the titular character, Mr. Samuel Pickwick, a virtuous 19th-century *bourgeois* who is properly stout; Pickwick is plump and "charged with energy, solar or otherwise. He bursts, he beams, he bulges (...). His fatness (...) is scarcely even heavy" (McMaster, 1987: 338). By contrast, Pickwick's slothful servant Joe is distinguished simply by the moniker of 'fat boy', and represents the degenerate masculinity of a lower social strata; as Sander Gilman notes, in contrast to the novel's bourgeois characters, Joe is *perceived* as fat, as truly 'obese' (Gilman, 2008: 49).

Unlike the vital stoutness of the bourgeoisie, in Victorian discourse, the truly 'fat' members of the lower classes signify a certain anxiety and tension about modern life. Fat people are simultaneously holdovers of a primeval, survivalist avarice (a submission to 'primitive' biological imperatives to consume as much as possible as a bulwark against scarce food supplies, etc.) while also being a distinguishing symptom of modern degeneracy and decadence[22]. As Gilman puts it, "fat had a true function, at least in our

22 This notion survives to this day in the form of carb-averse dietary fads which harken back to our proto-Atkins Paleolithic ancestors as the apex of human fitness.

distant past, but today such 'fat boys' are primeval throwbacks, unable to function in contemporary society" (ibid.: 60)[23]. As fatness became associated with poverty, Victorian moralists were able to reinterpret the fat body as a sign of moral laxity on par with drinking and 'idleness'.

It is in this historical moment – the late Victorian era – where we can most clearly trace the (re-)emergence of a social preoccupation with fatness as both an aesthetic problem and a moral one; this period marks the dawning of the utterly ideological moment when the "prejudice against fat seems universal and eternal [while] thin belongs to what is truly good and beautiful" (ibid.: 35). While pre-twentieth century attitudes towards corpulence were varied, complex, and nuanced, contemporary normative attitudes towards the fat body (in and of itself) can be traced back almost entirely to the 1863 publication of William Banting's pamphlet, "A Letter on Corpulence." Despite pre-dating the devaluation of the fat body most readily associated with the 20th century, Banting's letter is one of the first publications to "represent corpulence as a stigmatized mode of being" (Huff, 2001: 39).

Although other books and pamphlets on dieting proliferated before Banting's

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23 Race, too, has a place in this anxiety about fatness and modernity. As early as 1825, French gourmand Jean Brillat-Savarin characterised obesity as a distinctly modern phenomenon in contrast with the 'healthy' eating practices of an Edenic past, writing that "obesity is never found among savages or in those classes of society which must work in order to eat or which do not eat except to exist" (Brillat-Savarin, 1999 [1825]). But he also noted that even these 'noble savages' and plebians would "eat gluttonously and drink themselves insensible whenever they have a chance to" (ibid.). One of the earliest medical commentators on dieting, Christopher Hufeland, intimated that 'savages' would in fact fare worse when brought into contact with the fattening decadence of civilization when he noted that "a certain degree of cultivation is physically necessary for man, and promotes duration of life. The wild man does not live so long as man in a state of civilization" (Hufeland, 1797: 169). Fatness, in relation to modernity, is a signifier of both primitiveness (in non-whites) and degeneracy or devolution (in white people).

publication, the "Letter" is distinguished by a number of novelties. First and foremost, Banting promoted dietary regulation not as a general principle of physical self-management (common enough in a Victorian society obsessed with 'proper' behaviour and self-control) but *specifically* as a means to combat fatness. Secondly, he was emphatic that *all* fat people had a need to reduce their weight, whereas previous works on corpulence tended to recommend weight loss only when obesity explicitly interfered with health; and, finally, Banting writes his pamphlet from the (sociosymbolic) position of a 'fellow sufferer' of corpulence, rather than as a medical authority (ibid.: 40-41). In this sense, it is possible to read Banting's pamphlet as one of the 'founding documents' of contemporary constructions of the fat body in social discourse.

Written by a self-identified 'fat subject', Banting's pamphlet is revealing in that it displays both a recognition, and endorsement, of the stigmatization or demonization of fat people within Victorian society; his pamphlet opens with the declaration that "of all the parasites that affect humanity, I do not know of, nor can I imagine, any more distressing than that of obesity" (Banting, 1864: 5). This distress is in no doubt partially a reaction to the stigmatization of fat people to which Banting is particularly sensitive:

> Any one so afflicted [by obesity] is often subject to public remark (…) and I am confident that no man labouring under obesity can be quite insensible to the sneers and remarks of the cruel and injudicious in public assemblies (…) and therefore he naturally keeps away as much as possible from places where he is likely to be made the object of the taunts and remarks of others. (Banting, 1863: 9)

Recognition of the pain this stigma causes does not dissuade Banting from his moral outrage at fatness, however; the pamphlet's conclusion extols the virtues of the diet which freed him from "that dreadful tormenting parasite on health and comfort (…) [which causes such] bodily and (…) mental infirmity" (ibid.: 20).

This normative attitude towards the fat body is not difficult to discern from even a cursory examination of contemporary popular media; the novelty of Banting, here, is the way in which his pamphlet inaugurates the contemporary construction of fat subjects familiar to us in the 21st century. Joyce Huff presents his import in the history of fat subjectivity in Althusserian terms:

> Banting's system thus embeds fat-phobia and the desire to normalize the body within the very identity of the corpulent subject. To answer the 'interpellating' voice of Banting's pamphlet, to recognize – or to recognizance – oneself as the corpulent subject whom Banting addresses, is to accept a stigmatized mode of being within a fat-phobic society. (Huff, 2001: 42)

We can say that Banting's pamphlet is distinguished as one of the founding documents of modern fat subjectivity because the subjective position of fatness *qua* corpulence he outlined survives to this day as *the* dominant discourse for thinking the fat subject. Any sociosymbolic position occupied by a fat person today involves "negotiating the primary role offered to him or her within a prevailing narrative that seeks to define corpulent bodies as weak-willed, unhealthy, and out of control" (ibid.)

Beyond this, however, Banting is also significant in that he effectively inaugurated a normative discourse (which has since worked its way into various other [aesthetic,

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medical, psychological, etc.] discourses) which specifically frames body fat and the fat body as *intrinsically* 'bad' and pathological. Although it would not be until the 20th century was well underway that this normative discourse would work its way into the power-relations of bourgeois culture, we can definitely trace the development of the modern 'morality of fat' from this pamphlet up to the present day – from William Banting to MeMe Roth[24].

This normative preoccupation with fatness, of course, precedes (and ultimately supersedes) social or personal preoccupations with 'health', at least since the middle of the 19th century in the English-speaking world. In their study of normative biases in the field of obesity science and its popular advocates, Michael Gard and Jan Wright note that the advent of contemporary fatphobia is linked to the emergence of a broader 'health movement' in the mid-Victorian era; that is, the notion that modern life (particularly modern urban life) creates 'soft' bodies and weak minds, which ultimately tends towards the general moral and physical decline of society writ large (Gard & Wright, 2005: 28). Despite the invocation of 'health', "the desire to eliminate fat frequently motivates individuals whose body fat arguably puts them at little risk to engage in diet and exercise practices that have proved to be unhealthy, often with full knowledge of the harmfulness

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24 Roth is perhaps the poster child of fatphobia; founder and president of National Action Against Obesity, she was profiled in 2009 by *The Guardian* as 'the woman who hates fat' (Wood, 2009). Her self-reported motivations are revealing: "No one taught me to be ashamed of obesity, but the day (...) that my mother was to bring cupcakes to my [3rd grade] class, I put my head on the table because I knew that (...) everyone was going to know that my mother was fat. I felt ashamed. I was grateful that down the block there was another mother who was fatter than my mother. [My greatest fear is] that my children will become sick [with obesity]... [M]y husband also comes from overweight people [and] feels the way I feel. [I wonder] who [my children] will partner with. It scares me. And it's Darwinian. This isn't just my opinion: males with obesity have lower sperm counts and sperm motility; females have higher rates of infertility, higher rates of pregnancy complication and a higher rate of birth defects. So don't listen to me, listen to Darwin!"

of their actions. Now, as in the mid-nineteenth century, fat avoidance is a goal in and of itself" (Huff, 2001: 47).

In fatphobic discourse, body fat is not 'mere' matter, adipose tissue, or even a health risk factor; it is, above all, a signifier of one's character flaws and moral weakness (if not outright immorality) (Farrell, 2011: 36). While this connection between fatness and moral weakness is not new, our attitude towards corpulence (known to us as 'obesity') has, since the 19th century, been one of 'moral panic' – that is, obesity is presented to us through discourse as an "episode, person, or group of persons (…) defined as a threat to societal values and interests" (Gilman, 2008: 9). As a moral panic,

> Obesity is characterized (…) by its 'stylized and stereotypical' representations, imposed by the mass media, together with a tendency for those 'in power' (politicians, bishops, editors, and so on) to man the 'moral barricades' and pronounce moral judgements. Moral panics do not need to be focused on 'invented' categories such as witches; they can be associated with real health problems in a way to shape their meanings. They can use 'real' categories of illness to explain such health problems within the ideological focus of the time.
> (Gilman, 2008: 9)

For instance, one of the earliest indicators that this normative discourse was seeping into popular culture *qua* advertising is an 1878 ad for "Allen's Anti-fat Remedy" in the Philadelphia African-American newspaper the *Christian Reporter.* Asking rhetorically whether or not fat people are *really* happy, the ad answers itself:

> Why are fat people always complaining? Ask someone who entertains the popular

though erroneous notion that health is synonymous with fat. Fat people complain because they are diseased. Obesity is an abnormal condition where oleaginous elements of the food are assimilated to the partial exclusion of the muscle forming and brain producing elements. In proof of this, it is only necessary to assert the well known fact that excessively fat people are never strong, and seldom distinguished for mental powers or acuity. (Farrell, 2011: 38-39).

This ad teaches that fatness is a disease which makes you sad, weak, and stupid – and that its product holds the cure, of course. This is a recurrent theme in the history of the diet industry.

All of these discursive constructions of fatness (as immoral, the result of a decadent modernism, a signifier of moral, spiritual, and physical weakness and stupidity, an index of one's worth as a subject, a marker of ill health and 'the most distressing parasite ever to afflict humanity') remain today and shape fat identity. Fat subjects are constructed as abject, stigmatized, and marginalized. One's body size and shape has today come to function as a

symbol for the emotional, moral, or spiritual state of the individual. The firm, developed body has become a symbol of the correct *attitude*; it means that one 'cares' about oneself and how one appears to others, suggesting willpower, energy, control over infantile impulses, the ability to 'shape your life'. (…) The 'relentless pursuit of excessive thinness' is an attempt to embody certain values, to create a body that will speak for the self in a meaningful and powerful way. (Bordo, 2003: 193-95; 67)

Conversely, then, corpulent bodies have come to represent the opposite: a lack of these

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qualities, a personal failure. The fat body serves as a symbol of being in a state of 'bodily incorrectness', of immorality as it related to the 'proper' way to live in one's body (Huff, 2001: 49). Bordo bears this out in her analysis of popular discourse, noting that "the obese elicit blinding rage and disgust in our culture and are often viewed in terms that suggest an infant sucking hungrily, unconsciously at its mother's breast: greedy, self-absorbed, lazy, without self-control or willpower" (Bordo, 2003: 202).

In fatphobic discourse, fat subjects are represented to others and the symbolic order writ large by this stigmatized signifier – the fat body – onto which is attributed a history of deviance; that is, an *aetiology* of their fatness (they 'must' eat too much, exercise too little, or otherwise not possess the 'normal' self-discipline of the non-fat subject) and a *pathology* of their fatness (they 'must' have an underlying psychological reason for overeating, for their immorality, etc.) (Huff, 2001: 51). Within this discourse, the fat subject is entirely marginalized, and the position of the fat subject is rendered abject, unintelligible and uninhabitable[25].

To put it in the terms of the psychoanalytic outline of subjectivity described above, fatphobic discourse integrates shame and hatred of the body into the very subjectivity into those who both inhabit, and do not inhabit, a fat body. If subjects are formed out of the

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25 Activist Le'a Kent puts pointedly: "Little in late-twentieth century U.S. culture has given any inkling that it might be possible to *live* as a fat [person]. Die as a fat [person], yes. Die *because* you're a fat [person], unquestionably. It is all too easy to find images of fat shot through with warnings about one's impending death – images of revulsion, images in which fat bodies are fragmented, medicalized, pathologized, and transformed into abject visions of the horror of flesh itself. In contemporary culture, the fat body 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 symptom of poor behaviour. This narrative creates fatness as a 'spoiled identity', an identity that can communicate only its own failure, an identity for which all other narratives are impossible. The fat body is never portrayed as effective, as powerful, or as sexual." (Kent, 2001: 132)

insertion of bodies into a discourse, and if subjectivity is inseparable from the body – if a subject must always maintain a libidinal investment (of love or hate) in its own body – then fatphobic social discourse will create fat subjects who are *innately* always-already structurally subordinate, marginalized, and – in a word – oppressed. Le'a Kent highlights that much of this hatred of the fat body falls back onto dualist disaffection for the body *as such* of the sort this psychoanalytic model of subjectivity seeks to overcome:

> 'Imprisoned in every fat man, (…) a thin one is wildly signalling to be let out.' In this scenario, the self, the person, is presumably thin, and cruelly jailed in a fat body. The self is never fat. To put it bluntly, there is no such thing as a fat *person*. The before-and-after [photo, a popular diet culture motif] scenario both consigns the fat body to an eternal past and makes it bear the full horror of embodiment, situating it as that which must be cast aside for the self to truly come into being.
>
> (Kent, 2001: 135)

Within fatphobic social discourse, the fat body becomes a symbol which "takes on the burden of representing *the horror of the body itself* for the culture at large. (…) The fat body represents the inevitable death of all bodies" (ibid.). Once we consider that the fat body, here, is portrayed as *abject*, a signifier onto which is condensed the 'horror of the body itself', which represents the devalued nature of *the body* upon which dominant notions of subjectivity are founded, it is not difficult to discern why many fat persons face the social stigma they do. The more intense the fatphobic discourse, the more rigidly the ideal body is defined, the more that any body fat (and especially its corollary, the fat body) becomes transgressive.

This transgression operates on a number of levels. Bordo suggests that at its most basic level, the fat body elicits such rage because it signifies resistance to cultural norms. "Constant watchfulness over appetite and strenuous work are required to conform to this ideal," she writes, "while the most popular means of 'correction' – dieting – often insures its own failure, as the experience of deprivation leads to compensatory binging, with its attendant feelings of defeat, worthlessness, and loss of hope" (Bordo, 2003: 202). Between the dominant discourse and its images of self-containment and self-mastery, and the practical reality of constant, everyday stress and anxiety about the body's appearance lies "the chasm that produces bodies habituated to self-monitoring and self-normalization" (ibid.: 203). In contrast to this, the obese – most insidiously, those who claim to be happy although overweight – are registered as living in positive defiance against this normalization process. Fat people are perceived as not playing by social rules; "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, humiliated and defeated" (ibid.).

As an example of this reaction in practice, Bordo submits transcripts from the *Donahue* daytime talk show. Much of the audience's reaction to one obese woman was disbelief that she was *really* happy at her size; one spectator uttered "I can't believe you don't want to be slim and beautiful, I just can't believe it," while another declared "I heard you talk a lot about how you feel good about yourself and you like yourself, but I really think you're kidding yourself" (ibid.). On another episode, in an effort to assuage an increasingly raucous audience, one of the doctor-guests reassured the crowd that "the 'fat and happy' target of their attacks did not *really* mean that she didn't *want* to lose

weight; rather, she was just simply tired of trying and failing" (ibid.: 204). This last construction preserves the dominant discourse and its so-called 'normal' subjects against the 'trauma' of the transgressive fat person through the (implicit) self-acknowledgement that to be 'normal' is their most desired goal, unattainable only on account of personal inadequacy.

The fat body is also transgressive, then, in its *abjection*. As the fat body is constructed as the abject Other to the 'normal' body, to bear the burden of embodiment and the 'horror of the body itself', its spectacle serves to confirm and consolidate the boundaries of this normality. A well-managed body is one above 'mere' embodiment, and as such it is symbolically designated as ideal through displacement of its other, the fat body. In this sense, "corpulence thus enables and creates the 'proper' body" (Huff, 2001: 52). It is this displacement – and as such, the corresponding structural integrity of the entire discourse – that the 'traumatic' appearance of the 'unrepentant,' abject fat body threatens.

In light of these explorations of the way identities, bodies, and embodied subjects are constructed through discourse – and the way in which contemporary discourse around the fat body shapes and marginalizes the fat embodied subject – it is worth recalling one of Judith Butler's observations on the nature of discourse and oppression. "Discourse becomes oppressive," Butler writes, "when it requires the speaking subject, in order to speak, participate in the very terms of their oppression – that is, take for granted the speaking subject's own impossibility or unintelligibility" (Butler, 1990: 112). In our culture, to echo Le'a Kent, it is practically impossible to live or speak as a positively-

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existing fat person; one must be either a thin-person-in-becoming, or a failed thin person. The fat body is positioned as always-already ontologically *wrong*, subordinated and marginalized; it cannot speak or act on its own terms, only with the abject and stigmatized terms it signifies to the dominant culture[26].

Young is fundamentally in agreement with Butler on this point, although expressed through different terminology. For Young, this discursive displacement and abjection of the fat body (and the integration of this abjection into the very formative process of fat subjectivity) meshes closely with her definition of cultural imperialism as a form of oppression:

> Cultural imperialism consists in a group's being invisible at the same time that it
> is marked out and stereotyped. (…) Victims of cultural imperialism are (…)
> rendered invisible as subjects, as persons with their own perspective and group-
> specific experience and interests [in contrast to the position of the 'normal'
> subject in social discourse]. At the same time they are marked out, frozen into a

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26 In their review and comparison of two weight discrimination cases in California, Dylan Vade and Sondra Solovay identify Butler's insight in practice. John R. of Berkeley and Toni C. of Santa Cruz both faced employment discrimination because they were fat. Toni applied to work at a grocery cooperative, but was turned down when the members told her they thought her weight might interfere; John, meanwhile, was fired from his job at an auto parts company after years of employment, and later learned from a fellow manager that his weight had been the issue. Both sued for weight discrimination; John was awarded over a million dollars while Toni, who went all the way to the Supreme Court of California, lost. The difference in these case outcomes, Vade and Solovay argue, lies in the attitudes of the claimants: Toni did not locate the problem in, or on, her body, instead arguing that the obstacle was the fatphobic social attitudes she faced and the perception that she was disabled despite the fact that there was nothing 'medically wrong' with her. John, on the other hand, argued that his weight constituted a physiological disorder, and admitted that the problem was that something was 'wrong' with his body; he had reportedly tried fasting, hypnosis, and even having his jaws wired shut in attempts to become a thin person. Because he was apologetic, and re-affirmed his identification with the marginalized and 'wrong' position afforded to him by fatphobic discourse, he won; because Toni refused to accept this position, she lost. To date, the only successful courtroom strategy used in American cases of weight discrimination (outside the few jurisdictions with specific protections) is disability law (Vade and Solovay, 2009: 167-9).

being marked as Other. The dominant group need not notice their own group being at all; they occupy an unmarked, neutral, apparently universal position. But victims of cultural imperialism cannot forget their group identity because the behaviour and reactions of others call them back to it. (…) When the dominant culture defines some groups as (…) the Other, the members of those groups are imprisoned in their bodies. Dominant discourse defines them in terms of bodily characteristics, and constructs those bodies as ugly, dirty, defiled, impure, contaminated, or sick. (Young, 1990: 123)

As we have seen, the fatphobic discourse that has percolated through Western society since the middle of the 19th century (in tandem with changes in the political economy of food production/consumption and its corresponding class relationships) functions as an oppressive form of cultural imperialism along the lines of Young's definition. Fat bodies are constructed as abjected, marked out to bear the full horror of embodiment at the same time as the fat body is effaced by cultural representation of it as unintelligible and unin-habitable. As we shall see in the following chapters, this denigration of the fat body is both co-constitutive of, and compounded by, the other forms of oppression to which fat people are subjected.

IV. 'Nobody Loves A Fat Girl' – Fat as a Feminist Issue

> Like "corporate lawyer" or "sullen teenager," the phrase "fat woman" contains the implication that you now know all you need to know about the person being discussed.
>
> - Debbie Notkin

So far, we have established two things; first and foremost, that fat people constitute a social group subject to its own forms of oppression. Second, whereas the constitution of subjectivity is always historically situated, the constitution (and oppression) of the contemporary 'fat subject' can be traced to the hegemony of normative fatphobia in social discourse surrounding the body, and its constitution of the subject's relationship to their own body.

However, because social, economic, and political processes and institutions are already structured along lines which reinforce other forms of group oppression (sexism, racism, class, etc.), fatphobic oppression is experienced differently along these lines. It compounds each form of oppression in unique ways, and each *particular* category of fatphobic oppression highlights its *general* characteristics.

Women, as a group, are acutely affected by fatphobic discourse and practice. Cecilia Hartley, Naomi Wolf, Elizabeth Grosz and Susan Bordo, as well as many others, have all outlined the way in which feminine subjectivity is tied to the body, and the female body, as a matter of "practice and history," has been subject to constraints and monitoring. In our state of advanced consumer capitalism, these restrictions are increasingly in the form of self-constraint and self-policing behaviour in the service of beauty norms. In the contemporary period, many of these "tyrannical" beauty ideals are

underpinned by fatphobia. This culture of fatphobia, at its most benign, locks women into an endless cycle of self-depreciation and self-policing, and at its most extreme fuels the epidemic of eating disorders that has emerged in the West since the early 1980s.

Hartley points out that women learn at a young age that their bodies are fundamentally flawed; self-hatred and a sense of bodily deficiency are effectively integrated to the body image of most women by the onset of puberty. She cites one survey of teenaged girls which reported that 53% of thirteen-year-old girls are dissatisfied with their bodies; by the time the girls reached eighteen years old, that number rose to 78% (Hartley, 2001: 60). Susan Bordo cites a 1984 survey of 33,000 American women in which 75% of the respondents claimed they felt "too fat"[27] (Bordo, 2003: 154); by contrast, it is worth noting that only 25% of these women were above their "optimal weight" (according to the Body Mass Index, itself loaded with cultural bias), while a full 30% were actually *underweight* (ibid.). Although men are also subject to fatphobic discourse, the gendered dimension of fatphobic oppression weighs heaviest on women, and this is because it reinforces (and is reinforced by) broader sexist sociocultural institutions.

The account of S. Bear Bergman provides an illuminating case study of the gendered dimension of fatphobia. Bergman, a transgendered individual, is – empirically – a five-foot-nine, 275 lb. Caucasian (with a penchant for wearing nondescript or 'gender neutral' clothing), and although "all of these things are true all of the time, (...) [Bergman

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27 In 2009, *Glamour* magazine undertook the same survey to determine if and how women's attitudes towards their bodies had changed over 25 years; the results remained "virtually unchanged" from the original survey (with the fortunate exception that significantly fewer women were using diet pills in 2009) (Dreisbach, 2009).

is] only Fat in the normative, cultural (...) sense about a third of the time" (Bergman, 2009: 139). That is, the perception of Bergman as fat in the "normatively offensive" sense depends entirely on the way gender is perceived in the situation.

When perceived as a man, Bergman is big, but not outside the range of what is considered acceptable for men. "He" can order, receive and eat any kind of 'bad' food (extra fries, ice cream, etc.) in a restaurant without comment, can find appropriately-sized clothing without resorting to speciality shops, and can move about (and occupy) public space without much threat of verbal (or physical) abuse (ibid.: 141). When Bergman is perceived as a woman, however,

> I am revolting. I am not only unattractively mannish but also grossly fat. (...) No matter how clearly I order a Coke in a restaurant I *must* be on a diet, and so I get a Diet Coke (...). Wait staff develop selective amnesia about my side of fries or my request for butter, and G-d help me if I get caught eating (or even shopping) in public as a woman. Packs of boys follow me, mooing; women with aggressively coordinated outfits accost me in the grocery store to inform me that I *can* lose thirty pounds in thirty days and that they would *love* to help. There are pig calls and (...) the fat woman that I am some days does not view a stroll down a dark street with anything but barely disguised fear. (ibid.)

Hartley, following Naomi Wolf, argues that the differential gendered experiences of fatness Bergman describes arises out of the linking of a woman's body size to her social subordination; by becoming large (either through body fat or muscle mass), a woman is implicitly violating social rules that demand physical subordination to men (Hartley, 2001: 62). According to Wolf, the focus on the smallness of a woman's body has

increased (in North America) at the same time that the feminist movement began to see substantive political success and women gained a real measure of social power. In this sense, "a cultural fixation on female thinness is not an obsession about female beauty but an obsession about female obedience" (Wolf, 1991: 187)[28].

Indeed, many feminist authors have pointed out that cultural expectations have progressively shifted away from what a woman is allowed to *do* onto what a woman is allowed to *look like*. Susan Bartky argues that "normative femininity is coming more and more to be centred on woman's body – not its duties and obligations or even its capacity to bear children, but its sexuality, more precisely, its presumed heterosexuality and appearance" (Bartky, 1990: 80); Laura Brown goes so far as to claim that the ideal feminine body is a "manifestation of misogynist norms flowing from a culture where we are devalued and disempowered" (Brown, 1985: 63).

It should be emphasized that these 'misogynist norms' are not heaped on women as a purely external force; as Foucault notes, the success of social body policing depends on those bodies learning to *regulate themselves* (Foucault, 1979: 135). Whereas feminine socio-cultural norms are structured by the 'male gaze', even when the male gaze is physically absent, women experience internalized pressure to continually produce bodies that are acceptable to that gaze; in this sense, "a woman's own gaze becomes a substitute for a man's gaze, and she evaluates her own body as ruthlessly as she expects it to be

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28 Fatphobia has a long historical entanglement with feminist backlash; anti-suffrage activists would often employ the motif of the fat woman's body to lampoon feminists as mannish, overbearing fat women whose struggles "threatened to ruin the social order and 'unsex' both men and women" (Farrell, 2011: 83). Early feminists, in turn, portrayed themselves as alluringly young and slender, and their female anti-suffrage opponents as old, fat, stupid, and resistant to progress.

evaluated by him" (Hartley, 2001: 62). Hartley underscores this point with reference to the way fat women are said to have 'let themselves go': the very phrase conjures up the image of loosening restraints.

Accordingly, woman and girls have been consistently found to be more dissatisfied with their bodies than men and boys (Bosson et al., 2008: 257-66); when evaluating themselves, young girls tend to place greater emphasis on how attractive their bodies look compared to others, whereas boys focus more on what their bodies can physically achieve (John and Ebbeck, 2008: 623-32). That women place such an intense focus on their physical appearance is not because it is an innately-preferred mode of free expression (as some feminist theorists have argued[29]) or because they have been duped by the beauty industry, but because most women have correctly discerned and internalized (whether consciously or unconsciously) that they live in a society where a woman's worth is based primarily on her appearance.

Most women are aware, on some level, that dominant beauty ideals shape the way they are perceived by friends, family, potential partners and employers, and even the strangers they pass on the street; that these people will be able to discern how near or far a particular woman is to the ideal, "how vigilant she has been, how disciplined she is and how committed she is to providing it" (Banyard, 2011: 18-19). These 'tyrannical' beauty ideals – however they are constituted – retain their material power over women (despite occasional flurries of media coverage about their harmfulness) because of the enduring

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29 One such example is Natasha Walter's *The New Feminism* (1998), which claimed that "times have changed [and] women's feelings about their clothes and bodies are easier now than at any time in the recent past," and that 'new feminism' must "unpick the tight link that feminism in the seventies made between our personal and political lives" (Walter, 1998: 4).

social forces of objectification. Female bodies are "widely denigrated as inanimate objects to be publicly scrutinized, judged, maintained, and manipulated for the benefit of others; they are shared public property (...), [objects] that could and should be made beautiful – at almost any cost – for the benefit of those looking at it" (ibid.: 19-20).

Critiques of beauty-as-objectification are not new, however; Andrea Dworkin wrote in 1974 that:

> standards of beauty describe in precise terms the relationship that an individual will have to her own body. They prescribe her mobility, spontaneity, posture, gait, the uses to which she can put her body. They define precisely the dimensions of her physical freedom. (Dworkin, 1974: 112)

Similarly, in 1991 Naomi Wolf stated that "we are in the middle of a violent backlash against feminism that uses images of female beauty as a political weapon against women's advancement" (Wolf, 1991: 272)[30].

Today, it is easy to discern that a thoroughly fatphobic emphasis on 'thinness' (and increasingly, not just thinness, but a visibly toned, worked, tightly controlled body) is the most pervasive beauty ideal in contemporary culture. An analysis of American women's magazines from 1999 found that 94% of them had a model or celebrity on the cover who conformed to this thin ideal (Harper and Tiggemann, 2008: 269-84); moreover, the actual content of these magazines (the articles, advertisements, and images) focused largely on how readers could (and should!) improve their lives by changing their appearance –

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30 These beauty ideals are not simply matters of culture; they have even been institutionalized in many cases. Kat Banyard reports that in 2009, the Bank of England held a seminar for female employees called 'Dress for Success' that emphasized how important it was that they always wear high-heels and makeup (Banyard, 2011: 29). There was, of course, no corresponding seminar for men.

specifically, that being thin means being more lovable, sexier, and happier (Malkin et al., 1999: 647-55). Unsurprisingly, the material effect of these explicitly fatphobic beauty ideals break down along visibly gendered lines: women are up to ten times more likely than men to worry about their weight (Banyard, 2011: 33), and are significantly more likely than men to go on crash diets, abuse laxatives, and engage in compulsive exercising[31] (Bordo, 2003: 154-6).

While external media sources are a significant vehicle of the fatphobic cultural norms women internalize, these norms are also enforced in everyday discussions among friends, loved ones, and colleagues. Channelling Foucault's notion of bodies which police themselves, Kat Banyard identifies 'fat talk' – that is, conversations between friends, family, etc. which focuses on negative self-assessments of the body – as an equally important conveyor of these fatphobic norms. Women are thoroughly steeped in body-depreciating discourse; research in the US showed that women feel worse about their bodies after hearing a thin woman talk negatively about her own (Tucker et al., 2007: 157-64). The message at every level of Western culture is clear: curves (in the wrong place) and fat (in any place) are not welcome on the female body (Banyard, 2011: 35).

So what *is* so distressing about the fat female body? By its presence, the fat female body disrupts social rules governing gender performance; it is abject, and it signifies the subject's failure to remain within the boundaries of what her relationship to her body

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31 As a testament to the incredible power of media imagery, researchers who interviewed indigenous Fijian girls within one month of television being introduced to their area – and then again 3 years later – discovered the rate of disordered eating spiked dramatically. The percentage of girls who ranked high on tests of disordered eating jumped from 12.7% to 29.2%, while the proportion of girls who admitted to vomiting to control their weight increased from 0% to 11.3% (Baker et al., 2002: 509-14).

should be (and, implicitly, the fragility of these rigid, fatphobic gender roles). These fatphobic norms are so deeply ingrained in North American culture that "virtually every woman learns to hate her body, regardless of her size, and so she learns to participate in her own oppression" (Hartley, 2001: 64). Indeed, "data suggests that North American women of most cultures, and all body sizes and eating styles tend to have fat-oppressive and fat-negative attitudes towards their own bodies, and by inference, those of other women" (Brown, 1989: 20).

The fat woman, as such, is read in our culture as both too-feminine and unfeminine, as asexual and hypersexualized (as a woman who cannot control herself or her appetites), as aggressive and in general violation of socially-prescribed gender roles (Hartley, 2001: 64). As a result of these cultural pressures, fat women in North America are perpetually victimized by public ridicule; "fat bodies are invaded by comments, measured with hatred, pathologized by fear and diagnosed by ignorance" (Brown, 1989: 47). These cultural attitudes translate into material forces of oppression; one study indicates fat women only have a third of the chance of being admitted into prestigious colleges compared to slim girls with similar school records (Millman, 1980: 90). Fat is a thoroughly moral signifier in society; fat women are often dismissed as sloppy, careless, lazy, and self-indulgent (Hartley, 2001: 65).

There are differing interpretations as to why fat women elicit so much disgust in Western culture. Laura Brown has argued that "a fat woman by her presence violates primal norms of misogynist society that deny nurturence, space, power and visibility to women" (Brown, 1989: 26); this interpretation fits with Iris Young's earlier observation

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that women undergo "specific forms of gender exploitation in which their energies and power are expended, often unnoticed and unacknowledged, usually to benefit men" (Young, 1990: 51). Susan Bordo also suggests this may be the case when she observes that women are taught to feed others, not themselves, and that any desires they have for self-nurturing and self-feeding are not only greedy and excessive, but in violation of gender norms (Bordo, 2003: 171); Tracy Royce has argued that in addition to these factors, fat women elicit contempt from many men because they are seen as lacking sexual utility (Royce, 2009: 154).

Others, however, have drawn a link to the way fatness signifies a certain relationship to desire within our current symbolic coordinates, and that the way our society looks at fat is analogous to the way sex (and desire) was viewed in the Victorian era; Naomi Wolf goes as far as to suggest that "what hysteria was to the nineteenth-century fetish of the asexual woman locked in the home, anorexia is to the late-twentieth-century fetish of the hungry woman" (Wolf, 1991: 198). For the (post-)modern woman, "fat" is forbidden, dirty, and shameful, and the strict control and repression of bodily needs mandated by our culture are again manifested in the body – not in hysteria, but in eating disorders (Hartley, 2001: 65). Susan Bordo, in her analysis of eating disorders and cultural representations of the female body, takes care to emphasize that the "escalation of eating disorders into a significant social phenomenon arises at the intersection of patriarchal culture and post-industrial capitalism" (Bordo, 2003: 32); that is, they are a physical manifestation of the psychic pressure that arises out of living in a culture which demands that women's bodies be tightly controlled and toned as a symbol of self-

discipline, while simultaneously soliciting women, as consumers, to consume much and consume often. It is this argument – that anorexia is the material inscription upon the female body of sexist and fatphobic social norms – that we shall now investigate in greater detail.

A Triumph of the Will: Anorexia as Ontology

Reported cases of anorexia and bulimia – and eating disorders writ large – exploded a little over thirty years ago in the West. This explosion is an instance of what anthropologist Jules Henry called *psychopathology*; that is, "the final outcome of all that is wrong with a culture," (Henry, 1963) the physical and psychical manifestation of pathological cultural dynamics. These disorders are a social symptom of the sexist and fatphobic power structures at work in post-industrial capitalism. It goes without saying that eating disorders most heavily affect women; up to 70 million people worldwide suffer from an eating disorder, and the vast majority of them are women (Banyard, 2011: 36).

Historically, eating disorders were generally rare; psychiatrist Hilde Bruch, one of the pioneers in the clinical study and treatment of eating disorders, noted that instances of anorexia nervosa were "rare indeed" as late as 1973 (Bruch, 1973: 4). By contrast, in 1984 the New York Center for the Study of Anorexia and Bulimia received 252 requests for treatment in the first five months of the year, up from just 30 requests over the entire year in 1980 (Bordo, 2003: 140). In their authoritative study on anorexia as a clinical

disorder, Paul Garfinkel and David Garner describe the disorder as "multidimensional," with familial, perceptual, cognitive, and biological factors interacting in varying combinations in different individuals to produce a "final common pathway" (Garfinkel and Garner, 1982: xi). Given the disease's growing frequency throughout the 1980s and 1990s, and the way it appeared at different rates among different cultural groups[32], there is compelling evidence that cultural factors do play a significant role in the pathogenesis of eating disorders (Bordo, 2003: 140).

While most 'cultural' analyses of anorexia centre on the recognition that eating disorders are related to the emphasis placed on slenderness by the fashion industry and the popular media, approaching the question of anorexia as an anomaly or aberration – arising among women who take these beauty ideals "too far" – does not really deepen our understanding of the contemporary epidemic of eating disorders. By contrast, anorexia can be better understood as a "remarkably overdetermined" symptom (to use Bordo's term, a *crystallization*) of "some of the multifaceted and heterogeneous distresses of our age" (ibid.: 141). A variety of Western cultural currents find their perfect, precise expression in anorexia.

Bordo identifies three major 'currents' which converge in anorexia, which she refers to as "axes of continuity" ('axes' because they converge in the anorexic symptom, 'continuity' because they illuminate the synchronicity between anorexia and other cultural symptoms). Specifically, these are: the dualist axis (that is, the tendency within Western

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32 While anorexia was originally found to predominate among white, upper-class families, the disorder has since become more equally distributed among different and previously unaffected cultural groups (e.g. Blacks, East Indians) as well as across all socio-economic levels (Garfinkel and Garner, 1982: 102-3). The disorder remains overwhelmingly gendered, however.

thought to segregate body from mind, as we explored in our previous elaboration of embodied subjectivity); the control axis (the cultural emphasis on the ability – and normative duty – of the mind to 'control' or 'rule' the body; that is, 'instrumental reason' in general); and, the gender/power axis (the gendered nature of social power relations writ large and, especially in this context, the way they relate to the other two axes) (ibid.: 142). Simply put, these three axes address the central question of the explosion of eating disorders in the West: 'why anorexia?', 'why now?', and 'why women?', respectively. It is worth recalling here the ontology of the 'embodied subject' elucidated previously; Bordo reminds us that there is no 'natural' body, untouched by cultural processes: "our bodies, no less than anything else that is human, are constituted by culture" (ibid.).

As we saw earlier, culture often works to change (and indeed constitute) a subject's lived experience of their own body; for anorexics, the cultural practice of dieting – of saying no to hunger, of frustrating the body's needs and desires – transforms the hunger drive into a dangerous eruption from some alien part of the self, and generates a growing intoxication with the control of that eruption (ibid.: 143). Moreover, the body can also serve as an instrument and medium of power – a classic example, in terms of the manipulation of a woman's body as object and reflection of male power, is the way in which the nineteenth-century corset both physically incapacitated its wearer and worked as an emblem of the power of culture to impose its designs on the female form (ibid.: 143).

With regards to both extremes of the body's subjection to culture (ie. manipulation of the body's lived experience as well as manipulation of the physical body itself), women

have, as a matter of history, been significantly more vulnerable to this subjection than men. This is directly related to the Western tendency to associate women with the body in scientific, philosophical and religious ideology, as well as the way women are often *reduced* to the level of their bodies *qua* objects. Indeed, the social manipulation of the female body (symbolically and materially) is at the heart of the processes which have maintained the power relations between the sexes over the past century (ibid.)

Even though fatphobic oppression (from which anorexia obviously draws strength) contributes to the reinforcement of patriarchal social relationships, this 'patriarchy' is not literally a cadre of male oligarchs actively conspiring against women as a whole. As Foucault reminds us, although historical power relations may be characterized by a perfectly clear logic with perfectly decipherable aims and objectives, it is nonetheless generally the case that "no one was there to have invented these aims and strategies, whether through the choice of individuals or the grand, rational plan of some 'presiding headquarters'" (Foucault, 1980: 95). Even though some individuals do consciously pursue goals that would solidify or advance their own position within these power relations, they do not consciously direct the overall movement of these relations, or actively engineer their structure(s) or dynamics (Bordo, 2003: 144). Nor does it mean that power relations involving domination by a particular group entails that the dominators are in full, monolithic control of the situation, or that those dominated do not sometimes (consciously or otherwise) advance and extend the situation themselves (ibid.) Anorexia is an exemplary instance of this collaboration.

The first, and broadest, axis underpinning anorexia is the dualist axis. As we have

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already discussed at length, this is the tradition in Western thought – stretching back to Plato and codified by Descartes – that views human existence as being fundamentally and irreconcilably split between the (lower) material body and the (higher) mind or spirit. In this framework, the body is experienced as fundamentally *alien*, as not-self, but simply as a fleshy container for the soul or mind – that is, the *true* self. This fleshy container is overwhelmingly experienced as a confinement and limitation which the soul/mind is always struggling to transcend. The body is also generally seen as the enemy of the soul or mind (especially pointed in the Christian tradition), the source of obscurity and confusion in our thinking with its 'filthy' and 'base' needs and desires. Most importantly, however, is that whether the body is seen as an impediment to reason or the immortality of the soul, it is always conceptualized as the locus of "all that threatens our attempts at control" (ibid.: 144-145). Plato's declaration in *Phaedo* that "Nature orders the soul to rule and govern and the body to obey and serve" (Plato, 1953: 80a) remains in force today.

This identification of control over the body's desires and hungers with the self inaugurates a vicious cycle, however: the more the self is defined and strengthened by the success of the will, the more everything outside the self becomes a perceived threat, up to and ultimately including the subject's own body. The attempts by the subject to subdue the spontaneity of the body only succeeds in reinforcing its alien power, making its need for rigid control more urgent. Taken to its logical conclusion, the only way out of this impasse, for the pathologically controlling subject, is to kill off the body's spontaneity altogether – that is, to *cease* experiencing hunger and desire (Bordo, 2003: 146). This

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correlates well with the experience of many anorexics; recovering anorexic Kim Chernin, upon reflecting on her experience with the disorder, mused she "realized that [her] secret goal in dieting must have been the intention to kill off [her] appetite completely" (Chernin, 1981: 8).

Indeed, anorexics are just as obsessed with *hunger* as they are with being slim; Ellen West, one of the earliest publicized anorexic patients, described hunger as "the real obsession (...) I don't think the dread of becoming fat is the real neurosis, but the constant desire for food" (Binswanger, 1958: 253); that is, she interpreted her dread of becoming fat not as originary but as a "brake" on her horrifying, uncontrollable desire for food. Bruch reported that her patients were often terrified at the prospect of taking just one bite of food lest they be unable to stop (Bruch, 1973: 253) – a fear confirmed in the cases of bulimics, who can binge on enormous quantities of food (sometimes upwards of 15,000 calories a day) (Levenkron, 1982: 6).

These women generally experience hunger as an alien force, divorced from themselves; Bruch notes that this "basic delusion (...) of not owning the body and its sensations" is a typical symptom of all eating disorders – "these patients act as if for them the regulation of food intake was outside [the self]" (Bruch, 1973: 50). This sense of bodily alienation goes beyond just hunger – Bruch also reported that patients with eating disorders have similar problems in identifying heat, emotions, and anxiety as originating in the self (ibid.: 254). As a corollary to this, the body is also experienced as a prison, as a constraint to be transcended; Ellen West described anorexic self-starvation as "the ideal of being too thin, of being without a body" (Binswanger, 1958: 251).

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From all this, we can glean that anorexia presents a 'metaphysics' that makes explicit various elements that run deep in Western culture – specifically, a quasi-Augustinian schematic where the mind and soul must battle for control against the sinful lusts of the flesh (Bordo, 2003: 147). In this metaphysical battle, thinness represents a triumph of the will over carnality, and the thin body (that is, the non-body) is associated with purity and transcendence; conversely, fatness (or corpulence, becoming too-much-body) is "associated with the taint of matter and flesh, 'wantonness', mental stupor and mental decay" (ibid.: 148). This coheres tightly with the framing of the fat body in the broader fatphobic discourse we surveyed earlier.

But although metaphysical dualism is a fairly old strain in Western thought, it gets a new lease on life in our culture as a result of our cultural impetus towards *control* of the unruly body. Clinical investigation has borne out that the 'classical' anorexic subject experiences her life (and her hungers) as being out of control; she is a perfectionist, almost always failing to meet the impossibly high standards she sets for herself; characteristically, her parents expect a great deal from her both in terms of individual achievement and personal appearance, but tend to make most of the important decisions for her (Bruch, 1979: 33). Tellingly, the anorexic syndrome usually emerges not as a conscious decision to get as thin as possible, but as the result of beginning a casual diet (often at the suggestion of a parent) which succeeded in dropping 5 or 10 pounds, and becoming hooked on the "intoxicating feeling of accomplishment and control" (Bordo, 2003: 149). According to one recovered anorexic, "the diet [was] the one sector of my life over which I and I alone [wielded] total control" (Liu, 1979: 141); another of Bruch's

patients explicitly formulated that in anorexia, "you make your own body your very own kingdom where you are the tyrant, the absolute dictator" (Bruch, 1979: 65).

Anorexia, in this sense, is an expression of deeper anxiety and longing for the security of control among people living in a world increasingly defined by an individual's *lack* of control over significant aspects of their lives; Bordo notes that:

> in a culture (...) in which our continued survival is often at the mercy of 'specialists', machines and sophisticated technology, the body acquires a special sort of vulnerability and dependency. We may live longer, but the circumstances surrounding illness and death may often be perceived as more alien, inscrutable, and arbitrary than ever before. (Bordo, 2003: 153)

But cultural preoccupations with body-mastery express more than just a craving for control, however; they also represent a subjective position striving against all reminders of the inevitable decay and death of the body (and the self) – ironically, although many anorexics come very close to death (and roughly 15% of sufferers do actually die), the dominant experience throughout the illness is one of invulnerability (ibid.).

"Disgusting, Womanish Fat": Diet Culture & the New Corset

The most immediately visible and pressing axis to bear in mind when considering anorexia, however, is its gendered dimension: 90% of all anorexics are women (ibid.: 154). If we recall the study discussed earlier where women consistently overestimated their own degree of 'fatness' (even though almost a third of those who perceived themselves as overweight were in fact clinically underweight), then suddenly the

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anorexic's distorted body image – her inability to see herself as anything but too fat – is simply an extreme expression of a common female misconception (ibid.).

Tellingly, Bruch reported that many of her anorexic patients talked of having a 'ghost' inside or surrounding them; one patient referred to it as "a dictator who dominates me," while another described it as "a little man who objects when I eat" (Bruch, 1979: 58). Bruch noted that this dictator, this 'other self' (as he was often described) is always male; conversely, the anorexic's 'base' self – the self of uncontrollable appetites, the stupid, flabby, worthless self – is her own body, which is also the female self. For the anorexic, these two selves are in a constant struggle, and it is the *male* side – and its associated values of greater spirituality, heightened intellect, and strength of will – with which the anorexic identifies (Bordo, 2003: 155).

Clinical evidence indicates that in (not uncommon) instances where anorexia develops at the onset of puberty, normal body changes are experienced by the anorexic subject as "the takeover over the body by disgusting, womanish fat" (ibid.: 156). Revulsion with menstruation is common, and anorexics are generally ecstatic when their periods stop (as they do in *all* sufficiently advanced instances of anorexia) (Bruch, 1979: 65). Many authors have interpreted the symptoms of anorexia as "unconscious feminist protest" against the limitations of the traditional female role, rejection of its associated values, and rebellion against following the same trajectory as their mothers (see, for instance: Orbach, 1985).

Fatness is equivocated by many anorexics with femininity – specifically, the limited social roles they associated with women. Ellen West, one of anorexia's 'patient

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zeroes', explicitly equated becoming fat with the domestic confinement and stupor expected of affluent women in her time: "dread is driving me mad (...), the consciousness that ultimately I will lose everything; all courage, all rebelliousness, all drive for doing; that it – my little world – will make me flabby, flabby and fainthearted and beggarly" (Binswanger, 1958: 243). Out of these articulations of fatness as a signifier of women's oppression in the clinical literature on anorexia, many feminist theorists have argued that our contemporary epidemic of anorexia is, in effect, a *political* phenomenon. Lacanian feminist Dianne Hunter argues the anorexic symptom is the transformation of the body into a non-linguistic medium of communication "addressed to patriarchal thought (...), a self-repudiating form of feminine discourse in which the body signifies what social conditions make it impossible to state linguistically" (Hunter, 1985: 114); Susie Orbach echoes this viewpoint, suggesting the anorexic is engaged in a(n unconscious) 'feminist hunger strike' where the refusal of food and the dramatic reduction of body size "expresses with [the] body what [the anorexic] is unable to tell us with words" (Orbach, 1985: 102). For both theorists, this message is a clear political indictment of a culture that disdains and suppresses female hunger, makes women ashamed of their needs and desires, and demands they labour relentlessly towards transforming their bodies into objects of aesthetic and sexual pleasure.

Despite the force of this statement, the anorexic is often unaware that she is engaged in a political act; consciously, in practice, her life is often organized around and devoted to the values her body protests. Although 'subjectively' she may be in pursuit of decidedly anti-feminist values, 'objectively' – through embodiment rather than deliberate

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demonstration – the anorexic's body exposes and condemns those ideals, precisely by pursuing them to the point where their destructive logic is palpably, tangibly revealed. But it is with this 'subjective'/'objective' distinction in mind that we should caution against framing the anorexic as tragic feminist hero; 'objectively', anorexia as protest is counter-productive and ultimately self-defeating:

> Functionally, the symptoms of these disorders isolate, weaken, and undermine the sufferers; at the same time they turn the life of the body into an all-absorbing fetish, beside which all other objects of attention pale into unreality. On the symbolic level, too, the protest collapses into its opposite and proclaims the utter capitulation of the subject to the contracted female world. (...) The pathologies of [anorexic] protest function, paradoxically, as if in collusion with the cultural conditions that produce them, reproducing rather than transforming precisely what is being protested against. (Bordo, 2003: 176-77)

At any rate, it is in this 'unconscious feminist protest' against everything *wrong* with contemporary feminine gender roles – that is, in the anorexic's body as a text upon which modern femininity is physically inscribed and indicted – that many theorists also locate a family resemblance between the contemporary 'epidemic' of anorexia and the 'epidemic' of invalidism and hysteria that swept through women in the middle and upper-middle classes in the Victorian era. Both our own time and the Victorian era put women in a precarious position: changing economic and social structures opened up of new possibilities for women at the very same time that old gender roles and expectations were reasserted. Bordo elaborates:

> On the one hand, the old pre-industrial order, with the father at the head of a self-contained

family production unit, had given way to the dictatorship of the market, opening up new, non-domestic opportunities for working women. On the other hand, it turned many of the most valued 'female' skills – textile and garment manufacturing, food processing – out of the home and over to the factory system. In the new machine economy, the lives of middle-class women were far emptier than they had ever been before. (Bordo, 2003: 157)

We can also stress the connection between the way both these 'feminine' disorders (hysteria and anorexia) transform the woman's body into a text onto which the socially-prescribed norms governing femininity are literally (and painfully) transcribed and protested. Consider some of the symptoms present in instances of these two disorders: loss of mobility, loss of voice, inability to leave the home, feeding others while starving oneself, taking up space, and whittling down the space one's body takes up - "all have symbolic meaning, all have *political* meaning under the varying rules governing the historical construction of gender" (ibid.: 168). In the case of hysteria, doctors of the time described the 'hysterical personality' as "impressionable, suggestible, and narcissistic; highly labile, their moods changing suddenly, dramatically, and for seemingly inconsequential reasons (...); egocentric in the extreme (...), essentially asexual and not uncommonly frigid" (Smith-Rosenberg, 1985: 203); these are, of course, all characteristics normative of femininity in the Victorian era. The inscription of hysteria on women's bodies in this fashion was in no small part helped by way of the physical manipulation they received through the corset; in a corset, a woman could barely sit or stoop, was unable to move her feet more than six inches at a time, and had difficulty avoiding regular fainting fits. Moreover, the link between the corset and (physical,

mental, and spiritual) control was often made explicit in advertisements; one 1878 ad proclaimed that the corset is "an ever-present monitor of a well-disciplined mind and well-regulated feelings" (Bordo, 2003: 162). Today, women diet to achieve this control.

With the advent of mass media like cinema and television, these 'symptoms of femininity' become increasingly literal as the rules for femininity are transmitted through standardized (and homogenizing) visual images. Femininity, as a social practice, is now largely a matter of constructing the appropriate surface presentation of the self; "we learn the rules directly through bodily discourse: through images that tell us what clothes, body shape, facial expression, movements, and behaviour are required" (Bordo, 2003: 170). In the case of anorexia, it is easy to read the emaciated body of the anorexic as a caricature of the idea that hyperslenderness is beauty; in order to unpack the meaning of this inscription, however, it is necessary to interpret 'slenderness' in its cultural and historical meaning – specifically as it applies to feminine gender roles.

Slenderness, here, signifies the contradictory ideals and directives prescribed to women in the West today. On the one hand, our culture still widely advertises domestic conceptions of femininity – "the ideological moorings for a rigorously dualistic sexual division of labour that casts women as chief emotional and physical nurturer" (ibid.: 171). Women are taught to feed others, not the self, and to see any desires for self-nurturing and self-feeding as greedy and excessive; they must learn to develop an other-oriented emotional economy wherein the control of female appetite for food is just the most literal iteration of the general rule wherein *all* female hunger – for public power, for independence, for sexual gratification – be contained, and that the public space a woman

is allowed to take up is limited and circumscribed (ibid.). On the other hand, although young women are still taught traditionally 'feminine' virtues, "to the degree that the professional arena is open to them they must also learn to embody the 'masculine' language and values of that arena – self-control, determination, cool, emotional discipline and mastery, etc." (ibid.: 171). In this sense, the ideal of the slender body (and the corresponding diet and exercise regimes that have become inseparable from it) offers the illusion of meeting, through the body, the contradictory demands of normative femininity in the contemporary period.

The anorexic, then, embodies this double-bind in a particularly painful and graphic way; many anorexics explicitly understand their condition as a war between the male and female sides of the self. These afflicted feminine bodies, insofar as their disorders represent the literal transcription of normative femininity, are "speaking to us of the pathology and violence that lurks just around the corner, waiting at the horizon of 'normal' femininity" (ibid.: 175). As we have seen, anorexia generally erupts out of a casual diet – that is, the disease *begins in and emerges from* what is a ubiquitous feminine practice in our culture. Through disciplined adherence to a decidedly feminine cultural practice, in pursuit of a slender beauty ideal (i.e. the normative physical dimensions prescribed to women's bodies), the anorexic also conveys traits traditionally ascribed to men; "at [work or] school, the anorexic discovers that her steadily shrinking body is admired (...) for the strength of will and self-control it portrays" (ibid.: 178).

Here, the anorexic has paradoxically – by pursuing prescribed and conventional feminine behaviour (dieting in order to perfect the body *qua* object) to the point of excess

– reached a state where the conventionally feminine deconstructs into its opposite, opening onto values culturally coded as male. But this transubstantiation of femininity into male power and privilege is catastrophically illusory; reshaping a female body in the image of masculine ideals is not *really* assuming male privilege, nor is it in any way empowering or liberating to harness body and soul to an obsessive body practice in pursuit of beauty ideals delineated by patriarchal power relations. In reality, all it accomplishes is the service and reproduction of a social order that limits female possibilities. It is bitterly ironic that millions of women and girls suffer from eating disorders, compulsive exercising, and paralysing self-scrutiny and self-castigation in pursuit of images and ideals that promise self-mastery and transcendence.

These ideals, above all, suggest a certain relationship to *desire* – dieting is above all a way to transcend our desires and master ourselves. But in practice, dieting merely frustrates desire – and as everyone knows, frustrated desire only grows more powerful. This economy of (frustrated) desire lies at the heart of the *political economy* of fatphobia, and the way fatphobic discourse is produced and reproduced throughout the social, eco-nomic and institutional constellation of late capitalism. It is this aspect of fat oppression that we will explore in the next chapter.

V. The 'Scourge of Modernity': The Fat Body in the War on Obesity

> Medicine is a moral enterprise, and therefore inevitably gives content to good and evil. In every society, medicine, like law or religion, defines what is normal, proper, or desirable.
>
>   Ivan Illich

To even the most casual observer, the truth is obvious: obesity is a major public health crisis, and is regularly ranked on the scale of social catastrophes anywhere between 'as bad as smoking' to 'worse than global warming' (Gard, 2010: 14). Rates of obesity among all sections of all populations in every place globalization touches have skyrocketed in recent decades. Economists and doctors are frantically trying to calculate how much money this epidemic of fatness is going to cost the general public, whether through publicly-funded healthcare to treat obesity-related diseases, or how many millions of dollars of GDP will vanish beneath the ever-encroaching folds of blubber. Thanks to fast-food, television, and automobiles, North Americans have become "the most diseased group of people in the history of human civilization" (Adams, 2004). This terrible illness can befall anyone, anywhere, at any time in their lives: the cost of our freedom from fat is the eternal vigilance of dieting. The consensus is monolithic and backed by the full authority of medical science; dissent is both madness and a menace to public safety.

These and similar themes have been oft-repeated in the flurry of media coverage that has followed the (official) outbreak of a global 'obesity epidemic' in the mid-1990s. While we have seen that fatphobia as a cultural phenomenon is much older, the last two decades have seen an intensification in the way fat people are demarcated as a pressing social problem. As I will argue, the present 'obesity epidemic' has a significant

ideological component; it is related to fatphobia's cultural hegemony in Western attitudes towards the body, the increasing biomedicalization of contemporary Western society, and the interconnection of these phenomena with broader dynamics in political economy at this particular juncture in the historical development of late capitalism.

We have already explored the cultural history of normative fatphobia and the way it shapes Western conceptions of the body and the way contemporary individuals (especially women and the poor) experience living in their own bodies; now we will explore the implicit normative discourse underpinning some of the scientific literature on obesity, as well as the economic interests underpinning it. The way the obesity epidemic is presented in both the scientific literature and popular press has all the markings of a morality play: "Western life has produced a never-ending array of temptations which we have not had the self-discipline or moral fibre to resist" (Gard and Wright, 2005: 6-7).

'For Your Health': Ideology, Medicine & Morality in Obesity Science

It is important here to qualify a number of points. For one, when most people talk about the obesity epidemic they are including people who are not actually obese at all (the 'overweight' category), as well as a narrow conception of obesity as being anyone with a Body Mass Index above 30. While there are obviously health risks associated with obesity (which we will discuss later), what is at issue here is the way these health concerns have been mobilized (however unintentionally) as an intellectual legitimation of fat oppression. Examining and critiquing fatphobic ideology in contemporary health

sciences should not be read as a denial of the health problems associated with extreme obesity.

While there are many ways to read and interpret the statistics on obesity published in scientific journals, most mass-media reporting on the matter follows a firm consensus: fatness is a disease and creeping obesity rates warn of an impending global health disaster. Indeed, firm pronouncements that obesity will seriously damage Western economies, that generations of parents will soon be burying their morbidly overweight children or that within a few decades entire Western societies will be classified as overweight or obese are regularly made without qualifications or equivocations of any kind (ibid.: 18). Moreover, these prognostications of disaster are generally presented in media reports as affecting 'everyone everywhere'; writing for the New York Times, Natalie Angier notes that:

> The dreaded obesity epidemic that is everywhere in the news is not restricted to any race, creed, ethnicity, or slice of the socioeconomic supersized pie. As recent studies reveal, almost every group known to demography is getting fatter. (Angiers, 2000: 1)

This universal quality of the obesity crisis – that it affects everyone, everywhere – is particularly noteworthy for two major reasons. For one, it creates a perfect context for politicians, journalists and activists to make vague generalizations (and moralizations) about 'Western societies', 'modern lifestyles', or simply a collective 'we'. More subtly (and importantly for this work), it universalizes fatphobia and 'interpellates' (to use the Althusserian term) everyone into fatphobic self-regulation.

It is this same universality that has made the 'obesity epidemic' itself a loaded

symbol in mainstream political discourse. It represents to each of its observers their own political anxieties about contemporary Western society. For many conservatives, the obesity epidemic confirms their hypothesis that modern culture is decadent and corrupting, and that if "African-Americans, Latinos, and the poor are becoming fatter than [the West's] predominantly white elite, it [is] only more proof that they lack the responsibility to take care of themselves" (Oliver, 2006: 6). On the left, the growth of obesity rates is proof that morally questionable transnational corporations are fattening a hapless public with insidious junk food advertising and supersized value meals – the poor and ethnic minorities, again, are singled out as needing particular protection from these malicious corporate entities. Amusingly, these conflicting biases and interpretations of the obesity crisis have led to a series of contradictory policies addressing weight in the United States; either obesity is a matter of personal responsibility (as in the *Personal Responsibility in Food Consumption Act*, a congressional bill that protects fast-food chains from lawsuits), or obesity must be tackled by reining in the power of junk food corporations by restricting their advertisements and putting taxes on junk food. As a result, America now has "a curious combination of laws that simultaneously forbid people from suing restaurants for making them fat but also prohibit schools from selling sodas and snack foods because they allegedly cause kids to be too heavy" (Oliver, 2006: 7). Running through all these narratives, Oliver notes, is a similar thread:

> [It] is a paternalistic condescension toward fatness and fat people – not only do people with these views assume that fatness is inherently bad, but they also presuppose that fat people (that is, minorities and the poor) are too ignorant to know that [or how] they should be thin.

(...) For many people trumpeting the 'problem of obesity' is an opportunity for them to express both their moral superiority and their latent class snobbery and racism. (Oliver, 2006: 7)

In this way, fatphobia functions particularly well in its role as 'the last socially acceptable prejudice'; fatness functions as a proxy, a condensation, of other prejudices.

In contrast to much of the hysteria found in popular reports of the obesity epidemic could be chalked up to the sensationalism of the mass media, the scientific literature is significantly more nuanced. In their excellent and indispensable survey of the scientific literature on obesity, Michael Gard and Jan Wright propose that there are "many aspects of both the causes and consequences of (...) obesity which are poorly understood" and suggest that, in light of this uncertainty, the insistence by medical authorities that too much food and not enough physical activity has produced a global health crisis has less to do with the weight of scientific evidence, and much more to do with cultural attitudes towards fatness[33] (Gard and Wright, 2005: 37). For instance, despite the ubiquity of authoritative pronouncements that obesity is a result of sloth and gluttony, leading obesity researchers Claude Bouchard and Steven Blair note that:

The body of knowledge on physical activity and relevant obesity outcomes is extremely limited. There are few randomized clinical trials that have lasted 1 year or more, with reasonable statistical power, adequate monitoring of intervention protocols, high levels of compliance, and proper measurement of the outcome variables. The net result is a general

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33 It is worth noting that at least one U.S. study found that a significant majority of medical professionals (particularly those working in the field of obesity treatment and research) held significant anti-fat bias, and "regularly associated the stereotypes of lazy, stupid, and worthless with obese people" (Schwartz et al., 2003).

lack of solid research database regarding the role of physical activity in the preventing and treatment of overweight and obesity as well as their comorbidities. (Bouchard and Blair, 1999: S498)

Indeed, the findings of numerous original studies[34] have not supported a clear causal link between body weight and physical activity and/or food intake. A number of reviews of research found that the relationship between body weight and physical activity to be inconsistent, unclear, and controversial[35]. In fact, the extent to which exercise induces weight and/or fat loss in controlled studies is generally described in the scientific literature as "minimal" (Brochu et al., 2000: 99), "small" (Ballor and Keesey, 1991), "disappointing" (Robinson, 1999), "modest" (Wilmore, 1983) and in some circumstances, non-existent (Shephard, 1989). Interestingly, on the question of whether or not the health benefits of exercise are independent of fat loss, Shephard notes that:

Those who argue that fat loss is the main source of the health benefit associated with regular exercise thus face the important theoretical difficulty that although long-term health benefits can be demonstrated, body fat does not change very much, particularly in the most vulnerable, severely obese segment of the population. (1994: 97-98)

Likewise, evidence for the widely-held assumption that obesity is *always* the result of pathological overeating is also remarkably unsubstantiated. Writing in the *Journal of the American Medical Association* about the tendency for physicians to equate obesity with gluttony, researcher A. Frank notes that:

There is no reason to believe patients' behaviour causes [obesity]. Even in 1760, [Malcolm]

34 Specifically: Donelly et al., 1994; Sweeney et al., 1993; Weinstock et al., 1998.
35 Specifically: Dubbert et al., 2002; Goran et al., 1999; Westerterp, 1999.

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Flemyng noted that 'not all corpulent persons are great eaters or thin persons spare feeders...

Tho' a voracious appetite be one cause of corpulency, it is not the only cause; and very

often not even the *conditio sine qua non* thereof.' For over two centuries, thoughtful

physicians have realized that overeating and obesity are not necessarily the same. (...) There

is remarkably little evidence that patients become fat because they overeat. (Frank, 1993:

2133)

While it is well beyond the scope of this paper to follow Gard and Wright all the way

through their critical interrogation of the field of obesity science[36], their work (and the

work of others; see Bacon, 2010) highlights the contentiousness of much of the empirical

medical research. This is an ambiguity belied by the way obesity is conclusively

represented in cultural and media discourses as "modernity's scourge." Indeed, Gard and

Wright observe that ultimately, the question of what is 'true' about the causes and

consequences of obesity will probably prove immaterial; "the important questions (...)

will be political, cultural, and social" (Gard and Wright, 2005: 67).

As we have seen, cultural anxiety about fatness and the physical and moral decline

of a decadent West are not confined to the genesis of the 'obesity epidemic' over the last

twenty or thirty years; it is in fact much older. While it is not uncommon for

commentators to pine for a lost era before television and computers and fast-food outlets,

this nostalgia for a golden age of physical fitness free from the 'scourge of modernity'

stretches back much further; it is a reaction to modernity stemming out of the Western

prejudices towards the body already documented here.

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36 Genetic influences on body weight and composition, for instance, are obviously important
considerations in the science of human metabolism.

For one thing, despite the current panic about the emergence of a relatively recent (within the last twenty to thirty years) obesity epidemic, cultural anxiety about a fattening population stretches back well into the 19th century; medical anxiety has mirrored it closely. In a strikingly familiar passage from 1899, the *Journal of the American Medical Association* warned that:

> The girth of Americans is increasing ... clothing dealers show that the average American of 1889 was easily fitted with a waistband of 46 inches. In 1899 he requires one of 47 ½ inches. At this rate of increase he will reach in 1909 a circumference of 49 or 50 ... The dairy-counters [and] labour-saving inventions, the elevators, telephones and other contrivances supposed to make people indolent and fat, have their part in producing this result. (Reiling, 1999: 1501)

Across the Atlantic, this was already an old problem; Charles Darwin's grandfather Erasmus wrote in 1797 that the children of his day had become too sedentary and were in need of more vigorous daily exercising (Darwin, 1968 [1797]). Concern about the declining physical capacities of children – particularly ruling class boys – played a vital role in the development of organized sports during the second half of the 19th century (Gard and Wright, 2005: 81). Indeed, a number of social historians (e.g. Smith, 1974; Schwartz, 1986; Burt, 1995) have made a compelling case that the fear of bodily deterioration brought on by rapid urbanization and the seductions of modernity was one of the defining ideas of the Victorian age.

This anxious concern with Western decadence simmered on the sidelines of American medicine until the end of the Second World War, when a new wave of scientific

anxiety about fatness began. The American Society of Bariatric Physicians was first founded in 1949; 1956 saw the establishment of the President's Council on Physical Fitness amid widespread concern about the physical activity level of Americans (Gard and Wright, 2005: 81). By 1958, Dr. W. Ayers was writing in the *Journal of the American Dietetic Association* that "practically everyone will agree that obesity is the 'number one health problem today'" (Ayers, 1958: 23-29).

The very root definition of obesity as a *disease* is deeply problematic, however; this classification of obesity as a disease has perhaps the most profound impact on the way fat subjectivity is constituted in a fatphobic society. The entire ontology of a fat subject in the midst of the obesity epidemic is that of a pathology; their fatness is not only an indication of moral failure, but also that they are a medical failure. It is worth noting here that fat people are not the only oppressed social group to have their very subjectivity reduced to an illness; homosexuality was only removed from the *Diagnostic and Statistical Manual of Mental Disorders* in 1994, and Louisiana surgeon and psychologist Dr. Samuel Cartwright declared in 1851 that African-American slaves who attempted to escape their bondage suffered from *drapetomania*, a mental disease which "induces the negro to run away from service, [and] is as much a disease of the mind as any other species of mental alienation, and much more curable[37], as a general rule" (Cartwright, 1851).

First and foremost: what *is* obesity? At its most elementary medical definition, obesity "is a condition caused by an excessive amount of adipose [that is, body fat]

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37 The cure, of course, was 'a devilish flogging'.

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tissue" (Garrow, 1978). The word obesity is itself etymologically derived from the Latin *obedere*, "to eat up, to devour"; consequently, even the very identification of someone as 'obese' is to implicitly judge their behaviour as well as to describe their apparent physical state (Gard and Wright, 2005: 92). Second: is obesity, "an excessive amount of adipose tissue," a disease? According to the World Health Organization,

> Obesity is a chronic disease, prevalent in both developed and developing countries, and affecting children as well as adults. Indeed, it is now so common that is replacing more traditional public health concerns, including undernutrition and infectious disease as one of the most significant contributors to ill health. (WHO, 2000: 1-2)

The WHO substantiates the status of obesity as a disease by its contribution to ill health, not by obesity being a specific state of ill health like lung cancer or heart disease. This is interesting, as most people would not classify car crashes or sporting accidents as diseases, although they also contribute significantly to ill health (as does poverty and industrial pollution). Obesity is not a diagnosable illness in its own right (Gard and Wright, 2005: 95), and framing it this way divorces it from its relationship with broader social, political, cultural, and economic factors.

Classifying obesity as a disease ultimately comes down to the association between obesity and particular non-communicable diseases such as ischaemic heart disease or non-insulin dependent diabetes mellitus (ie. Type 2 diabetes; see: Bray, 1996; Pi-Sunyer, 1993). It seems empirically weak to call obesity a disease, as the reasoning equates obesity with bad health by assuming obesity in and of itself *causes* diseases such as non-insulin dependent diabetes mellitus when there is conflicting data that the association may

mean that obesity is itself *symptomatic* of type 2 diabetes[38] (see: Ernsberger and Koletsky, 1999; Bennett, 1986). Again, given the open-ended nature of much of the empirical evidence, it can be reiterated that there is a tendency in modern medical discussions about obesity to problematically conflate complex and nuanced scientific evidence with our "collective cultural prejudice that personal sinfulness and irresponsibility [cause] obesity" (Gard and Wright, 2005: 95). As Gard and Wright put it succinctly,

> Many fat people live healthy, active, productive lives and live beyond the lifespan of many thin people so it seems nonsense to say that fatness is a disease. This is not to say that very, very fat people do not have problems in moving about, using public spaces, breathing when lying down or buying clothes that fit. (...) And some of them may be sick – suffering from high blood pressure, heart disease, cancer, non-insulin dependent diabetes mellitus, damaged joints or emphysema. Many thin people also suffer from these diseases, yet we do not call thinness a disease. Calling obesity a disease because obesity is associated with various non-communicable diseases is like identifying short men as ill because of the established association between short stature and ischaemic heart disease[39]. (ibid.)

In the end, the simplification and misreading of the evidence about human body size in popular and medical pronouncements on the 'obesity crisis' reinforces our cultural

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38 This discussion of diabetes is particularly sensitive. Obviously, fat tissue is not entirely benign in its relation to the progression of type 2 diabetes as a disease; the insulin resistance characteristic of diabetes supports the storage of abdominal fat, and high levels of abdominal fat facilitate insulin resistance, worsening the disease (Bacon, 2010: 135). But while abdominal fat does certainly contribute to the process of type 2 diabetes, it is not by any means the most important factor in its progression (and certainly not *the* causative variable), nor is fat loss, by itself, proven to alleviate symptoms of diabetes; one study of obese women (half of whom were diabetic) before and ten-to-twelve weeks after liposuction surgery indicated that despite their fat loss, metabolic profiles did not improve, particularly their fasting glucose and insulin levels as well as their insulin sensitivity (Klein *et al.*, 2004). Moreover, numerous studies demonstrate that type 2 diabetes can be improved or reversed through changes in nutrition or activity habits *even when little or no weight is lost* (see: Lamarche, 1992; Barnard et al., 1992; Barnard et al., 1994; Boule et al., 2001; Gaesser, 2004).
39 See; Yarnell et al., 1992; Kannam et al., 1994; Paajanen et al., 2010.

prejudices about the sinfulness of being fat, rather than alerting us to other, more complex and contingent biological and cultural processes that continue to shape the health of individuals and societies. It seems to me that a more fruitful (and less oppressive) approach to social health might be to shift the focus away from manipulating the number on the scale, and towards the cultivation of healthful eating, exercise, and wellness habits. A wide social adoption of these habits may very well result in an overall decrease in the obesity statistic; or, it may not. But in any event, whether or not it produces generalized and substantial weight-loss will be secondary to the generalized and substantial health benefits such practices are guaranteed to produce.

Given that cultural anxiety about fatness is not new, why is the discursive refrain that we are living through an obesity-induced international catastrophe asserted so forcefully? It is because of the way cultural fatphobia has been caught in the dynamics at the centre of post-industrial capitalism and the *biomedicalization* of Western society.

Never Satisfied: Biomedicalization and the Dieting Subject

That fatphobia could come to be institutionalized in (otherwise well-meaning) government legislation aimed at curbing the 'obesity epidemic' is a phenomenon rooted in the *biomedicalization* of the Western world. Biomedicalization, as we shall see, is the continuation of a 20th century process first described by Irving Zola in 1972 as *medicalization* (Zola, 1972). This process of medicalization – that is, where aspects of personal life previously outside the jurisdiction of medicine come to be construed as

medical problems – is one of the most potent social transformations of the last half of the 20th century in the West (Clarke et al., 2003: 161).

Initially, the process of medicalization began when traditionally 'morally troubling' social 'problems' (e.g. alcoholism, abortion, homosexuality, etc.) began to bleed over from the jurisdiction of the law into that of medicine (although this transition and distinction was far from clear-cut). Gradually, this process expanded to include any and all instances where new phenomena where deemed medical problems under medical authority; examples of this process in recent decades include the 'appearance' of post-traumatic stress disorder (PTSD), pre-menstrual syndrome (PMS), and attention deficit hyperactivity disorder (ADHD) in the 1980s and 1990s (ibid.: 164). Moreover, conditions previously understood as undesirable were medicalized – particularly, 'unattractiveness' was now a problem for cosmetic surgery[40], and obesity could (presumably) be tackled with diet medications. Above all else, the medical problematization of these conditions, and their treatment, was normalized (ibid.).

Adele Clarke et al. provide a succinct outline of the biomedicalization process. Conceptually, biomedicalization is located as part of larger social shifts from the problems of modernity to the problems of late modernity or post-modernity; "that is, the shift to biomedicalization is a shift from enhanced control over external nature (ie. the world around us) to the harnessing and transformation of internal nature (ie. biological processes of human and non-human life forms)" (ibid.). In this sense, the process of

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40 Of course, the idea of employing cosmetic surgery in this manner is deeply controversial and seriously questioned within the medical community; I mention it here largely as an example of the way some medical procedures are driven as much by the market dictates of consumer capitalism as they are by the discernment of 'legitimate' problems in need of medical intervention.

medicalization was co-constitutive of modernity, and that biomedicalization is co-constitutive of the post-modern condition. This process is also extremely broad. It expands clinically and conceptually, through the increasing commodification of health and the elaboration of risk and surveillance; a result of this process is the production of new social forms through the 'dividing practices' of specifying segments of the population as risk groups. These groups are given special attention and are subject to interventions "not only administered by medical professionals but [also] (...) [as] forms of self-governance that people apply to themselves" (ibid.: 165). As a result, these biomedical technologies pervade more and more aspects of daily life and the lived experience of health and illness, creating new subjectivities, identities, and social forms around and through such interventions (ibid.).

The term 'governance' is used here in reference to Foucault's notion of 'governmentality' – that is, particular "kinds of power often guided by expert knowledges that seek to monitor, observe, measure, and normalize individuals and populations" (ibid.). This form of power does not rely on coercion; instead, it works through diffuse mechanisms such as discourses that promote the pursuit of happiness and healthiness through certain modes of personal conduct, including self-surveillance and self-regulation. With this in mind, it is easy to see how the biomedicalization of fatness *qua* obesity has singled out and pathologized fat people, subjecting them to interventions from medical authorities and private enterprises oriented around dieting. In the era of the obesity epidemic, fat people are expected to engage in ruthless self-surveillance and self-regulation as a matter of good citizenship.

It is perhaps not too bold to claim that dieting is one of the most pervasive forms of Foucauldian governmentality in the Western world today. While Adele Clarke et al. describe five facets of the biomedicalization process[41], the most relevant aspects for our discussion on obesity are its political economic dimensions, the commodification of health and the proliferation of risk and surveillance regimes, and the transformation of bodies and production of new individual and collective identities. First and foremost, biomedicalization is characterized by thoroughly *privatized* and *corporatized* (as opposed to state-funded) research, products, and services (ibid.: 167). The size, power, and influence of the healthcare industry should not be underestimated; as of 2003, it represented roughly 13% of the $10 trillion annual U.S. economy (ibid.). Pharmaceutical sector growth, pre-Recession, was estimated to be roughly 8% a year (Leonhardt, 2001), and Americans spent more than $100 billion on drugs in 2000, about double what they spent in 1990 (Wayne and Petersen, 2001). Through its sheer economic power, the medical-industrial complex frames how we think about social life and social problems in ways that constitute biomedicalization.

This corporatization of medical research over the past two decades is especially visible in the industry-academy collaborations in many academic medical centres; since the *U.S. Balanced Budget Act of 1997* slashed $227 billion (with cuts notably affecting hospital budgets and medical education payments), "strapped academic medical centres are filling this gap in part by conducting extensive clinical trials for pharmaceutical

41 Specifically, biomedicalization involves: political economy; the commodification of health, as well as the dissemination of risk and surveillance technologies; increasing reliance on technoscience; new ways of producing and distributing medical knowledge; and the transformation of bodies and production of new individual and collective identities.

companies, requisite to bringing new products to market" (Clarke et al., 2003: 168). This increased corporate sponsorship of academic research remains controversial, however; current and former editors of 13 major medical journals stated in an editorial in the *Journal of American Medicine* that they "would reject any study that does not ensure the sponsor gave researchers complete access to data and freedom to report findings" (ibid.). Moreover, one study reported that industry-sponsored research is 3.6 times more likely to produce results favourable to the sponsoring company (Bekelmen, Li, and Gross, 2003).

When it comes to the 'war on obesity', there are enormous corporate profits at stake in maintaining public distress and negative attitudes about weight to ensure the continued success of the weight-loss industry. Although diet products have been advertised since the 19th century, they did not begin achieving significant market success until the widespread (and institutionalized) anxiety about fatness began in the 1950s and 1960s. During the 1950s, amphetamines, diuretics, and other drugs were regularly prescribed for weight-loss to both adults and children; historian Hillel Schwartz notes that amphetamines were sometimes prescribed to children as young as two, and that they would remain in diet pills for children well into the 1970s (Schwartz, 1986: 292). In 1962, only about 40% of American households were using "low calorie" products, but by 1970, that figure had climbed to 70%; Weight Watchers corporate profits spiked from $160,000 in 1964 to over $8 million by 1970 (Lyons, 2009: 76). In 1971, the US government estimated that the market for diet products to be somewhere in the ballpark of $250,000 to $1 million annually; by 2009, expenditure on weight-loss products had risen to $121

billion (BCC, 2010). Dieting – a practice widely acknowledged to fail in 90-95% of cases[42] – has proved to be an extremely lucrative source of profits.

Rising diet industry profits have gone hand in hand with tight links between weight-loss and pharmaceutical companies, and many obesity researchers; this interlocking web has heavily influenced social attitudes, medical practice, and public health policy. Indeed, it is striking how since the mid-1990s, the weight-loss industry has moved from the sidelines to the centre of American life, "managing to dramatically increase its influence and profits without ever increasing product effectiveness" (Lyons, 2009: 75). Despite the failure to deliver sustained weight loss, diet doctors and weight loss surgeons have become very influential in American federal government public health decision-making. Pharmaceutical companies fund research, public health education, and policy forums; former drug company consultants hold key federal positions and have significant vested interests in promoting a state-sanctioned 'war on obesity' (Moynihan, 2006). Despite the NIH's admission that weight-loss oriented approaches to health may need to be reconsidered, most mainstream obesity researchers and public health officials continued to focus research and medical practice on designating obesity a serious illness mandating weight-loss treatment – by any means necessary.

A particularly shocking example of this was the flurry of prescriptions (and

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42 As early as 1959, researcher Albert Stunkard, MD, concluded: "Of those who enter obesity treatment, most will drop out. Of those who stay in treatment, most will not lose weight. Of those who do lose weight, most will regain it." (Stunkard and Hume, 1959: 79). This conclusion would be echoed again later by the National Institute of Health in 1992, who admitted that "a focus on approaches that can produce health benefits independently of weight loss may be the best way to improve the physical and psychological health of Americans seeking to lose weight" (National Institutes of Health Technology Assessment Conference Panel, 1992: 947).

questionable Food and Drug Administration approvals process) for weight-loss drugs Phen-Fen and Redux in the 1990s (before they were ultimately withdrawn from the market for causing primary pulmonary hypertension resulting in death or serious disability). Phen-Fen was a cocktail of two drugs (phentermine and fenfluramine, respectively; 'Redux' was a variant of the latter, dexfenfluramine) that had demonstrated fast, modest weight-loss in clinical studies, and it was heavily marketed by Wyeth-Ayerst (since purchased by Pfizer) as a miracle diet drug. When Redux came before the FDA for approval, the medical officer at the time, Leo Lutwak, insisted on a 'black box' label warning of pulmonary hypertension risk. When he refused to approve the drug, the FDA management had someone else sign off on it and approved the drug with no black box label in 1996 (Avorn, 2004: 71-84). It was not until later that year – amid hundreds of reports of lung and heart damage from Phen-Fen users – that the FDA mandated the drugs include a warning label, before ultimately requesting that they be removed from the market in September 1997 (CDC, 1997). Amazingly, even after reports of illness and death among Phen-Fen/Redux users began to emerge and the FDA moved to give the drugs a 'black box' warning label, the company remained largely unfazed, with one internal memo noting that "a weight-maintenance positioning strategy is still possible with a primary pulmonary hypertension warning, because physicians may overlook the warning as they currently do for other drugs" (Mundy, 2001). In other words, the company anticipated that doctors would overlook the very real link between the drug and deadly health complications for the more tenuous link between weight-loss and health (in order to sustain the most important link of all – drug sales and profits).

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The Phen-Fen/Redux debacle is not an isolated incident. The monetary interests of the weight-loss industry are thoroughly intertwined with the medical research and public health policy that has developed around obesity since it became an epidemic. In many cases, pharmaceutical companies have been instrumental in the very definition of obesity as an urgent and crippling disease. When the World Health Organization officially declared that a BMI above 25 was the international standard for being overweight, the documentation it cited in its decision was research produced under the auspices of the International Obesity Task Force (IOTF), nominally a group of scientists interested in obesity research and policy. The IOTF, however, is funded primarily (approximately 75%) from two pharmaceutical companies: Hoffman-LaRoche (makers of weight-loss drug Xenical) and Abbott Laboratories (makers of weight-loss drug Meridia). Its primary organizational goal is to lobby governments and promote particular scientific agendas that coincide with the pharmaceutical industry's goals (Oliver, 2006: 29). Few people realize that the effort to establish an international standard for what constitutes obesity was sponsored largely by companies that manufacture weight-loss pills.

There are many more notable connections between the weight-loss industry and the public officials responsible for the very definition of obesity as a serious public health crisis. James Hill, PhD, is a prominent spokesperson for community coalitions 'fighting obesity'; he was also a paid consultant to Hoffman-LaRoche, Knoll Pharmaceuticals, and several other companies developing weight-loss drugs at the same time that he was a member of the NIH Task Force on Obesity Prevention and Treatment that declared obesity a national emergency (MacPherson and Silverman, 1997; Oliver, 2006). Richard

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Atkinson, MD, was a major spokesperson for Wyeth-Ayerst and other drug companies before teaming up with Judith Stern, DSc (also a consultant to Wyeth-Ayerst, as well as Knoll and Weight Watchers) to found the American Obesity Association (with funding from Knoll) to "advocate for obese people" (mainly, it turns out, to get federal and private health insurance coverage for weight-loss treatments) (Hall, 1998; MacPherson and Silverman, 1997; Oliver, 2006). Xavier Pi-Sunyer, MD, is a long-time consultant to Hoffman-LaRoche, Knoll, Eli Lilly, and Weight Watchers, and is a member of the advisory board of Knoll Pharmaceuticals and Wyeth-Ayerst; at the same time that Pi-Sunyer was chairing the NIH Task Force on Obesity Treatment and Prevention, he was also identified as one of the researchers offered payment by Wyeth-Ayerst to put their name on research papers favourable to Phen-Fen that had been written by the company (MacPherson and Silverman, 1997; Birmingham, 1999). These are just a few of the known relationships between some of the most visible public health officials and the weight-loss industry[43].

Accompanying this corporate influence in health sciences is the commodification of health itself through biomedicalization. In the commodity culture of late capitalism, "health becomes another commodity, and the biomedically (re-)engineered body becomes a prized possession" (Clarke et al., 2003: 171). In this framework, health becomes an individual goal, a social and moral responsibility, and a site for routine biomedical intervention. Increasingly, health is being articulated as an individual moral responsibility

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43 More in-depth reports on the conflicts of interest inherent in these relationships have variously appeared in the *Wall Street Journal* (Johannes and Stecklow, 1998; McKay, 2002) and the *New York Times* (Kolata, 2005).

to be and remain healthy or to properly manage one's chronic illness(es) rather than attempting to recover from illness or disease whenever they strike. In the biomedicalization era, the focus of the medical gaze is no longer on disability or disease but rather on health as a matter of ongoing moral self-transformation. Health, in this sense, is not conceived of as a basic or default personal state; instead, health is an ongoing personal project composed of public and private performances, and an accomplishment in its own right. Health is an endless process of self-disciplining and public-disciplining (ibid.: 172).

With this transformation in the way health is conceptualized, risk and surveillance practices have become the central means by which health is achieved and maintained. Risk and surveillance here mutually construct one another; risks are calculated and assessed in order to rationalize surveillance, and surveillance in turn standardizes risks in order to form ever more precise calculations. The risk and surveillance practices of biomedicalization are the phenomenon's most recognizably Foucauldian features; the medical gaze is no longer confined to the hospital, clinic, or even the doctor-patient relationship (Bunton and Peterson, 1997). They instead implicate each individual and whole populations through the construction of risk factors, the elaboration of daily life techniques of self-surveillance, and the management of complicated regimens oriented around risk and chronic conditions (ibid.). In the age of 'surveillance medicine,' it is no longer necessarily to even manifest symptoms to be considered ill or 'at risk'; everyone is implicated in the process of eventually 'becoming ill.' This produces subjects well-attuned to health-related discourses and, more importantly, anxious to consume health-related

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commodities, services, procedures, and technologies.

Since it is impossible for anyone *not* to be 'at risk,' individuals and populations are instead judged by *degrees* of risk – low, moderate, or high – vis-à-vis different conditions, which in turn determine what is prescribed to manage that risk. Biomedicalization, then, is elaborated through daily lived experiences and practices of 'health' designed to minimize, manage, and treat 'risk'. Risk and surveillance here are effectively 'normalizing' practices; not in the sense that they produce bodies or objects that conform to a particular type, but that they create standard models against which objects, bodies and actions are judged. In particular, biomedicalization tends to elaborate on standardized risk-assessment statistics – ostensibly meaningful only at the population level – and transform them into risk factors that are deemed meaningful at the individual level (ibid.). An excellent example of this phenomenon – with particular salience for considering the biomedicalization of fatness *qua* obesity – is the development and implementation of the BMI as the standard metric by which obesity is problematized, measured, and addressed.

The BMI originally had nothing to do with health. It was first formulated in the 1830s by a Belgian astronomer named Adolphe Quetelet, seeking to determine whether or not mathematical laws of probability could predict the behaviour of human bodies in the same way they could predict the movements of heavenly bodies (Oliver, 2006: 16). In Quetelet's estimation, if enough data from a large sample of the general population was collected, it could be used to calculate general trends. To test his hypothesis, Quetelet began collecting information from French and Scottish army conscripts; he plotted their heights and weights along a distribution. For each height, he found a range of weights that

statisticians would later call a 'normal distribution', or more famously, a bell curve. At the centre of this distribution (i.e. the top of the bell curve), Quetelet found the most number of cases – that is, the average weight of the group. In charting these distributions, he observed that the weight (in kilograms) of 'normal' conscripts (those closest to the middle of the distribution) was proportional to their height (in meters) squared; this general formula would later be used to determine BMI (ibid.: 17).

Because this was the 19th century and the teleology of averages was all the rage, Quetelet reasoned that because the average conscript's height was proportional to their weight, that is what the ideal weight *should* be. Anyone who deviated from this average 'ideal' thus provided the first 'scientific' notion of what 'overweight' could be. Quetelet's BMI, then, can be located among a broader trend in 19th century scientific thought that assumed whereas most people congregated around average points with regard to their physical characteristics, deviants, criminals and other troublesome individuals could be identified by their physical abnormalities (Gould, 1981). Scientists throughout the late 19th and early 20th centuries spent a lot of time measuring skulls, brows, body proportions, and other aptitudes in the belief that criminals and other delinquents could be identified by their physiognomy (ibid.). As we will see, this normative dimension remains with BMI today: a high body weight, simply by being different from the average, is not only systematically identified but is also problematized.

Although BMI had been around since the early 19th century, it did not gain significant social and medical currency until it was enthusiastically adopted by the

American insurance industry as a predictor of mortality[44]. Louis Dublin, a statistician at the Metropolitan Life Insurance Company, began charting the death rates of its policyholders in the 1940s using a height-to-weight index; not only did Dublin discern that thinner people lived longer, but – more importantly – that the closer a person's weight was to that of the average 25-year-old, the longer they would live. From this, Dublin developed ranges for each height of what was an 'ideal' body weight – the weight at which each person had the longest life span (Oliver, 2006: 19).

There are a number of well-documented shortcomings with the BMI measurement[45], however. First and foremost, it is premised on the assumption that there is an identifiable 'normal' weight that is 'true' for all individuals, transcending gender, ethnic, cultural, socio-economic and geographical groups. Moreover, it is a largely arbitrary metric – BMI describes the relationship between net weight and height, but fails to take into account differences in individual physical frames or proportions of body fat, muscle and bone mass, cartilage or fluid retention (Halse, 2009: 47). Additionally, the relationship between BMI and ill health is anything but straightforward[46]; genetics and activity levels are important mediating factors, and BMI can often disguise the nature of health problems – particularly in slim people who may still be at risk for heart disease, diabetes, and a host of other "weight-related" conditions. Despite these serious methodological shortcomings, the BMI as formulated by a 19th century stargazer and

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44 And, of course, as a justification to charge people more money for life insurance.
45 Some of these are readily acknowledged by many of its advocates; see, for instance: James et al, 2001.
46 For instance, at least one Center for Disease Control (CDC) study found that a BMI of 'overweight' was associated with fewer non-cancer and non-cardiovascular disease deaths than a 'normal' BMI, and that overweight was not associated with cancer or cardiovascular mortality at all (Flegal et al., 2005).

reiterated by the Met Life insurance tables in the 1950s has since been institutionalized as *the* standard metric for obesity used by both international organizations and all levels of government throughout the world. In the 1980s, the World Health Organization set international standards for BMI (< 20 is underweight, 20-24.9 is 'ideal' weight, 25-29.9 is overweight, and 30+ is obesity); in 1998, the American National Institute of Health aligned their weight definitions with the WHO, lowering the US overweight cutoff from 27.8 to 25 and rendering millions of Americans clinically 'fat' overnight (ibid).

BMI has the staying power it does – despite the dearth of meaningful information it actually provides about human health – because of the way it functions as a normative discourse despite (or, indeed, because of) its aura of scientific positivism. On the surface, BMI deploys this language of scientific positivism to convey a sense of 'truth'; it is a simple mathematical calculation that can be performed by anyone, without specialist tools, the result of which is represented as a scientific fact, devoid of personal prejudices or subjective value (ibid.). This superficial scientism, however, belies that this 'value-neutral' BMI is thoroughly moralistic - it functions as a normative discourse, designating the "'virtuous mean' to which we should *all* aspire" (Burry, 1999: 610). BMI implicitly functions as a 'virtue discourse'; that is, a set of values, beliefs, practices, and behaviours that shape subjects and subjectivities by articulating and constructing certain behaviours and qualities as worthy, desirable, and necessary moral virtues (Halse, 2009: 47). It both describes and defines weight, bodies, and individuals. A distinguishing feature of virtue discourses is that they "configure virtue as an open-ended condition: a state of excellence that has no boundaries or exclusions" (Halse et al., 2007: 220). Given this infinitely open-

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ended nature of virtue, it is perhaps impossible to be *too* diligent in taking up the dietary practices, exercise regimes, or pharmaceutical and cosmetic interventions necessary to conform to the 'ideal' (virtuous) BMI.

It should come as no surprise, then, that the virtue discourse around BMI is suffused with the moralism that we have already seen permeating cultural fatphobia; normative BMI invokes and relies on binaries (thin/fat, healthy/unhealthy, virtuous/sinful, etc.) which ascribe "opposing moral attributes to each side of the binary that seem natural, logical, and fair" (Halse, 2006: 107). As such, in fatphobic societies, this means a low BMI is associated with self-discipline and moral fortitude, while a high BMI (overweight and obesity) is the binary 'Other' – the physical manifestation of self-indulgence, a lack of self-discipline, and all the other fatphobic tropes already surveyed in this work. These binaries go beyond a discourse of 'healthism' (where slenderness is equated with fitness and health) into a moral discourse which presents slenderness as a *necessary state of being* to avoid fatness, which is constructed as a socially repugnant state and a metonym for any number of physical, psychological, or moral pathologies that might warrant oversight, disciplining, and correction (Halse, 2009: 48). In this very real sense, BMI "disenfranchises the individual as it privileges measurement over lived experience, validates presumed behaviours and reveals moral flaws" (Jutel, 2009: 75).

The virtue discourse of a normative BMI is omnipresent. It is disseminated through popular culture, advertising and the media, the weight-loss industry, health education, school curricula, and the medical profession;

It permeates the pores of individuals and populations by immersion in and habituation to its

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terms and moral values, and through political tactics that define desirable and approved behaviour. Individuals who take up the discourse by remaining (virtuously) slender are congratulated and applauded by family, friends, and colleagues; venerated by advertisers and in the popular press; and commended in the commentaries of health and medical authorities. Those who are noncompliant and overweight or obese are likely to suffer social exclusion and alienation. (Halse, 2009: 48)

While not all individuals are actively subjugated at the same time or in the same way, the pervasiveness of the virtue discourse of normative BMI shapes subjects' self-understandings and corresponding behaviour so that it becomes a "mode of personal self-regulation [and] internal constraint on the conduct of the self" (Halse et al., 2007: 223). Echoing our earlier discussion on embodied subjectivity, the virtue discourse of a normative BMI incorporates the 'outside' world (values and beliefs) into the 'inside' (psyche and bodily practices) of an individual.

As we have already discussed at length, this normative dimension of institutionalized BMI has significant effects for subjectivity. By differentiating between who are and are not acceptable and approved sorts of human beings within its own moral schema, the virtue discourse of BMI works to establish "what qualifies as 'being'" (Butler, 1993: 188). The institutionalization of BMI as the authoritative measure of human beings based on their weight also institutionalizes the production of fat subjects whose very being is pathological, a physical manifestation of moral failure, and, in the age of the obesity epidemic, harbingers of serious social crisis.

This articulation of a 'virtuous being' *qua* medical risk and surveillance techniques

brings us to the final major aspect of the biomedicalization process: the division and reconstitution of populations (and subjects, identities, etc.) along the lines of risk and pathology. Clarke et al., refer to these as *technoscientific identities*, a generic term for the "new genres of risk-based, genomics-based, epidemiology-based, and other technoscience-based identities;" (Clarke et al., 2003: 182) that is, identities produced through the application of sciences and technologies to bodies directly and/or to a body's history, or bodily products and images of the body. These new identities are frequented inscribed upon people, whether they like them or not; consider the aforementioned instance when the NIH adjusted US BMI standards downwards and suddenly classified millions of people as a 'high risk' population afflicted with a debilitating disease. These identities are not necessarily new (excessive fatness had been stigmatized for a long time), but are rather new iterations of those identities in the (biomedicalized) social relations of late capitalism.

We have already discussed at length the symbolic weight that fat identity carries, and the way the threat of 'obesity' mobilizes the behaviour (self-regulation, self-surveillance, and other practices of governmentality) of individuals who are all (regardless of actual body size) *at risk* of becoming or remaining overweight or obese lest they relax their vigilance. The stigma of fatphobia and its detrimental effects on health – both physical and psychological – are widely acknowledged by obesity scientists and the mainstream press; incredibly, in many instances the overriding concern is that this stigma will hinder successful weight-loss (Puhl and Heuer, 2009), ignoring that fatphobic attitudes are often the byproduct of centering health practices and medical interventions

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almost exclusively on weight loss. There is, in fact, evidence to suggest that the practice

of dieting itself (and, given its rate of failure, its accompanying weight-cycling) definitely

does contribute to ill health; in spite of decades of well-documented failure, doctors are

encouraged to keep patients pressured to lose weight and diet despite hypertension,

depression, weight gain over time (!) and a host of other risks associated with weight-

cycling (Stice et al., 1999). The behaviours demanded of fat people (and non-fat people

who are actively worried about becoming fat), it turns out, fit very well into the power

relations of late capitalism.

"Dieting strategies have followed the stages of capitalism so closely," Hillel

Schwartz notes at the end of his cultural history of dieting, "that one could be the model

for the other[47]" (Schwartz, 1986: 327). At first this seems counter-intuitive; the professed

goal of dieting is to consume *less*, in contradistinction to the *modus operandi* of

contemporary capitalism. However, in effect, dieters on the whole consume *more*; the diet

is the supreme form for the manipulation of desire precisely because it is so frustrating.

Capital has as much a vested interest in the (almost assured) failures of dieters as it does

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47 He goes on to formulate the relationship between the development of dieting and the development of
capitalism brilliantly: "The primitive accumulation of capital comes through marginal efficiencies and
personal saving; call this fasting or abstinence. During the next stage there is an expansion of markets
and a mastery of the rhythms of distribution; call this thyroid treatment and the tuning of the
metabolism. The third stage leads from the efficiencies of mass production to the control of the flow of
market data; call this calorie-counting. The fourth stage is preoccupied with the discovery that in order
to further stimulate demand to accommodate unceasing production, capitalists must arrange desires; call
this psychotherapy or group therapy, whatever must be done to adjust the appetite to society. The fifth
stage finds competition so narrowed and industrial networks so large that the most effective way to
perpetuate desire is to promote fear; call this the low-fat diet to lose weight and forestall hypertension,
or the low-fat low-cholesterol high-complex-carbohydrate high-fibre diet to deal with just about
everything. In the sixth stage, capitalism runs aground on a shoal of *crises pléthoriques*, where neither
the expansion of markets not the manufacture of desire can keep pace with the extent of production.
This is the last stage, the time of Too Much. The surplus must literally be run off in a fury of exercises,
fast dancing and marathons. Call this fitness, capitalism's last best hope."

in the relentless promotion of dieting. It is through the constant solicitation and frustration of desire that drives consumption ever higher in late capitalism (ibid.: 328). The very ontology proposed by a culture of dieting is sinister; diet books and diet groups expect people to be weak, unsteady, and easily seduced – they anticipate lying and cheating all the while endorsing synthetic foods that masquerade as the real thing. The world of diet culture is not just delusive, but fundamentally dishonest; "while capitalism reduces what is real to what is apparent, dieting reduces what human beings are to their appearance" (ibid.).

Similarly, the perpetual circulation of capital also works as an apt metaphor for the endless repetition of diets mandated by fatphobic culture. That 95% of diets fail should not be read as proof of weakness; on the contrary, chronic dieters work very hard. To diet, to actively work against millions of years of human metabolic evolution, requires tremendous effort; it is quite literally a struggle between the Will-to-Thin and human biology. Recent research suggests that the body is incredibly resistant to sustained weight-loss; so much so that the metabolic changes which occur among individuals who lose large amounts of weight means that their bodies actually process energy (*qua* calories) differently (Pope, 2011). Those who lose large amounts of weight must restrict and discipline themselves more severely than people of the same sex, age, and height who had never been fat (ibid.).

Successful diets, then, require incessant vigilance. Calories must be calculated with incredible precision; exercise is frequent, vigorous, and often performed as penance; hunger is an all-consuming obsession. The demarcation – both physical and psychical –

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between a dieting ascetic and someone suffering from an eating disorder can become very blurred. In this very real sense, "losing weight, which is supposed to liberate, instead becomes a prison" (Renzetti, 2012). Remaining virtuously slender is a never-ending process, a Sisyphean struggle that grows more difficult the more it succeeds. Anyone who has ever dieted knows that this is maddening, and as Naomi Wolf wryly observes, "a quietly mad population is a tractable one" (Wolf, 1991). But tractable to what?

To the operations of the oppressive power structures we have surveyed over the course of this work; to those ancient prejudices which have grown fat on the anxieties generated by the late capitalist mode of production.

VI. Conclusion: Let Them Eat Cake

When Fat Power is a reality, (...) fat people will not simply turn the tables on thin people. Rather, weight and shape will no longer define the personality or confine its expression. People will face each other without calipers or weight charts; they will take each other's measure in more deeply human ways.

□ Hillel Schwartz

On April 10th 2012, Michelle Obama, First Lady of the United States of America, appeared on an episode of hit NBC reality television program *The Biggest Loser*. She was there promote her "Let's Move" campaign, an initiative aimed at encouraging children to eat better and exercise more in the hopes that this will reduce childhood obesity rates[48]. According to Mrs. Obama, she was motivated to appear on the program and pitch her public health initiative because the reality show is an 'inspirational' contributor to the health of the nation (Harnick, 2012). It is interesting that she would say this, because while *The Biggest Loser* is a lot of things, it is *not* a television show about health.

  The Biggest Loser is a game show about weight loss. It is a program that relies on the dehumanization and abuse of fat people for entertainment value, and the messages it sends about what is necessary for "health" are deeply irresponsible. At the beginning of the eighth season in 2009, contestants (who had up until that point lived largely sedentary lifestyles) were dropped off at a beach and forced to run a mile in the sand; two of them collapsed from heat stroke, and one woman was hospitalized for over two weeks (Wyatt,

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48 While it is certainly laudable to encourage children (and indeed, people of all ages) to develop good health habits, it is doubtful Mrs. Obama's endeavour will actually succeed in making children any thinner. There are at least two cases where the same strategy (i.e. government-led community health and weight-loss initiative) was employed on smaller scales; one targeted specifically at Native American children in three states, and another targeting ethnically diverse children from four different states. Although in both cases most children did develop better health and nutrition practices, neither program produced weight loss among the children as a group (Caballero et al., 2003; Luepker et al., 1996).

2009). Contestants were regularly encouraged to dehydrate themselves in order to accelerate their weight loss, some to the point of urinating blood (Poretsky, 2010a; Wyatt, 2009). They are commonly abused by production staff and trainers; one contestant recalled how they were often forced to work out for 2 to 5 hours a day, against medical advice, and despite sometimes being severely injured (Poretsky, 2010a). Anyone who complained was publicly berated and reminded that they were lucky even to be participating in such a "life changing" opportunity (Poretsky, 2010b). At least one former finalist, Kai Hibbard, has openly admitted to coming away from the show with an eating disorder:

> When I was on the actual [show] we were eating between 1000 and 1200 calories a day (...) it got worse when I got home (...) I would get emails constantly from the producers: 'what have you done today?' 'are you working out enough?' It was just always, always, always... they would tell you all the time, '200,000 fat girls were in line right behind you. How dare you waste this experience? How dare you let anybody down?' So I got to a point where I was only eating about 1000 calories a day and I was working out between 5 and 8 hours a day... and my hair started to fall out. I was covered in bruises. I had dark circles under my eyes. (...) My period stopped altogether and I was only sleeping 3 hours a night. I tried to tell the TV show about it and I was told [to] 'save it for the camera.' (Poretsky, 2010a)

Although she had been told that doctors and psychologists would follow up with her after the show, she never heard from any of them (ibid.).

But perhaps the most damning evidence that *The Biggest Loser* is less about health and more about the money to be made in humiliating fat people is that the program forces

contestants to sign a waiver on the opinions of its own medical professionals. According to a release obtained by the *New York Times*, contestants are required to declare that "no warranty, representation, or guarantee has been made as to the qualifications or credentials of the medical professionals who examine me or perform any procedures on me in connection with my participation in the series, or their ability to diagnose medical conditions that may affect my fitness to participate in the series" (Wyatt, 2009).

Most of these criticisms have been dismissed by the program's producers and its public champions. They may concede that the show is extreme, but that it nonetheless still serves as an example and inspiration for ordinary viewers to live healthier lifestyles; one of the executive producers claimed *The Biggest Loser* actually constitutes a public service "in a nation struggling with obesity" (ibid.). This is doubtful, especially considering that the program plays a direct role in perpetuating the oppressions described in this work: recent research suggests that after even brief exposure to weight-loss reality television, anti-fat attitudes increase among all people (but acutely among thinner women not actively attempting to lose weight) (Domoff et al., 2012). Hibbard's assessment of the program is similarly bleak: "the lighter I got during that T.V. show, the more I hated my body (...)[;] at 144 [lbs] and at 262 and at 280, I had never hated my body before that show" (Poretsky, 2010a). It is doubtful that *The Biggest Loser* inspires much of anything, on the whole, except more fatphobia.

What I have outlined in this treatise is a brief snapshot of the complex social phenomenon called fat oppression. *The Biggest Loser* is just one particularly prominent instance of the exploitation, marginalization, powerlessness, cultural imperialism and

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violence to which individuals in contemporary Western societies are subjected because of the cultural and symbolic baggage tied to their weight. Although by no means the last word on the topic, the social ontology of Iris Marion Young provides a broad and accurate framework for making and evaluating claims of social justice such as this one. Analyzing material instances of injustice reveals that power relationships are structured at the level of social groups; individuals experience privilege and oppression as a function of their relationship to signifiers of group identity – man/woman, white/coloured, straight/gay, thin/fat. These power relationships – whether at the economic, political, or cultural level – are systematically reproduced, and it is the entrenchment and perpetuation of these processes that designates oppression as a phenomenon. Considered in light of the theory of oppression I outline in the first chapter, the structural dynamics and material effects of fat oppression are easy to see.

The second chapter provides a brief account of modern fatphobia, and as well as a psychoanalytic account of how this prejudice affects a subject's relationship to their material body. Psychoanalysis gives a compelling account of how subjectivity and signification arise at the juncture of biology and society, the human body and human culture. Fatphobia sets very narrow parameters on what bodies (and what subjects) are acceptable and which ones are not; the more rigidly these ideals are defined, the more any deviation *qua* fatness becomes transgressive, and the more thoroughly that fat people are subordinated and Othered. A fatphobic culture represents fat bodies as absurd, grotesque, and repulsive, and produces subjects attuned to feel this way about their own bodies and the bodies of others. The production of subjects who are always-already predisposed to

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view themselves as abject, moral failures is the most elementary operation of fat oppression.

Of course, because subjectivity is so tightly tied to its material body, the particular body (and according cultural significations) a subject occupies will greatly influence the way they experience (or do not experience) fat oppression. Women, as we have seen, experience fat oppression acutely; fear and hatred of the fat body in Western culture is intrinsically linked to a very old fear and hatred of the feminine body. Fat women represent an affront to patriarchal culture; they transgress social norms that limit the public space women can occupy, as well as sexist culture's demand that women are valuable only insofar as they make their bodies into objects for the aesthetic and sexual enjoyment of men. That the overwhelming majority of people suffering from eating disorders are women is a testament to the continued need for feminist activism and analysis in the (post-)modern West; *anorexia nervosa* is, fundamentally, a *political* problem. The corset may have been relegated to history's dustbin, but many women remain just as tightly bound by the profoundly misogynistic insistence that their bodies are public property. As I demonstrated in the third chapter, this toxic mix of fatphobia and sexism is as subtle, and as deadly, as any hardening of the arteries.

I would suggest that, on the whole, the uptick of eating disorders presents as much a social health problem as does the modest uptick in people who have 'contracted' obesity. The insistence that that too many fat people will undermine Western civilization – despite some suggestion that 'obesity' may more closely resemble a symptom, rather than a cause, of many modern health problems – is a telling symptom of deeper insecurities stretching

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back to the dawn of modernity. Many of the rhetorical battles in the 'war on fat' are the latest iteration of an old Victorian fear about the physical (and spiritual) degeneration that might accompany the Industrial Revolution, transfigured now into the social constellation of post-industrial capitalism. The process of biomedicalization has transformed the human body (and its component parts) into just another set of commodities within the larger "immense collection of commodities" (Marx, 1990 [1867]: 125) that characterizes the capitalist mode of production; there is a tight link between the perpetuation of fat oppression and the circulation of Capital.

The outline of fat oppression I have presented herein is obviously not the complete picture; there are many areas where this analysis could be extended. While Young's schematic of oppression and the politics of difference is invaluable, the question of "what is to be done" still looms large overhead. The political dimension of fat oppression remains contested; many libertarians who argue that State-sponsored fatphobia is an affront to an individual's sovereign right to be as fat as they please would no doubt be incensed by my arguments herein that atomistic individual autonomy is largely a structural fiction, to say nothing of the pronouncement that the operations of market capitalism drive oppression. Similarly, just as many on the Left may take issue with the suggestion that decadent consumer capitalism is less likely to make the proletariat greedy, fat, stupid and lazy than it is to lock them into a restless, frenetic cycle of anxiety and self-flagellation over the value of the 'commodity' they inhabit; in this analysis, the truly revolutionary position is to promote the unequivocal love and acceptance of the human form, regardless of the size it comes in. Moreover, although I have documented numerous

instances in which fat people experience oppression, I have scantly discussed the ways in which fat activists have resisted and challenged that oppression. Politically, the National Association for the Advancement of Fat Acceptance (NAAFA) is perhaps the most prominent organization devoted to the promotion of civil rights for fat people; there are many examples of small, local burlesque troupes showcasing empowered displays of fat, feminine sexuality; and on the medical front, non-weight focused approaches to health and wellness (such as the "Health At Every Size" (HAES) movement) are increasingly gaining traction against the practice of reducing human health to the BMI. These are just a few of the readily apparent instances of fat resistance.

I have said much in this work about sexism, but I have only hinted at the ways in which fat oppression is experienced in contexts of racism and classism. Amy Farrell (2011) provides a compelling account of the way fat bodies, in American culture, have historically been tied to the 'primitive' bodies of non-whites. There is a lot to say about the well-documented connection between obesity and poverty in the modern West, as well as the way globalization has exported American anxieties about fatness to developing nations (particularly in modern China; see Gilman, 2008). Moreover, the feminist analysis of fatphobia I do provide here is but a fraction of a burgeoning field of enquiry; Natalie Boero (2010), for instance, has suggested that for many women, their children's weight (along with their own) is increasingly symbolized as an index of good motherhood.

As a matter of fact, I would suggest that an analysis of the way children are implicated in the 'obesity epidemic' would do much to sharpen the focus on the production and re-production of fatphobic subjects. The way fat children are routinely

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portrayed in our culture as harbingers of social disaster, as victims of parental (particularly maternal) negligence, and as failed children in need of continual monitoring and disciplining (such as public weigh-ins during gym classes or attempts to put BMI on school report cards; see Oliver, 2006), I would argue, may be the most insidious element of fatphobia. This is particularly ironic given that cracking down on bullying (particularly homophobic bullying) among youth is at the moment something of a *cause célèbre*; despite the (much needed) intervention on this front, the institutionalization of fatphobia in pedagogy remains a regrettable blindspot in the public's eye[49]. Obviously, a psychoanalytic account of subject formation could benefit greatly from an analysis of the way children are 'interpellated' into fatphobic discourse.

The medical debate about obesity I have addressed here is far from complete, and in the end I believe that this debate is itself ultimately secondary to the general argument about fat oppression as a social phenomenon. As a work of social science, the intention here is not to 'debunk' or cast aspersion on the entire edifice of bariatric medicine, but to emphasize that medical science does not take place in an ideological vacuum. While it obviously makes valuable contributions to our understanding of obesity, human metabolism, and general health, it is also socially situated in a social field riven by fat oppression, which means we must be especially sensitive to ensuring that it does more to help fat people lead healthier lives than to harm them by contributing to their oppression. To reiterate, the pertinent discussion here is not to conclusively determine whether or not

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49 For instance, the rate of eating disorders among Canadian children between the ages of 5 and 12 is twice the rate of Type 2 Diabetes; girls, unsurprisingly, outnumbered boys six to one among children found to have an eating disorder (Pinhas et al., 2011).

obesity is a medical problem, but to problematize the notion that science transcends social power relationships. Accordingly, there are broader questions to be asked about the social and political implications of a biomedical society in light of fat oppression. Kathleen LeBesco (2009), for instance, notes that the popular tendency to use biological determinism as a justification for the extension of rights based on socially 'problematic' identities like homosexuality and obesity in fact obfuscates (rather than resolves) processes of homophobic and fatphobic prejudice, as well as raises the spectre of a 'liberal eugenics.' Biological essentialism is deeply rooted into popular conceptions of identity, and given its ontological implications, I would suggest that a major task for any future investigation into difference and oppression would be to expose and banish its toxic effects from analysis.

Finally, I will make no attempt to give fat oppression a place in a hierarchy of social injustice; I consider this both counter-productive and offensive. Although all processes of structural, social oppression (racism, sexism, homophobia, fatphobia, etc.) are different and historically distinct, justice is not served by prioritizing and subordinating certain forms in relation to others; many are interrelated, and each one represents a grievous affront to a truly free society. These injustices will not be overcome through a transcendence or erasure of human difference; instead, they can only be effaced by the recognition of this difference, the affirmation of human diversity, and the infinite creative potential of solidarity and cooperation. Active and collaborative, collective effort is necessary to smash the bonds of oppression; the hammer of Theory is the instrument of liberation.

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We have chewed the fat here for long enough. Our table may have been cleared, but elsewhere fatphobia remains on the menu as one of the last socially acceptable prejudices; I anticipate that the food for thought I have offered herein has nourished your desire for social justice. Fat oppression is a big bone that remains to be picked, but it is my hope that the treatise I present here is a step towards serving the oppressed with a more just dessert.

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