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SATURATED: A STUDY IN FAT OBSESSION

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NATALIE ANNE COWLEY

The University of Waikato

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ABSTRACT

This thesis examines both contemporary and historical meanings surrounding human body FAT in order to illuminate, chiefly, the forces that have rendered it both an omnipresent and negative entity in Western societies. It explores the apparent contradiction that we must exist amidst hyper-consumptive capitalism yet display no bodily evidence of such consumption. Along with an investigation into alternative bodily conceptions to that of the hegemonic West, a discourse analysis is employed to challenge the key assumptions that underpin the current 'obesity epidemic' and its ensuing 'war on obesity' so that body FAT may be configured differently.

It is shown that, because bodily conceptions and ideals are complex cultural constructions, body FAT, as a substance, is not the scourge it is presently portrayed, but rather a substance that *signifies* most of what consumer society despises and fears. It is argued that the 'war on obesity' has not been successful, and will continue to be ineffective, because the focus should not be on losing body FAT but rather on the conditions of poverty that generate overall ill-health. It is concluded that such a 'war', if sustained in its current fashion, will only serve to further malign the situations of those deemed 'overweight and obese'.

GRACE

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CHAPTER 1: INTRODUCTION

The dominant logic of consumer capitalism: The increase of 'obesity' in societies obsessed with both thinness and hyper-consumption while the rest of the world's population is either severely malnourished or starving to death.

The World Health Organisation has coined the term 'globesity' to denote the increasing spread of FAT around the globe. Their latest research also states that obesity has surpassed both malnourishment and HIV/AIDS to become the 'dominant unmet health issue' with an estimated 300 million obese adults worldwide (Kulick & Meneley, 2005). As Watson and Caldwell (2004) concur in *The Cultural Politics of Food and Eating*, obesity is fast becoming the hot-button issue of global health. The public discourse surrounding issues of body weight and health has reached a feverish pitch, with the news media quick to report every new scientifically derived study that highlights the dangers of excess body FAT and over-indulgence.

In a critical appraisal of current obesity research, Gard and Wright (2005) suggest that the use of an 'epidemic' paradigm for the condition of obesity is one further example of the narrative of decline – which seems particularly prevalent in the current age. Life in a 'risk' society consists of one perpetual crisis after another: crises that are not confined to structures or institutions but extend to encompass human bodies. The authors quote Lockett (2003), who puts it this way:

There seems to be a new one each week. In the last three months alone, we have had a swathe of them reported: shoplifting, methamphetamine addiction, diabetes, meningitis, schizophrenia. Yes, we are in the midst of an epidemic of ...epidemics.

Further:

The most serious, costly and deadly of these, say health experts, is obesity.

We are told that our ballooning weight leads to disease and early death and is costing millions in health spending. Competing headlines make a catastrophe of the situation, as we 'declare war' on this 'ticking time bomb'. We are forced a monotonous mantra: we are fat and getting fatter, and we must lose weight.

(Cited in Gard & Wright, 2005, p.2)

Thus, the current 'globesity epidemic' engenders a siege mentality amongst health professionals, policy makers, and the public at large, whereby incremental aggressive 'battles' must be fought on all fronts to combat the growing scourge of society; FAT. One could be forgiven for accepting that this alarm is warranted. With a constant media barrage of medically generated evidence that being 'overweight or obese' causes illnesses such as diabetes, heart disease and cancer, and a plethora of negative images of FAT bodies – children especially – eating fast food or ice-cream, there leaves little doubt in the public consciousness that FAT constitutes a health and moral hazard to the community, and a financial drain on health systems.

The proposed solution to this rampant adiposity is the aforementioned 'war', which has as its primary weapon the media. Here we are admonished to eat less and exercise more, to choose 'lite' versions of our overwhelming array of foods, and to be staunchly vigilant to any signs of excess FAT in our children. Television shows 'educate' us in healthy lifestyle habits; reality TV shows have weight loss competitions; food and packaging must display nutritional information and FAT content; diet books and products abound, as do exercise equipment, gym subscriptions, weight loss surgeries, and 'diet' drugs.

There is however a minor but increasingly vocal counter-discourse to what may be termed a scientifically induced moral panic (for discussions on moral panics see Beck, 1992; Glassner, 1999). Beginning in the 1970s with feminist protestations against the tyranny of slenderness (e.g. Orbach, 1978; Millman, 1980; Chernin, 1981), opposition to the contemporary West's obsession with thinness and hatred of FAT has culminated amidst the current debate in a small cabal of scientists, nutritionists, educators, social commentators, activists and academics who provide an antidote to the ubiquitous alarmist discourse concerning obesity.

Gard and Wright (2005) question the orthodoxy of the implicitly moralistic medical model that configures obesity as a phenomenon with a clear cause (modern Western sloth and gluttony), clear consequences (diabetes, heart disease, and other illnesses), and a clear solution (diet and exercise). Obesity theorists such as Richard Klein (1999) and Paul Campos (2004) concur, arguing that there are numerous aspects of the causes and consequences of being 'overweight or obese' which are not explained by this simplistic model. The politics of obesity create a site where biology, culture, ideology and economics collide, and any attempt to address the real problem – and this may be the crux of the matter: FAT may not be a problem in itself – needs to consider all of these components.

Those opposed to the dominant hegemonic discourse surrounding body FAT advance arguments that not only call into question the framework of the debate, but also suggest that the framework itself is self-defeating in that it actually causes more obesity. We live in a society infatuated with thinness, one that abhors and discriminates against the 'overweight or obese' individual, and manages to link this deplorable corporeal state with life threatening illnesses. It then proposes a solution, 'dieting and exercise', that has been proven (yes, even scientifically) to be ineffective. Could it be possible that the combination of obsession, discrimination, and a practice that destroys the body's natural metabolism (dieting) is exacerbating the 'problem' when in fact it was not such a problem in the first place? Recent research has turned the tables on the mainstream scientific 'facts' about obesity with claims that being overweight is actually beneficial to one's health, and that the term 'obesity' is invariably overused and stretched to include those who are merely 'overweight'. Research in this vein posits the 'obesity epidemic' as yet another moral panic in the age of anxiety, and highlights the historical-cultural trajectories that have constructed the FAT body as undesirable and unhealthy.

This thesis aims to draw on such research, in order to explore the contradictions inherent in the dominant logic of consumer capitalism referred to at the beginning of this chapter. It shall be argued that, not only is FAT a feminist issue, but it is also, increasingly, with the advent of the 'obesity epidemic', an economic and cultural one. Due to the encouragement, nay, requirement of capitalism that we consume voraciously

to fulfil the logic of never-ending market expansion, we are now in the ridiculous and anxiety producing position of being exhorted to over-consume, yet we are savagely punished if we display any bodily evidence of it. This thesis will demonstrate how such logic is deeply implicated in both the rise of ‘obesity’ and the ‘war’ against it. Because we do appear to be growing fatter (whether or not this is cause for alarm will be explored in later chapters), yet simultaneously, the societal pre-occupation with thinness is also growing, which presents an intriguing anomaly.

It will be shown however, that this may not be such skewed logic after all: the medically and morally mediated hatred of FAT encourages people (whether they are FAT or not) to in effect consume *more* – more of the products generated by the multi-billion dollar diet and fitness industry, itself getting FAT from the over-consumption and yo-yoing weight of millions. In fact, dieting may be the perfect consort for our current stage of capitalism, and the dieter the perfect consumer, due to the fact that – as Hillel Schwartz (1986) points out, they are *never satisfied*. The constant warnings about the dangers of FAT have found remarkable resonance with contemporary capitalism and its need to expand markets by creating new desires. Not only is the body commodified in that we can purchase a new body – a fantasy body – through the use of, among other things, diet and exercise products, but the now recognised inevitable failure of such methods (see for example Wann, 1998; Gaesser, 1999; Klein, 1999; Campos, 2004) keeps the consumer perpetually frustrated, ensuring that ‘false needs in spectacular abundance’ (Debord, 1995) are never fully sated, thus paving the way for reconfigured products and new desires. Further, the destabilisation of needs generates confusion with regards to the consumption of food, inasmuch as hunger is conflated with appetite.

A further characteristic of consumer capitalism bearing on the food/body/FAT nexus is individualism. Body theorists such as Susan Bordo (1998) have argued that it is the individualising of the ‘problem’, and indeed, our individualistic society, that is to blame for the anxiety felt over food choices and our bodies. Much like the myriad of choices we all supposedly have in order to shape our ‘unique’ identities and lifestyles (such as with cars, clothes, homes, and food), we also have the choice to (re)shape and transform our bodies to fit our identity. If we fail, then we have personally failed, and the

conspicuousness of that failure is carried with us daily. If we have not ‘tried’ at all, then we have chosen to have a FAT, unfit body – one that becomes our identity: lazy, slovenly, loose, and inefficient. Embodying efficiency is crucial to the capitalist work ethic – itself a serendipitous beneficiary of the Protestant work ethic as Max Weber has surmised. This ethic creates a climate wherein “...all pleasures are soured, all judgments are curdled” (Schwartz, 1986, p.68). The individual must embody this inherent asceticism, which is consistent with, and often represents, the machinery of industrial capitalism.

Along with almost all other aspects of late capitalist consumer society then, FAT, or more accurately the *absence of* FAT, has become a commodity, both materially and symbolically. FAT bodies are also individualised, with the individual shouldering sole blame if they cannot gain ‘control’ of their body. How do these notions fit with the current ‘obesity epidemic’, and the tidal wave of advice and admonishments that ‘slothful and gluttonous’ Western society is subject to?

The focal point of this thesis is a material substance: FAT. However, as will be demonstrated, the intricacies surrounding this subject point to its largely symbolic nature, hence, a significant measure of this work will explore bodily ideals and conceptions – ones juxtaposed with material reality. The central question to be asked is: why do we currently face a constant barrage of negative messages about FAT? To address this question, this thesis will provide an overview of the historical, biological, cultural and environmental determinants of body FAT, with a view to illuminating why it is that firstly, FAT is so demonised in the West, and secondly, if the antidote to this demon is simply a matter of individual diet and exercise, why then is society getting fatter? The assumption that we are indeed in the midst of an ‘obesity epidemic’ also requires some attention: one crucial aspect of this epidemic discourse is the insistence that being ‘overweight or obese’ is unhealthy *in itself*, not to mention the numerous diseases attributed to it. This assertion will be challenged, along with the ‘solution’ to this epidemic – the ‘war on obesity’.

What of the solution? What does this war entail? What weapons will be used? Who will be the casualties or ‘collateral damage’? Will there be ‘friendly’ fire? It shall be argued that the casualty will not be FAT the substance, as intended, but rather the already despised and discriminated against FAT population. Whether considered ‘overweight, obese, or morbidly obese’, these people will bear the brunt of the ‘war’, which, it will be maintained, will only intensify the ‘crisis’ that is the fattening population.

Inextricably linked to the issue of ‘globesity’ is the fact that, along with numerous other negative conditions or attributes, FAT foods and FAT bodies have become the provenance, and are symbolic of, the poor. Moreover, FAT remains a feminist issue, and is increasingly an ethnic one, with a large percentage of the world’s FAT population consisting of the poor, women, and ethnic minorities (de Garine & Pollock, 1995). Therefore, the triad of gender, race and class will be of vital concern to this thesis’ discussion.

It is recognised too that in taking a wider scope of the dynamics surrounding body FAT some areas will not be granted the in-depth coverage that is warranted. An advantage of a more expansive multi-factoral approach however, is that the identification of virtually all of the facets that contribute to conceptions of FAT provides more fertile ground for further research on the topic.

The word FAT is used throughout this work due to its essential centrality to the topic. It *is* the topic. In addition though, it is used in preference to the more common terms ‘overweight and obese’ as these are the words at the heart of the ‘obesity epidemic’ discourse. As will be revealed, these terms are derogatory, arbitrary, and culturally encumbered – yet it is FAT that is considered a four letter word. This thesis intends to employ this four letter word in an exercise of recuperation, in order to render conspicuous what postmodern society wishes would disappear.

Theoretical Framework/Themes

The central theme will be one which examines differing aspects of the apparent **contradiction inherent in the dominant logic of consumer capitalism** as it relates to the food/body/FAT nexus, the ‘obesity epidemic’, the ‘war on obesity’, and the positioning of the FAT body in such an environment. In venturing to ascertain the grounds for the West’s contemporary obsession with FAT, a genealogy of sorts will be undertaken into how the body has been historically configured. Thus, a further dominant theme will be one of changing **bodily conceptions and ideals**, and how various cultural phenomena have influenced these. While applying these themes will go some way to providing answers as to why FAT is currently such a negative entity, a **deconstruction of the hegemonic discourse** regarding ‘obesity’ will allow further insights into the extent of FAT aversion and the assorted vested interests that accompany it. Finally, **anecdotal evidence** will be employed to determine the degree to which the societal antipathy toward FAT affects the everyday lives of people classified as ‘overweight or obese’. As such then, this work will comprise part Neo-Marxist critique of political economy, part historical and anthropological analysis, part discourse analysis wherein the FAT body will be situated as a social construction, and a dash of ethnomethodology.

Owing to the multi-faceted nature of research into the food/body/FAT convergence, it is not the intention of this thesis to finesse fine theoretical points. Rather, theory will be used pragmatically in a ‘tool box’ fashion. This may be termed ‘postmodern eclecticism’, which, much like ‘deconstructionism’ seeks to demolish or subvert certain dominant assumptions and discourses – a definite and significant objective of this work. Most often however, these approaches, as is congruent with their ‘relativity of truth’ premise, are content to leave their work demolished; afraid that any attempt at reconstruction or proffering concrete alternatives will be considered totalising. While this thesis largely adheres to the requirements of utilising such an approach, in the spirit of eclecticism it would like to make incremental steps toward reconstructing FAT discourse, thus leaving the reader with a possible alternative ‘truth’ or ‘reality’.

The theories employed include those of ‘body’ theorists such as Susan Bordo and Michel Foucault – the former due to her insightful and comprehensive feminist critique of the forces that shape both our material and symbolic bodies, and the latter because his works are crucial to any analysis of the individualised and scrutinised (post)modern body. Karl Marx and Neo-Marxian theorists such as Pierre Bourdieu will be utilised for a critique of consumer capitalism’s complicity in the construction of the negative FAT body, as well as an examination of the relationship between food/body/FAT and class. This thesis will engage with further theorists as appropriate, such as Marshall McLuhan, Friedrich Nietzsche, Norbert Elias, George Orwell, bell hooks, Deborah King, Chris Shilling, Max Weber, and Thorstein Veblen. Largely though, points will be made with reference to various anthropological, obesity theory, and activist writings – which formed a significant section of the literature review, and to which we shall now turn.

Literature Review

The very first type of literature to be reviewed, and one which, in essence, sparked the rationale for this thesis, was the avalanche of news media articles on the ‘obesity epidemic’ and the dangers of FAT, most with the implication that if we did not eat less and exercise more then Western society would be doomed. This was followed up by a brief analysis of all types of media, including television programmes and news bulletins, magazines, books, ‘advertorials’ and websites, which demonstrated the extent to which alarmist ‘obesity’ discourse – and FAT abhorrence - had permeated the public consciousness. The fact that these articles were generated within a climate of hyper-consumption and an increasingly ‘thin ideal’ triggered an interest in the cultural antecedents to this seemingly absurd situation. A review of the literature on historical practices and ideals concerning consumption and the body, from Ancient Greece to the current day West, proved very fruitful in this regard. The most rewarding of these, for the purposes of this thesis, were Roberta Seid’s (1989) *Never Too Thin: Why Women Are At War With Their Bodies*; *Never Satisfied: A Cultural History Of Diets, Fantasies And Fat* by Hillel Schwartz (1986); and Peter Stearns’ (1997) *Fat History: Bodies And Beauty In The Modern West*. Because a chief intention of this thesis was to subvert the contemporary notion

that sees FAT as objectionable and harmful, it was considered that a review of anthropological literature on bodily practices and ideals would illuminate alternative conceptions of the body. While there is considerable anthropological literature on this topic, the review was confined to that which specifically mentioned FAT, and this is where the volume *Fat: The Anthropology Of An Obsession* by Don Kulick and Anne Meneley (2005) was particularly pertinent.

The identification of alternative cultural configurations of FAT and the body then generated a search for literature that presented cogent arguments against the current ‘obesity epidemic’ discourse and anti-FAT sentiment. While literature of this sort was not abundant (there were however numerous books and journal articles on the ‘problem’ of FAT and why the West has become so) several key works were found; most notably *Eat Fat* by Richard Klein (1996); *Fat! So? Because You Don’t Have To Apologize For Your Size* by Marilyn Wann (1998); *Big Fat Lies: The Truth About Your Weight And Your Health* by Glen Gaesser (2002); *The Obesity Myth: Why Our Obsession With Weight Is Hazardous To Our Health* by Paul Campos (2004); *Revoltin’ Bodies? The Struggle To Redefine Fat Identity* by Kathleen LeBesco (2004); and most recently, *The Obesity Epidemic: Science, Morality And Ideology* by Michael Gard and Jan Wright (2005).

The final leg of the literature review involved drawing out the discriminatory practices experienced by the FAT in Western society, mostly documented by feminist writers or human rights activists. Sandra Solovay’s (2000) *Tipping The Scales Of Justice: Fighting Weight-Based Discrimination* was most relevant in this regard, as was *Shadow On A Tightrope: Writings By Women On Fat Oppression* by Lisa Schoenfelder and Barb Wieser (1983), and Marcia Millman’s (1980) *Such A Pretty Face: Being Fat In America*.

It was deduced that there was indeed a gap in the literature with regards to critical writings or research specifically concerned with body FAT, its socio-symbolic history, and its contemporary significance. While – mainly feminist – research on the body and its cultural determinants constitutes a sizeable sphere, the focus to date has been on the *thin* body in the West. Overall, this literature review revealed that there has been

remarkably little general cultural explanation for the revulsion felt toward FAT that is increasingly infiltrating our consciousness.

Chapter Overview

The following chapter will take an historical look at FAT and the body, both materially and symbolically, in order to highlight not only how we may have reached this ‘saturation’ point in the West, but also how the FAT body has been constructed. FAT was not always considered distasteful or undesirable, nor was it an indicator of low status; rather the converse. In various historical periods FAT denoted prosperity and health. Indeed, there are still several cultures in the world today in which FAT bodies are desirable – where FAT signifies health, fertility (in women) and power (in men).

Chapter three picks up on these historical threads to ascertain the departure point for positive connotations of FAT and the forces that instigated and reinforced FAT aversion. It will identify the main cultural determinants that saw the fear and loathing of body FAT rise to the crescendo it has reached today, as well as the groups or institutions that benefited from what was to become an obsession, namely the upper classes and the weight loss industry.

Chapter four explores conceptions of the body in non-Western cultures – with particular reference to ‘ethnic minorities’ within dominant Western society such as African Americans and native Hawaiians. This cross-cultural look at the body/food/FAT confluence will highlight the cultural relativity of bodily ideals and practices, as well as identifying some of the reasons for the current association of FAT and ill-health with certain ethnicities, and, correspondingly, poverty.

The final chapter builds on the foundations of societal attitudes toward FAT that have been discussed in previous chapters in order to appraise the dominant discourse that has produced the notion of an ‘obesity epidemic’, and the frenzy it has generated throughout the Western world. It will focus on, and deconstruct the key assumptions that underpin

such a discourse, in the process drawing attention to the general essence of the consumerist, medicalised, individualised, anxiety producing age in which we live – one that has proven an ideal setting for an obsession with body FAT. It will be argued, finally, that the ‘obesity epidemic’ discourse is largely based on fear and fallacy, and that its ensuing ‘war on obesity’ is not only injudicious, but will serve to exacerbate the already onerous living conditions that the FAT person must endure in a society that ascribes to the FAT a mass of negative significations.

CHAPTER 2: MULTIPLE DIMENSIONS

Let me have men about me who are fat
Sleek-headed men, and such as sleep o' nights
Yond Cassius has a lean and hungry look;
He thinks too much; such men are dangerous

Julius Caesar,
Act 1, Scene 2.

FAT is a three-letter word with variable meanings. As Richard Klein (1996) points out in *Eat Fat*, it can refer to a substance, a food, or someone's body. It can be used as an adjective, both positive and negative, and as a noun. Allusions to the positive, such as 'fat of the land', 'fat purse', and 'phat sound' (African American vernacular) connote images of abundance, health, and plenty. The dominant semiotic use of FAT in the West however, is invariably negative in nature, often expressed in an ashamed, alarmist, or disparaging tone - whether referring to material greed, as in 'fat cat', bodily non-conformity as in 'fat cow', or the disgust directed at food which is 'full of fat'.

This modern condemnatory discourse surrounding FAT is anything but simple or absolute. Definitions of FAT, and opinions about its value have varied a great deal both historically and geographically, with the Western version of FAT still up for contestation in many parts of the world, and indeed, in pockets of the West. FAT, in any society, is never purely about food, bodily weight, health, or beauty, but rather it is a symbol; "a mirror we gaze into to glimpse the things society tells us are the fairest – and the grossest - of them all" (Kulick and Machado-Borges, 2005, p.121).

Generally speaking, FAT, as a food and a bodily condition, is appreciated where food is scarce and/or the supply erratic, and low-fat foods and thin bodies are popular where food is abundant (de Garine and Pollock, 1995; Gardner and Halweil, 2000; Smith, 2002; Popenoe, 2005). Because humans evolved in environments of scarcity, they developed a preference for (traditionally scarce) fats (and sweets), as they were crucial for storing

energy in lean times (Gardner and Halweil, 2000). This mechanism for storing FAT easily – often termed the ‘thrifty gene’ (Beller, 1977; de Garine and Pollock, 1995) - has undoubtedly contributed to the increase of body FAT in societies of ‘abundance’. However, because food abundance has been relatively rare historically, it is not surprising to learn that roughly eighty percent of human societies on record have had a preference for a plumper (typically female) body (Popenoe, 2005). The first figures found that portray the human body are thought to be more than fifteen thousand years old; they are all female, all very round, and they all have erotic zones that protrude abundantly – the most famous example being what archaeologists call the ‘Venus of Willendorf’ (Klein, 1996).

What these preferences illustrate is that while our *material* corporeal form is seen to be largely determined by the interaction of human and environmental biology, body *ideals* are grounded in environmental realities and *economic orders*, which in turn influence cultural values. Then, it could be argued, these cultural values help determine our concrete corporeality: much like the dialectical process described by Marx and Engels (1964), whereby the relationship between the dominant ideas of a society and its economic base is not a simple one-way causal movement, but rather a back and forth interchange. Or, to put it another way, cultural change engenders physical change and vice versa in a feedback loop (Wright, 2005). FAT, therefore, is intricately bound up with issues of both resource distribution and personal recognition. As a substance and a signifier, it is an aspect of personal embodiment that elucidates wider issues of society, economics, politics, culture, and morality: as Forth and Carden-Coyne (2005, p.7) state, “(t)he way in which we cultivate our bellies reveals a great deal about our culture generally”.

Another way in which this close relationship between diet, material development, and ideology can be exemplified is in Gardner and Halweil’s (2000) description of the Gule people living thousands of years ago near what later became Savannah, Georgia, in the United States. The Gule people lived a typical hunter-gatherer existence, meeting their daily energy requirements through nuts, fruits, plants, deer and seafood, and naturally keeping a balance between calorie input and energy output. This balance ensured that

FAT corporeality was of no concern, as the population generally did not experience times of *extreme* food scarcity or famine - there were 'light bouts of seasonal scarcity' - thus the FAT body was not exalted as a sign of abundance or an essential storage system.

With the growth of agriculture amongst the Guale (probably to increase food supply for a growing population, according to the authors) both diet and activity changed. Corn was now plentiful, and able to be stored, freeing the people to spend less time gathering, hunting, and cultivating food, and more time on creative endeavours. This, say Gardner and Halweil, had a negative effect on the Guale people's diet and health, as diets tied to the cultivation of a few major crops lacked diversity, and therefore were deficient in the full range of vitamins and minerals that had benefited hunter-gatherers. In addition, episodes of hunger may have been less frequent, but they were more severe, and regularly reached famine levels. The FAT body would have become a state to strive for in times of (crop, largely carbohydrate) plenty, in order to lay down reserves for imminent famines. The material necessity of FAT (if it could indeed be achieved) would quite rapidly develop into a signifier of wealth, health, and hence, beauty.

The purpose of this example is to provide a background to, and foundation for, the continually contested and multiple denotations surrounding FAT over both time and space. As intimated by the example of the Guale people, FAT foods and bodies have historically been unequivocally associated with the rich – those most able to access the nutritive resources (although in collective societies such as that of the Guale, those who were better able to access the resources would *share* the spoils; a point that will be explored further in a later chapter) – while the thin body indicated poverty, and as such, for the most part, has been considered undesirable.

In the modern (and post-modern) West however, this quite discernable historical pattern has experienced an inversion: in contemporary North America, Europe, and other Western nations the FAT body *and* FAT foods have become a determinant, and an effect, of poverty (see for example Powdermaker, 1997; Kipnis, 1998; Sobal & Maurer, 1999; Crotty & Germov, 2004; Harrison, 2005; Kulick & Meneley, 2005). This chapter

aims to apply a selective overview of FAT and its material and symbolic impedimenta through a brief survey of the successive changes and contested meanings of FAT, the body, health, fashion, and beauty as experienced from Ancient Greece and Rome to the present day West.

It is anticipated that this historical examination will, firstly, shed some light on the reasons for the preponderance of FAT amongst the (mostly) Western poor, when FAT has typically been associated with wealth; secondly, construct a framework in which to evaluate the West's current obsession with thinness; and thirdly, simply to highlight the fluid nature of the meanings and uses of FAT – as a substance, food, condition, language, and aesthetic – in order to debunk the contemporary omnipresent notion of FAT as an inherent negative entity.

If it were as straightforward as describing the love of FAT in times of food scarcity versus the hatred of it in plentiful times, then this sojourn into the global history of attitudes toward FAT would probably prove unfruitful. In fact notions of bodily and health ideals have rarely been that uncomplicated. For example, it is generally assumed that the modern anxiety over obesity is a relatively recent phenomenon, but this concern has a long history in the West, and can be traced back to Plato and the idea that the (superior) mind is at continual war with the (inferior) body. It is to Plato, and the Ancients, that this chapter will presently turn – but first, a little etymology.

The Teutonic root for the word fat means to hold or contain, like a vessel or a vat, particularly a precious one containing baptismal water, or wine (Klein, 1996). This notion is demonstrated quite clearly within the Arab population of Niger, a people who venerate the corpulent female form, and view the body much like a cooking vessel; potentially leaky, containing potent and valued substances, and at its finest when full and cooking (Popenoe, 2005). While it is the ideal female body that is conceived of in this way, a concept that is somewhat congruent with the Western world's dualistic heritage which aligns all that is corporeal with the feminine (and thus inferior), it is the alternative perspective of the body, and of FAT itself, which is of interest here.

Unlike the typical lowly status the body has endured in the Western intellectual tradition – wherein the mind delineates our material corporeality and its accompanying urges as base, animalistic, and in great need of taming (Bordo, 1997), the body in societies such as that of the Arabs of Niger – if a little license may be taken with Rebecca Popenoe’s (2005) conclusions - is celebrated as a tangible, integral aspect of a more holistic world-view; one that makes little distinction between ideas and the corporeal. Thus, the body, and particularly the FAT body because it potentially contains *more*, is the vessel that envelopes the essence of life and all that is valuable, including the mind.

The body of the Western intellectual canon is by comparison a much lesser entity, although still of great significance due to the incessant attempts at harnessing its desires least they result in tyranny. This chapter will now turn to the genesis of such thought – in fact, it could be argued, the genesis of *most* (Western) thought – Plato and the Ancients.

Beauty, Health, and the Body in Ancient Greece and Rome

The negative view of physical flesh that dominates Western thought can undeniably be traced to Ancient Greece. Greek ethics held that the desires of the soul should be guided by a self-control termed ‘healthy thinking’, which opposed itself to the inevitable ‘sufferings’ of bodily impulses (Shilling, 2005). This approach of course denigrated the body while elevating the mind to the status of ‘true humanity’. Underlying this perspective is the fundamental dualism whereby “human existence is bifurcated into two realms or substances: the body or material, on the one hand, and the mental or spiritual, on the other” (Bordo, 1997, p.230), which has historically been configured as the ‘mind/body problem’ or ‘split’. This dualist tradition – which underpins dominant Western thought to this day – has its origins with Plato, who directed a myriad of diatribes against the body, which he saw as a hindrance to clarity of thought. Plato contended that the body was something alien, a confinement and an enemy, to be fought, by the mind, for ultimate self-control (Bordo, 1997). The body, says Plato, is

A source of countless distractions by reason of the mere requirement of food...
...liable also to diseases which overtake and impede us in the pursuit of truth;
it fills us full of loves, and lusts, and fears, and fancies of all kinds, and endless
foolery, and in very truth, as men say, takes away from us the power of thinking
at all. Whence come wars, and fightings, and factions? Whence but from the body
and the lusts of the body.

(1953, 66c)

The body, then, from the outset of Western philosophical thought, was a foreign, superfluous creature – one that required constant monitoring and management. This did not bode well for matters relating to the abdomen, and it was to be a powerful precursor of contemporary attempts to control the body – particularly the FAT body. Plato contrasted the ‘false’ feelings of the stomach with the power and purity of reason: he argued that there were four separate souls and that the highest soul (in the head) was isolated from that of the belly so as to limit gastronomic impact on rational capabilities (Gilman, 2004). The mind, therefore, reigned supreme, and was not to be tainted by the brute carnal desires of the body.

If the body was an unruly organism in need of discipline (and punishment – as shall be demonstrated later with St Augustine and Foucault), how then was the FAT body configured in Ancient Greece? Despite the fact that Plato himself was considered FAT (as were most philosophers of the time, probably due to the sedentary nature of their occupation), along with Socrates - who apparently danced every morning to keep his figure (Seid, 1989) - for the Greeks bodily FAT was ugly; the antithesis of the beauty of the male as presented in classical Greek sculpture, and, as Greece was a society built around exercise, an impediment to the ideal of the Greek athletic form (Gilman, 2004). The FAT male in particular was the manifestation of the mind losing *control* of the body. The FAT female was of less concern, due to both the general disregard of her mind and the expectation that females, being closer to *nature* than males, will surrender more easily to their basic urges. Optimum fertility however, was an important matter; thus females *and* males were admonished to follow Aristotle’s law of the ‘golden mean’ – everything in moderation, later to be adopted by the physician Galen.

Therefore, while the balanced, athletic body was revered within the Greek polis, it was as body subordinate to mind. All that was corporeal must be forced into compliance; a triumph of the will over desire and temperament. The possession of *excessive* FAT was a disease, according to Hippocrates, the father of Greek medicine, although so too was the thin body; reinforcing the notion of balance, symmetry and proportion (Klein, 1996). Greek bodily standards though – with regards to both health and beauty – were by no means as rigid as those inherited by the contemporary West (note the solid, ample, healthy form of Aphrodite), however, the origins of the link between bodily composition, food intake and morality can be established within this period. Hippocratic sources and moral philosophers entwined moderate eating, drinking and exercise habits (texts advised fleshy people to ‘walk faster’) with the social morality of *sophrosyne*, meaning soundness of mind and balance (Forth & Carden-Coyne, 2005).

In the transition from Greece to Rome, or from Aphrodite to Venus, as Roberta Seid (1989) frames it, the balanced body – although retained as a principal component of health and beauty – was no longer elevated to cult status. According to Richard Klein (1996), because the Romans were not as athletic as the Greeks, the exaltation of the disciplined body was displaced by preoccupations with dress and adornment, which allowed the concealment of bodies that might have lacked the certain dignity that was expected. In addition, the Romans oft preferred banqueting to athletics, installing vomitoriums as adjuncts to lavish banquets in order that guests could relieve their overfull stomachs – probably more so they could continue feasting than any concern to prevent FAT. Klein reminds us too that Nero was FAT: an example, along with the abundant banquets of the Roman Empire, of the equating of high status with corpulence and plenty.

This is not to suggest that the Romans had little concern with the body, FAT, and morality – on the contrary, it is with moralists in the Graeco-Roman tradition that we see the influences upon Christian ethics, wherein the bodily and civic disorder associated with excess was turned into specific transgressions: the seven deadly sins (Forth & Carden-Coyne, 2005). Keeping the dualist tradition in tact with an abhorrence of bodily functions (as though they were alien to the self, emanating from a wild force that

constituted a disorder), the Romans exhibited a deep shame of *incontinentia*, or lack of self-control. This shame condensed the stomach into a moral code about sexual and bodily licence, and was to set the scene for all unrestrained appetites becoming the deadliest of sins. Interestingly, as the belly was seen as the source of all appetites, Romans regarded prostitutes as given over to indulgence – because of their ‘sexual cravings’ and because they ‘ate too much’ (Forth and Carden-Coyne, 2005). In this setting though, it was *gluttony* that was linked with poor morality and discretion, not FAT as such. As shall be demonstrated shortly, despite ephemeral concerns with bodily FAT by Ancient Greek and Roman philosophers and medics, the dominant anxiety over the next few centuries would remain largely with the perceived *acts* of immorality as pertinent to the corporeal (and thus the soul), rather than the actual bodily outcomes of those acts. It would take until the early twentieth century before FAT, with all of the historical connotations it had acquired along the way, would be regarded as a depraved, despicable substance in itself.

Christianity and Beyond: Hunger, Appetite and Morality

Accompanying the triumph of Christianity was a deeper entrenchment of the mind/body binary, whereby *absolute denial* of all earthly desires and appetites became a state to which all should strive to realise. Control of all bodily longings was directly linked to holiness for the early Christians, with the promise of paradise in the hereafter if the ascetic life could be achieved. Of course one could not deny the body completely of nourishment, but this, along with other earthly requirements such as sexual intercourse, was to be undertaken with utmost simplicity and lack of enjoyment (Forth & Carden-Coyne, 2005). The body thus ceased to be a “mirror of divine perfection”, as with the Greeks, and became an “object of humiliation and shame” (Clark, 1956, p.309). The FAT – or ‘fleshy’- body, related at this stage to earthly riches and therefore maligned as a manifestation of extravagance and pleasure, was even further away from what was to become the ideal of the *non-existent* body. Thus spoke St Jerome:

The attenuation, the slenderness, the deliverance of the body from the encumbrance of much flesh, give us some assimilation, some conformity to God and his Angels...

the less flesh we carry, the liker we are to them who have none.

(Quoted in Schwartz, 1986, p.315)

St Augustine – perhaps the most notorious flesh/pleasure-hater and self flagellator of the early Christian period – reasserted Plato’s mind/body problem by designating the body as the *entire* problem; explicitly and repeatedly describing it as the *enemy*, and as the home of the “slimy desires of the flesh” (Cited in Bordo, 1997, p.231). Augustine provided instructions of how to gain control over the body, all the while admitting his own struggles (in what must have been a wretched life) with the desire to eat and drink: “In the midst of these temptations I struggle daily against greed for both food and drink. This is not an evil which I can decide once and for all to repudiate and never to embrace again, as I was able to do with fornication” (Quoted in Gilman, 2004, p.51). Here Augustine displays the dilemma that many current-day individuals find themselves in: the compulsion to control consumption and body weight (which is itself the very legacy of the dualistic thought and body-loathing displayed by Augustine) is unlike any other bodily denial, as food is a requisite for existence (well, earthly existence). Any attempts at limiting its intake will thus be fraught with pitfalls.

The reverence directed toward the condition of complete bodily denial is exemplified in the ‘holy anorexics’: women who have achieved saintly (albeit cult) status by remaining alive despite permanent fasting, facilitating a strong connection between the absence of FAT and the presence of divinity (Gemzoe, 2005). Susan Bordo (1997) has identified this initial ‘triumph of the will’ over the body in pursuit of holiness and transcendence as a significant antecedent to the contemporary anorexia nervosa mentality, though it was the process of eating, rather than body shape that ensnared anorexics at this point. The gender differences in the pursuit of holiness are noteworthy here, as good Christian males, while too at times starving themselves to be ‘closer to God’, tended on the whole to renounce wealth and power. Women, having little power and wealth to renounce, were more liable to emphasise the renunciation of food in their spirituality (Gemzoe, 2005).

The *disappearance* of the body during the dominant Christian era was the definitive goal, as would occur after death. The ideal body was the divine body, to be found only in heaven, while the earthly body was an onerous weight, one that dragged the soul. Augustine describes heavenly bodies as possessing “a wondrous sense of movement, a wondrous lightness” (Quoted in Gilman, 2004, p.52). During our earthly existence we must learn to live without our bodies and their appetites as much as possible. Food and FAT were thus mutually configured as impediments to reason, piety, and the destiny of the soul, although gluttony itself was considered the greater transgression as causal links between food intake and corporeality had yet to be fully established in societal consciousness (Albala, 2005).

Nonetheless, according to Bordo (1997), the attempts to discipline the spontaneities of the body in the interests of control and righteousness only succeeded in constituting those compulsions as more alien and more overwhelming – thus more needful of control. Again, this was to set a powerful precedent for the obsession with bodily control and regulation, which was to develop further over the next few centuries, reaching its zenith in the twentieth century West.

During the late Middle Ages and the Renaissance, the negative attitude of ascetic Christianity toward the body underwent a slow transformation. The human body once again came to be seen as an object of beauty, with clothing becoming an important characteristic of its celebration. Roberta Seid (1989) points to several developments that caused this change, from the flourishing of trade and the emergence of towns and a middle class, to the rediscovery of the classical world, the revival of learning, and the emergence of humanism.

There were, however, class distinctions to the way in which the body, and consumption, were viewed. The lower classes, experiencing food insecurity due to an inability to command food through what Stephen Mennell (1997) calls ‘entitlement’ relationships (and not necessarily ‘crop failure’ as has been the general explanation), were accordingly clearly not concerned with self-control over appetite. Comparable to all societies where food supply is erratic, the lower classes, or peasants, of the Middle Ages considered

gluttony a necessity in times of plenty, and FAT itself a signifier of that abundance. A thin wife brought disgrace to a peasant, but of a plump one it was said, “a man will love her and not begrudge the food she eats” (Klein, 1996, p.139), while men too were supposed to be corpulent, judging – as Klein suggests – from the painter Breughel’s scenes of high life and low, where “mostly everyone is tubby, afloat in rolling fat, while gluttony abounds” (Ibid.).

While a more ‘civilized’ aesthetic and mode of eating was to develop amongst the higher classes through the Renaissance period, during the Middle Ages the upper echelons of society were also not much concerned with bodily constraint and control of appetite. While they too experienced food insecurity, they needed to distinguish themselves from their inferiors by the sheer quantities they ate: “those who could, gorged themselves; those who couldn’t, aimed to” (Quoted in Mennell, 1997, p.324). The banquets held during that time are legendary (although not as widespread as is assumed), which, with the spectre of the gluttonous Gargantua as a role model, involved spectacular displays of appetite and profligacy, and were symptomatic of the great inequalities in the social distribution of nourishment. The FAT body therefore, if considered at all, was generally regarded as attractive by both the upper and lower classes of the Middle Ages; for as with the people of Guale, it signified an abundance – and with the rich a surplus - of resources, as well as the lack of the need for physical labour.

There was some disgust directed toward FAT however during the medieval Gothic period, which took the form, in some quarters, of idealising the ethereal body – this Gothic ideal was gaunt, bony, and potbellied. According to Klein (1996), although FAT has, for the most part, been admired and desirable, the abhorrence of the FAT body has historically occurred in periods of high religious sentiment. During the medieval Gothic period then, “...fat was taken as the emblem of all the mortal weight of sin arising from temptations to which the flesh is given” (Klein, 1996, p.129), a sensibility that was to reappear during the Romantic era of the late eighteenth century, and, it could be argued, one that is prevalent (although without the direct religious reference) in contemporary discourse on FAT.

The Gothic ideal notwithstanding, to be FAT in the Middle Ages was, by and large, socially sanctioned. To be obese (the definitions no doubt differing from the current day), at least as far as dietary writers of the time were concerned, was the result of a phlegmatic constitution - gluttony, being rather rare and as a rule confined to the rich, notwithstanding. There was a passing medical interest in *extreme* obesity (itself being even rarer), but this focused primarily on the way the condition compromises movement, breathing, the circulation of fluids through the body, and reproduction (Albala, 2005). Hence, FAT per se was not yet allied with disease, nor with morality.

There were however, at least among theologians and dietary writers, respective moral and health concerns against the increasing acts of gluttony. Eating and drinking to excess, and consuming too greater diversity of food without any order was considered the source of innumerable diseases (but obesity was not one of them), and most nutrition writers believed that gluttons were poorly nourished; their systems being thrown into such a state of disarray that food would not be properly processed (Albala, 2005). On the moral front, reminiscent of early Christian admonishments, was the anxiety over greed, lust, and licentiousness that would defile the soul. There was also the Christian concern with overindulgence while others went hungry. Thus, by the Renaissance moral warnings were well intertwined with medical warnings about gluttony. Shakespeare's Falstaff knew that "the grave doth gape/ for thee thrice wider than for other men" (Quoted in Seid, 1989, p.54).

Each of these medical and moral trepidations set the scene for the 'civilizing of appetite' which Mennell (1997) sees as a natural element of the larger 'civilizing process' which began in earnest, according to sociologist and historian Norbert Elias (1978), (initially) amongst the upper classes of Europe around the seventeenth century. This process refers to the modifications in manners and tastes brought about by wider changes in societal structure, which in turn had an effect on how people ate. Along with the containment of the blasé medieval attitude toward bodily functions such as spitting, belching, farting, urinating, defecating, and even copulating (Seid, 1989), gone too were the luscious banquets where the well off dove rapaciously into whole animal carcasses and then threw up in order to resume feasting. Crucial to the civilization of appetite was

the hoary notion of self-control – once again to insinuate itself into the now ‘civilized’ consciousness of the wealthy.

Accompanying the new restraint and delicacy required with appetite and eating, according to several commentators (Burnett, 1966; O’Hara-May, 1977; Mennell, 1997), was the beginning of a fear of FAT amongst the upper classes. The “magnificent amplitude of the human frame” (Mennell, 1997, p.331), which was once the ideal model in Europe (and remains so in societies where poverty and food insecurity are prevalent) was gradually replaced by the archetype of the slim figure.

The Enlightenment

Fundamental to the new focus on - and faith in - Man, Reason, and Nature that has been termed the European Enlightenment was a secular entrenchment of the familiar mind/body dualism, with the conviction that the power of the *rational* mind, rather than the spirit or the soul (although metaphysics was not disregarded entirely) could wilfully control all bodily functions and impulses. With the influence of the aforementioned ‘civilizing process’ and that of philosophers such as Immanuel Kant, who wrote, *inter alia*, on ‘Overcoming unpleasant sensations by mere reasoning’, and Rene Descartes, a pioneer of the scientific paradigm which viewed the body as mechanical and non-thinking, ontologically distinct from the essential self (Bordo, 1997), attitudes toward the body, eating, health and beauty entered a new realm. A key aspect of this new attitude was the Enlightenment contention that the individual was paramount, and as such was responsible for his (and later her) own body shape and health – an optimum state being one which could be arrived at using reason and self-control.

Very early in the Enlightenment period, artists such as Rubens exhibited an aesthetic taste for a weighty, solid, fleshy (female) body, which was a precursor to the dominant Enlightenment notion of the body as ‘natural’. However all that was natural, under dualistic thinking, was meant to be conquered. The Rubenesque form accordingly fell out of favour as a corporeal/beauty ideal, to be replaced – again, amongst the upper

classes, but increasingly the rising middle classes – with a slenderness for both males and females (although ‘slender’ was far heavier than would be desirable today) that typified the conditions and sentiments of the day; rationality, refinement, and control of the body by the mind.

As well as beauty ideals, the attitudes and behaviours surrounding food constituted a further impetus for the desirable slender frame. With the gluttonous appetite now considered rude and coarse, and with increasing security about the food supply, eating practices were shifting to more regularised, controlled eating, and saw the introduction of ‘gourmet’ food amongst noble families – ‘cuisine’ that was intended to whet appetite rather than alleviate hunger (Seid, 1989). Further, the Enlightenment ideas brought an increase in the medicalisation of conditions such as obesity (the term itself, deriving from the Latin *obesus*, meaning ‘having eaten well’, rarely being used before the nineteenth century) (Klein, 1996), though it is not clear as to whether, throughout the long period that is regarded as the Enlightenment, FAT was considered a pathology per se. Gilman (2004) notes however that FAT may have been considered ‘bad’, both morally and medically, as a side effect of ‘immoderation’. With rational control over the body and its appetites the objective of all upstanding citizens, Aristotle’s ‘golden mean’ was evoked once more.

Suitably then, it is during this time that the origins of a bona fide dieting culture can be discerned (Schwartz, 1986). Various methods to rid the body of FAT had been attempted at different historical stages – from Socrates’ dancing to the (not wholly successful) surgical removal of FAT in Ancient Rome – but FAT had not been detested quite as much as it was to be. Concern with dieting took on new dimensions in the late eighteenth and early nineteenth centuries. It was at this point, according to Peter Stearns (1997), that the word ‘diet’ began its evolution from its initial meaning in English, of a regime stipulating certain types of food to remedy illness, to its modern usage of losing weight. In addition, by the nineteenth century the ‘science’ of diet and the body had seemed to replace the morality associated with them, although as shall be discussed later, morality never did disappear, but was merely subsumed into the medical discourse surrounding the body and obesity that was to flourish in the twentieth century.

A final crucial historical period that helped establish the current complexity of meanings related to the body and FAT in the West is what has been termed the Romantic era. A blip of fifty years or so during the late Enlightenment/early Victorian period, the Romantic Movement was a re-invented Gothic sensibility exhibited mainly throughout the arts, which had a significant impact on bodily ideals and the societal mindset toward ‘animal appetites’. Says Richard Klein: “The Romantic soul inhabits a slender body, one whose shape bespeaks a disinterested, ascetic relation to food and to the material world in general” (1996, p.142). This sublime aesthetic – being ethereal, brooding, melancholic and pensive - evoked the idea of some “edifying elevation beyond the flesh” (Ibid.).

The epitome of the Romantic figure was the ballerina, dancing on point (Seid, 1989), exemplifying the aspiration of the human body to resemble the human soul, while the epitome of the Romantic consciousness was the anorectic poet Byron who, despite an apparent desire for voluptuous women (but he did not want to see them eating) (Stearns, 1997), dieted on hard biscuits, soda water, and potatoes drenched in vinegar in order to keep his body in utter subjugation to the ‘creative genius’ that was his mind (Schwartz, 1986). A quote from the *Newark Daily Advertiser* in 1838 demonstrates clearly the dominant attitudes of the day:

We are decided admirers of leanness. Our greatest characters are usually little, attenuated men; stomachless, meagre, lean, and lath-like beings, who have spiritualized themselves by keeping matter in due subordination to mind.... Obesity is a deadly foe to genius; in carneous and unwieldy bodies the spirit is like a little gudgeon in a large frying-pan of fat, which is either totally absorbed, or tastes of nothing but lard.

(Schwartz, 1986, pp.38-39)

Quite evidently then, and with a strong evocation of Plato, St Augustine and Descartes’ hierarchical mind/body dualism, FAT during this period (at least amid the ‘arty set’) was reviled – it was considered an actual material hindrance to the type of thought required for artistic greatness. The elevation of the ‘other worldly’ gaunt, and even emaciated body generated an admiration for the sickly, with tuberculosis sufferers such as the poets Keats and Shelley, and Emily Bronte, feted for their illness by the upper classes, who

believed that tuberculosis and the pallid slenderness that accompanied it were signs that one possessed a delicate, intellectual, and superior nature (Fraser, 1998). It was glamorous to look sickly – a notion that was to presage the twentieth century fascination with emaciated supermodels and images such as the skeletal, hollow-eyed ‘heroin chic’.

The idealisation of the thin or sickly body however, is only experienced in societies (or pockets of societies) where food insecurity has well and truly been overcome. Food insecurity had dominated almost all societies in the past, so fatness, for most of humanity, had historically been the predominant bodily ideal. When it became possible for people of modest means to become plump, being FAT was no longer seen as a sign of prestige. What is witnessed in parts of the Enlightenment and Romantic eras is a slow reversal of status symbols: being thin became chic, while being FAT was ordinary (Fraser, 1998). The rapidly changing European - and emulative American - society did not let this ideal continue for long however: plumpness (but never ‘obesity’) was to make a brief fashionable comeback before being consigned indefinitely to the bowels of depravity.

Our Heritage

As has been demonstrated with the Ancient Greeks and onward to the Romantics, the significance of FAT in any society has tended to fluctuate depending on the security of the food supply. The variation and shifts in the meanings surrounding the body, beauty, health, and eating cannot be explained that easily however. As a distinctly human phenomenon (at the risk of sounding anthropomorphic, animals do not seem particularly fussed about fashion or bodily discourse), ideology has been inclined to complement our material reality. For the Greeks, who could be considered the originators of our current standards of beauty with their devotion to the moderated, athletic bodily form, attitudes toward FAT, or lack thereof, were largely formed by the dominant ground-breaking philosophy of the day which emphasised the split between mind and body and the need for the former to control the latter. While these dualisms were to create the foundation for almost all ensuing conceptions of the body and its

yearnings, other factors such as religion, morality, medicine and fashion have helped shape the oscillating societal attitudes regarding FAT to this day.

As with all hegemony though, dominant modes of thought surrounding FAT and the body at any given period were never complete, nor uncontested. For example, there were often periods, such as the Middle Ages, where the rich practiced what Thorstein Veblen (1934) has termed 'conspicuous consumption'. In his discussion of the leisure class of the late nineteenth century, Veblen argued that all conspicuous consumption was designed to vaunt social status, which would have been particularly pertinent to the wealthy during the Middle Ages who felt the need to flaunt their superior position through their voracious eating practices and bodily corporation. These displays of consumption however, have often had to compete with religious notions of self-denial and asceticism, which, according to Stearns (1997), has resulted in a collective guilt trip amongst the upper and middle classes – one which may help explain the contemporary obsession with dieting and weight control, used as a compensatory measure for over-consumption of not just food, but all other goods as well (this idea will be returned to in a later chapter with a discussion of dieting and capitalism).

The point here then, is that although the selective overview of historical conceptions of FAT that has been undertaken in this chapter tends to indicate a general distaste for FAT in the West - one that begins in the upper classes when FAT is no longer difficult to acquire - that has more or less snowballed over the last few centuries (with a few variations along the way), these views have never been absolute, and have been, and still are, often ambivalent, continually contested, subverted, and, as shall be shown in chapter four, culturally contextual. A further important point that has been elucidated by this historical outline is that, contrary to the current Western conceptions of health, beauty, and the body, FAT itself – and indeed, the FAT person – was never seriously maligned. Moreover, the bodies that have been admired were decidedly solid and rotund compared to present day ideals.

French philosopher Michel de Montaigne's view of the body and its urges is a good example of an alternative historical perception. Disregarding the idea that the reasoned

mind could control our passions and correct the ‘false notions’ prompted by our instincts, Montaigne embraced our humanness and its desires and frailties, body and all, arguing that we needed to reconcile our (mind) selves to our bodily selves (de Botton, 2000). Likewise, German philosopher Friedrich Nietzsche too wished to transcend the mind/body dualism. Nietzsche advocated a distinctive holistic outlook on life that involved a fight against the disjunction of reason, sensuality, feeling, and will (de Botton, 2000). While he may not have admired the FAT person (he did stress at times the need for harmony and balance with one’s body, wherein extreme FAT would have been considered out of kilter), Nietzsche railed against not only the metaphorical ‘self-flagellation’ that resulted from the disassociation of body from mind, but also the normative determinations of health (Nietzsche, 1974). The Enlightenment derived notions of equality of ‘men’ and thus equality of health were unfeasible for Nietzsche, because for him equality meant sameness. Human beings were inherently disparate, he said, and thus should be able to determine their own bodily ‘ideal’.

The alternative views on the body and its passions however remained just that – alternative, marginal. Dualistic thought has prevailed; hence relegating the body to a lowly position, and deeming all that the *body* supposedly desires as needful of restraint and regulation. The FAT body is thus doubly negatively configured – as ‘too much’ of a body when bodies are meant to be minimised, and one whose very size displays its alleged failure to discipline a basic drive; hunger. The Victorian age, which shall be discussed briefly in the following chapter, was the last time FAT of any kind was admired in the Western world, although the mind/body hierarchy was still prevalent. However the seeds of FAT hatred that were inadvertently sown by the originators of dualistic thought were to sprout during this period, and by the turn of the century they had grown to healthy little saplings.

CHAPTER 3: THE FAT'S IN THE FIRE

I can reason down or deny everything, except this perpetual Belly:
Feed he must and will, and I cannot make him respectable.

Ralph Waldo Emerson.

During the mid to late nineteenth century success was once more embodied in corpulence due to, among other things, the need for the wealthy to differentiate themselves from the new industrial workers (Stearns, 1997). The plump and corseted (thus controlled) body was admired in women because it emphasised their traditional role as a homebound mother and nurturer, as well as their economic status: feminine FAT was a sign that a woman was free from menial drudgery and that her husband had the financial means to keep her well. For men, the acquirement of a paunch (with obligatory gold watch attached) was a picture of comfortable middle-class prosperity (Fraser, 1998). Fashion during this period favoured flesh, and so did health authorities: doctors regarded hefty body weight and hearty appetite as signs of good health for all age groups and both genders, although *obesity* and *anorexia nervosa* were both beginning to be seen as medical problems (Seid, 1989).

The positive attitude toward adipose was to be quite short-lived however, as older cultural undercurrents that were suspicious of FAT began to emerge. The social and economic changes precipitated by the industrial revolution and modernisation spawned a potent alteration in perceptions of the human body, social roles, health, behaviour and aesthetics. The ostensible 'mastery of nature' that generated mechanisation and mass production transformed Western society with such alacrity and thoroughness that progress appeared limitless. Seid (1989) and Schwartz (1986) discuss how this process produced the systems, the mindset, and the artefacts of the present; notably indoor plumbing, flush toilets, automobiles, telephones, moving pictures, the phonograph, the electric light-bulb, greater personal freedoms (for the upper and middle classes), big-business monopolies, and the seemingly contradictory abundance (with a glutted marketplace) and efficiency (embodied in the machine and later, the production line).

This apparent contradiction is pivotal to an understanding of the twentieth century's complex attitudes toward FAT, and will, throughout the course of this work, be fleshed out (so to speak) some more. Firstly though, a synopsis of the reasons for the unforgiving turn against - and perhaps ironically the subsequent *upsurge* of - FAT is necessary.

Those who have theorised about the West's hostility toward FAT are not in consensus about the reasons for it, nor are they at all unambiguous in their explanations (See most notably Schwartz, 1986; Seid, 1989; Klein, 1996; Bordo, 1997; Stearns, 1997; Fraser, 1998; and LeBesco, 2004). Moreover, there is still no clear accord on how and why certain people become FAT in the first place. Most agree however that the turning point, at least with regards to perceptions, came at the end of the nineteenth, and beginning of the twentieth, century – whereby the aforementioned changes wrought by industrialisation began to crystallise in public institutions and consciousness.

Modernisation

Firstly, the changing economy and improved storage systems brought more accessible and convenient food to all but the poorest families, thus eliminating quite thoroughly the food insecurity that had plagued almost all preceding societies (Fraser, 1998). Showing that, at least in this instance, Marx was correct in his assertion that the ruling ideas of all societies are the ideas of the ruling class (1964), the elite, or upper classes (and by extension the emulative middle classes), who now had what seemed like an infinite supply of nutrition, determined and cemented the desirable bodily form. As has been demonstrated with earlier trends, when the poor could afford to acquire excess flesh, it became passé and unappealing. Like the wealthy in the Middle Ages, the upper classes of the industrial revolution felt the need to distinguish themselves from the wretched worker or immigrant, so with the aid of scientific medicine, the media, and fashion, they set the agenda for what would become the “century of svelte” (Seid, 1989, p.82), which in addition would initiate the culture of slimming. FAT in this context then, with the beginnings of what would be a longstanding association with the lower classes, signified

loss of 'self mastery' (Kipnis, 1998), which was requisite for the bourgeoisie and their social and economic triumph.

It was not only social class that became permanently allied with body shape at his time, but also gender. Whereas previously any social, medical, or moral concern over FAT largely referred to males (as the generic human being), it was at the height of the industrial revolution that the gendered nature of FAT and the body which we see today came into its own. Several factors contributed to the new emphasis on slenderness for females, not least of which was industrialisation's facilitation of the movement of women into the workforce. As Fraser (1998) points out, when many women ventured out of their homes and away from their strict roles as mothers and nurturers, the plump reproductive physique was abandoned in favour of a thinner, (and it was thought) freer, more modern body. Encouraging this trend was the new consumer culture, which, through advertising aimed almost exclusively at women, promoted both the new fashions that revealed more bodily flesh and shape, and the means of attaining the new bodily ideal – slimming products (Seid, 1989; Stearns, 1997; Fraser, 1998).

Why though, specifically at this juncture, was the new bodily ideal a slim one? What features inherent in the industrialisation and modernisation processes would have influenced the elevation of the thin body and the disparaging of the FAT one? It appears that the incorporation of all previous Western notions regarding the body - starting with the mind/body dualism, and extending to Christian asceticism, the civilizing process, the Protestant work ethic, and the Enlightenment derived ideals of equality and reason - accrued and then collided quite happily with the mechanised nature of industrial society.

It is the concept of body as *machine* – now both male and female – that had a considerable and lasting impact upon modern configurations of the body, ones which had no place for FAT - with its connotations of warmth, nurturance, carnality, fertility and licentiousness. In fact FAT seemed to belong to another era, one that was rapidly being left behind by the secular march of 'progress'. The human body was therefore to be "...as efficient, as effective, as economical, and as beautiful as the sleek new machines, as the rationalized workplace" (Seid, 1989, p.83) - becoming another

significant portent for our contemporary prejudice against FAT, whereby productive techniques and knowledge move ever inwards, "...to invade, reconstruct, and increasingly dominate the very contents of the body" (Shilling, 2005, p.62). It is to the mechanised, emerging modern period that Klein (1996) too attributes the starting point of a distinct thin look and the phobia surrounding FAT – pointing to the streamlined forms of modern machines, the limits on FAT enforced by their abstract geometries, and the set requirements and defined limits for the human component. Umberto Eco (2005), in his discussion on the history of beauty, talks not only of the efficiency and functionality of the machine, but also the twentieth century idea of the 'beautiful machine' – one expression of which was the automobile; in particular the Citroen DS, whereby the initials, when pronounced correctly, make *deesse*, the French word for goddess.

Regulation

Accompanying the technological innovations, economic changes, and ideology of efficiency was an emphasis on the measurement and regulation of the body, spurred on by the increasing endorsement of the medical community which, despite no major medical breakthroughs, began to caution against overeating and excess weight (Seid, 1989; Stearns, 1997). Turn of the century physicians, in perpetuating the new 'ideal' bodily form and approximating the rising authority of the 'hard' sciences, came to believe they were able to arrive at an exact measure of human beings; they could "...count calories, weigh people on scales, calculate "ideal" weights, and advise those who deviated from that ideal that they could change themselves" (Fraser, 1998, p.19). The body – and thus people's everyday practices – entered an unprecedented state of societal monitoring and regulation, wherein what was considered an acceptable body fell within ever tightening boundaries, thus fortifying the hegemony of oppressive determinations of normativity. This dominion was to gain much momentum over the coming century in all facets of life, but related especially to the body and 'care of self'. This concept was later theorised by Michel Foucault (1979) in relation to techniques and practices of surveillance, and one that has been widely applied to largely post-modern

discussions of the body, health, and the self. These theories will be referred to later in this work with an examination of the contemporary discourses surrounding FAT.

It is also at this point that the examination of FAT and its meanings needs to shift geographical focus – from Europe and other Western nations in general to the U.S.A., principally because the U.S. has managed to achieve the most profound obsession with body FAT, which, along with all other American cultural products and icons, has permeated the rest of the Western world, and arguably, the globe. Indeed, it was in the U.S. during this transitional period that an industry was developing that legitimised the new cultural undercurrents condemning FAT – no less at the vanguard of the attack against it: insurance companies.

Between 1874 and 1924 life insurance policies in the U.S. grew from 850,000 to 92,000,000 (Schwartz, 1986, p.153), showing that clearly, betting against one's life was big business. With their 'scientifically' developed height-weight charts, which, according to Schwartz, (1986) were originally constructed on the basis of select population averages but were gradually re-constructed to reflect not a mean but an *ideal*, insurance companies dictated a set of narrowly defined bodily dimensions that remain with us to this day (with ideal weights getting progressively lower) – endorsed and systematised by the medical community. Despite poor methodology and unreliable data – such as undertaking studies on the wealthy, sedentary classes; making no concessions for maturity; the non-recognition of 'underweight' as a health threat; the weighing of applicants in the street with several layers of clothing on; and the application of conclusions about 'unhealthy' overweight men to women – reports from the Actuarial Society of America and the Association of Life Insurance Medical Directors surmised that the more overweight a man (read person) was, the shorter his life (Schwartz, 1986). FAT thus became statistically implicated with death, while the range of variation in acceptable weight narrowed. "Obesity became an assassin, a sharpshooter with an eye for numbers" (Schwartz, 1986, p.155), and to be overweight now was "less variation than deviation" (Ibid.). Reinforcing the new fascination with measurement and regulation, these increasingly influential ideas about FAT "...translated the disparate conclusions and quests of the health community into sets of absolute statistics that came to seem like the

benchmarks by which society must measure itself” (Seid, 1989, p.86) – and measure itself society did.

The culture of slimming was well underway, and became a weight-watching culture with the advent of the scale. According to Schwartz (1986), people began to accept the notion that the body when weighed told the truth about the self. Gluttony was now linked to fatness, and fatness to heaviness, and heaviness needed to be regularly identified by numbers on a scale – an “...instrument by which the narrowing tolerances for the healthy body were given force and a substantial numerical presence” (Schwartz, 1986, p.147). Weight standardisation though, was but one important cog in the wheel of wider societal standards, which, argues Stearns (1997), were characterised by constraint – constraints reinvented to compensate for new areas of greater freedom and consumption in a society which had excesses of *denial* embedded in its historical consciousness.

Fashion

A further area that was to become standardised, and one that heavily influenced the turn against FAT, was that of fashion. Never before had clothing been mass-produced in standardised sizes, but this was to become an industrial phenomenon that would frustrate the public into striving for homogeneity of bodily form in order to fit the new fashions. Moreover, such fashions were responding to larger political and aesthetic trends that made curves and fleshiness hopelessly outmoded, particularly after World War One. As LeBesco (2004) states, national governments have historically become concerned with bodies during times of social change and economic/military crisis, a concern that was accompanied at this time by the rising momentum of the modernist movement, most notably in art, architecture, and design. Seid (1989) points to Abstractionism, Dadaism, and Surrealism as examples of the new artistic mindset which set the aesthetic tone for the twentieth century, influencing the lines and angles of painters such as Picasso and Modigliani, both of whose female nudes became intangible and fleshless. In addition, the Bauhaus movement, which began officially in 1919, is attributed with elevating the functional and the ultra-rational in architecture and design,

while artistic interest in speed and energy increased. Fashion was thus responding to these new tastes, and as the ideal body became more machine-like, sinewy, and athletic, it was expected that *more* of this newly disciplined flesh should be displayed - reinforcing and exacerbating the growing weight-consciousness.

Medicine

While the new bodily ideals with regards to fashion and beauty largely affected women, and middle and upper-class ones at that (of course the U.S. did not use the term ‘class’ as a means of societal nomenclature), the input of the medical community into what was fast becoming a war against FAT was directed at both genders. Oddly enough though, it was always men who were used as medical research subjects (Gilman, 2004), which, as mentioned earlier, contributed to several discrepancies with regards to research findings and their implementation. Dubious practices notwithstanding, researchers were managing to find more connections between obesity (which by this stage had been defined by insurance companies as distinct from, and more dangerous than, ‘overweight’) and premature mortality, showing that the cultural prejudices now attached to FAT were influencing both medical judgements and the direction of scientific research (Schwartz, 1986; Seid, 1989; Stearns, 1997). In addition, the economic potential in the vilification of FAT was fast becoming apparent to the rising business class of the period (which will be discussed at length in the next section, and a later chapter).

The mounting medical bias against FAT did not emerge because people were in fact getting fatter – Seid (1989) maintains that available statistics indicate they were not. During this transitional period what altered on a grand scale were *perceptions* about FAT, and this is where science, morality, ideology (to borrow the title of Gard and Wright’s 2005 book), fashion and economics compounded to shape a campaign against FAT that swiftly generated heightened levels of disgust toward it, wherever it was found. The medical community’s endorsement of this new mode of thinking about the body and its habits lent the ‘campaign’ the legitimacy it needed to sustain and promote it. Obesity science (bariatrics) as such was still in embryonic form however, as the old notions about

the beneficence of FAT competed with the new, largely evidence deficient ideas (See for example Seid, 1989; Stearns, 1997; Campos, 2004; Gard & Wright, 2005) that held ‘excess adipose’ responsible for increased mortality and decreasing morality. The growing medical interest in FAT spawned a plethora of articles and papers that sought to determine the pathologies and treatments for fatness, which significantly set the stage for the framing of FAT as a disease.

This however, was not a novel idea. Aristotle had observed that “fat persons age early and therefore die early” (Cited in Gard & Wright, 2005, p.71), while Hippocrates wrote that “Persons who are naturally very stout are more liable to sudden death than are thin persons” (Ibid.). With due respect to Aristotle and Hippocrates, if substantive evidence for these conclusions was lacking at the turn of the twentieth century, and indeed, is conceivably yet still insufficient, it is difficult to have a great deal of confidence in such statements. These ideas do demonstrate though, that the discourse of FAT as pathology has been with us for centuries. The difference now of course was the intensity with which this notion and the associated rigid standards were appropriated and disseminated. What was previously viewed as ‘healthy stoutness’ or ‘rosy plumpness’ (note the racial normativity), was now being linked to numerous diseases – specifically diabetes, hypertension, arteriosclerosis, and heart disease, all of which were increasing at alarming rates (Seid, 1989). Jacob Gutman, writing in a 1916 edition of the *New York Medical Journal* sums up the new medical view of FAT or obesity. After listing several chronic ailments caused by fatness he concludes that: “From the foregoing it may easily be concluded that the harm accomplished by excessive adiposity is varied and of serious consequence. Hence the imperative advisability of its reduction is evident” (Cited in Gard & Wright, 2005, p.71). The problem was however that a direct causality between simple body FAT and such ailments was anything but easily concluded, and arguably remains just as inconclusive today (Ernsberger & Haskew, 1987; Klein, 1996; Fraser, 1998; Gaesser, 2002; Campos, 2004; Gard & Wright, 2005). The forces that collided to bring about FAT as *bete noir* were nevertheless too strong for physicians to entertain many misgivings about their findings. Obesity came to be seen as not merely a neutral condition (as Galenic physicians had claimed), but one that “impedes bodily functions and is itself a morbid state” (Albala, 2005, p.177). By 1927, obesity - in the U.S. at least -

was firmly established as a medical condition (Chang & Christakis, 2002), and with few exceptions, it was full steam ahead for the ‘battle of the bulge’, later to become an all out ‘war’.

Morality

Health and well-being are often conceptualised through moral frameworks, and the socially constructed judgements - medical and otherwise - surrounding body FAT contained the most fervent moral underpinnings. As has been outlined so far in this chapter, the rationale for the battle against FAT was stimulated by numerous factors, but perhaps the critical driving force of this fear and loathing was modern, secularised morality. Rather than entwining carnal capitulation with eternal damnation, the over-indulgence of earthly desires was increasingly seen as a slur on one’s integrity. The corpulent body was viewed as abnormal within polite commercial society – constituting a physical impairment which threatened the standards of conduct that were supposed to grant the equilibrium of individual and social bodies. With a mixture of secular and residual religious admonitions, FAT bodies were consigned to the margins as they began to be associated with images of intemperance, sin, deformity, overwhelming materiality, decomposition, and death (Dacome, 2005).

Class

A distinct class dimension can be discerned amongst these new and powerful determinations of bodily normativity – as those who were capable of regulating their bodies were set against those who were not. As the aforementioned extreme food insecurity became largely a phenomenon of the past, poorer classes (which were beginning to include non-white immigrants, indigenous people, and in the case of the U.S. ‘freed’ slaves) were able to sustain a modicum of body FAT, which eventually evolved into an even higher concentration of body FAT in comparison to the upper and middle classes (Kipnis, 1998). This was due to factors such as the consumption of

cheap, low quality but calorie dense (invariably fatty and sugary) foods (Crotty & Germov, 2004); the discrimination experienced by the lower classes in all facets of life which, in a vicious cycle, was exacerbated by the addition of weight discrimination (Kipnis, 1998); the biological tendency the body has to store FAT more efficiently following periods of nutrient scarcity or starvation (which, it is now thought, can be passed to the next generation) (Gluckman & Hanson, 2005); the psycho-social dynamics involved in having a relative abundance of food in lives typified by scarcity (Mennell, 1997); and various cultural practices that revolve heavily around food as a symbol of kinship, sharing, nurturing, and status (Sobo, 1997). Paradoxically, the responsibility of gluttony and lack of self-control was thus assigned to the social class by far least culpable of over-consuming. Whether the lower classes were less neurotic about body FAT due to having little investment in its eradication, or whether financial and time constraints or cultural practices placed limits on the practicability of individual bodily regulation, there was much less time and effort expended in these quarters on practices of bodily discipline and control (Crotty & Germov, 2004).

Not only were class distinctions reinforced by the ability or lack thereof to ‘acquire’ a slender body, but also by the very consumption practices which contributed to one’s corporeal form. Maintaining the sensibilities and customs of the ‘civilised appetite’, whereby appetite became a largely (controllable) psychological state (wherein desires are created) distinct from the ‘lowly’ drive of hunger, the upper classes in an age of plenty aimed for health, refinement, artistry, aesthetics and novelty with their food – exemplified in the French ‘gastronomy’ and ‘nouvelle cuisine’, which emphasised the need for a discriminating palate and scorned as vulgar any quantitative display of eating. As Mennell (1997, p.325) has suggested: “When the possibilities of quantitative consumption for the expression of social superiority had been exhausted, the qualitative possibilities were inexhaustible”. Thus, as French sociologist Pierre Bourdieu (1979) argues, the concrete act of food consumption was transfigured into symbolic consumption in order that the upper classes (and again, the emulative and aspiring bourgeoisie) could symbolically express their distinction from, and domination over, the working class. Bourdieu maintained that distinct class-related ‘tastes’ were the major means through which class differences were produced and reproduced. With regards to

tastes of the gourmand and aesthetic kind, he saw that in “the face of the new ethic of sobriety for the sake of slimness... industrial workers maintained an ethic of convivial indulgence” (1979, p.179), which, rather than the subversive act this could have been, was probably due more to what Bourdieu calls *habitus* – a “disposition that generates meaningful practices and meaning-giving perceptions” (1979, p.170).

According to Bourdieu’s theories of class, culture, and consumption then, the lower and upper classes alike had class-specific gestures, tastes, and preferences that were internalised as ‘personal dispositions’. The tastes of the upper class could of course be cultivated; the lower classes however were rather fiscally constricted in their ‘preferences’, thereby rendering any tastes that developed – say for “the heavy, the fat and the coarse”, as Bourdieu (1979, p.185) puts it – problematical. Nonetheless, whether certain practices eventuate expressly or incidentally, out of want or necessity, they do indeed become entrenched in their respective social milieu, which, because of the non-nutritive nature of many of the inexpensive and increasingly processed foods that the lower classes have developed ‘tastes’ for, may have some bearing on the reasons for the poorer overall health of the working and under classes, and the higher prevalence of FAT (the two however, are not necessarily linked).

Consumerism

The upper classes, argue Schwartz (1986), Seid (1989) and Stearns (1997), had (and still have) a deep-seated fear of abundance, the expression of which was found in the demonisation of FAT people, a group whose appearance was a constant reminder of such abundance – and it was no coincidence that such people were seen to reside in all marginalised groups, be they women, the working class, or ethnic minorities. This anxiety appears to have arisen from the evident incongruity of ideologies of restraint, denial, and discipline with the workings of industrial capitalism – which were beginning to include a growing worship of both the consumed object and the marketplace. Malthusian notions of scarcity and over-population were being replaced by economic theories that reflected the new and seemingly permanent productivity that was the

central feature of industrial capitalism. However it was beginning to be noticed that abundance could produce its own set of economic problems – there *could* be too much of everything. Manufacturers found that a profusion of goods in the marketplace resulted in fierce competition, reduced prices, and financial losses – hence the market had to be carefully regulated (Seid, 1989). It is not surprising then, that the body was to become analogous to a glutted marketplace: over-consumption of goods (food – which is over-produced and then repackaged as desire) (Lowe, 1995) leads to over-production of FAT, which in turn then requires bodily regulation; an interesting analogy which proved over the course of the century to contain huge potential for the creation of new desires and accordingly, fresh markets.

Emergent consumerism, in generating unease within both the religious and upper echelons of society, drove another nail into the coffin containing FAT – one that Stearns (1997) sees as the most significant for any analysis of the causes of FAT hatred. Consumer activity was stepping up; 1950s marketing analyst Victor Lebow describes the required ethos:

(O)ur enormously productive economy demands that we make consumption a way of life, that we convert the buying and use of goods into rituals, that we seek our spiritual satisfaction in consumption...We need things consumed, burned up, worn out, replaced, and discarded at an ever-increasing rate.

(Cited in Campos, 2004, p.234)

The urge for society to consume in order to alleviate market gluts and stimulate production was present earlier in the twentieth century as well, though anxieties about its righteousness were emanating from several quarters: traditionalist Calvinist groups sent out dire warnings about the seriousness of life and the hollowness of worldly distractions, gaiety and frivolity, which connected quite aptly with the burgeoning temperance movement; while other groups became worried about the diminishment of self-control and the loss of the work ethic that were seen to accompany greater indulgence and leisure time. What was needed, argues Stearns (1997), was a compensatory outlet for the growing disquiet and guilt felt by the consuming classes, an antidote to commercial corruption. The perfect target was FAT – it was already in a

vulnerable position, and to attack it now became a symbol of one's moral probity. FAT people supposedly exhibited the lack of constraint that was seen to be a negative feature of new consumerist society, while the thin could maintain the appearance of self-discipline and integrity, *and* continue to acquire and indulge in consumer products – all guilt-free as FAT people became the scapegoats for society's discomfort about over-consumption.

Historian Hillel Schwartz (1986) takes this argument even further, suggesting that the FAT person is blamed for not only the 'lack of restraint' and 'declining moral fibre' of Western society, but also, albeit subtly, for the massive inequalities in food distribution that exist on a global basis. Schwartz demonstrates how the origins of this notion emerged during both world wars, and the depression between them, where to be FAT while others were starving, or when all goods and energies were directed toward the war effort, was a transgression akin to treason. The FAT person thus became associated with selfishness – taking food out of the mouths of the starving poor deliberately by way of their inability to summon the will power to keep their weight down and their appetites in check. Linking the malignment of FAT directly to consumer capitalism, Schwartz argues that the image of FAT people as selfish is a cruel, cunning trick of capitalism; charging them with culpability for the fundamental inequities in distribution that make for hunger, when in fact this is the doing of capitalism itself, as it entices societies to consume even more, regardless of the consequences. The costs of hyper-consumption practices to the planet are immeasurable, and are too numerous to detail here at any length. Suffice to say though, these practices have engendered malnutrition on all levels; the underfed and the overfed world-wide are simultaneously victims of decisions made at inter-governmental levels (Gardner & Halweil, 2000), decisions that aim to assist production, consumption, and 'growth' at any cost.

Enter the dieting industry.

Reductio ad Absurdum

We in the West reside in a growth economy/society. However, our bodies do not receive the same endorsement. The economy must grow – ad infinitum, but WE must endeavour to diminish our corporeality, especially if we are female. As the previous discussion has demonstrated, our dualistic inheritance has ensured that guilt is a prerequisite for any submission to carnal hungers and desires, particularly those that are deemed excessive. Over-indulgence of any kind thus requires punishment and rectification. The economy however, is compelled to grow. How does an economy grow? Profits (leaving aside for the sake of brevity the Marxist conception of surplus value). How are profits achieved? Marketing and sales. What makes marketing successful? The construction of desires. How is human desire configured within Western society, based on said dualistic thought? It is malevolent, alien, base, and animalistic – something visceral to be tamed and overcome by the intellect. How then does this fit with the capitalist imperative of unrestricted growth? If we all used our minds to conquer our bodily predilections then the chances for market growth would be limited to the sale of products desired by the ‘mind’ (which displays the absurdity of the separation of mind and body). By all accounts, more desires are therefore created – ones that cleverly exploit the existing ideational climate of denial, efficiency, and fear of being overwhelmed by consumption. While the FAT become the casualties of a society that has embarked on a war on such adiposity, capitalism, as Schwartz (1986) puts it, may have its cake and eat it too. By constructing the desire to be slim, capitalism can offset the contradiction inherent in the necessity of creating desires in a society that in effect fears and vilifies them. Such a desire encapsulates the self-control that consumer society feared was diminishing amidst growing abundance.

With the multitude of forces that propelled the turn against FAT - industrial capitalism being one of them - the time was ripe for the newly transmogrified consumer capitalism to take advantage of societal anxiety and antipathy by fostering the momentum of the slimming culture. In fact, the new zeitgeist was one that held many parallels with *anorexia nervosa*, wherein, according to Bordo (1997) the psychopathology that constitutes such a bodily disorder of denial, control and anxiety is the distillation of a culture that

has historically held disdain for the body, perceives loss of control in the present, and holds great fear for the future. The anorexic body, as the antithesis of the FAT one, tells us just as much about our culture as does our obsession with the eradication of FAT – indeed, it is the ultimate embodied expression of a society obsessed with what Baudrillard (1994) terms our ‘disappearance’. The prevailing hegemony of any society is thus manifested in our material form, while simultaneously determining our practices, which in turn re-shape our form. As Foucault has described: “...the body is (also) directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs” (Cited in Bordo, 1997, p.227).

Paul Campos (2004), in his examination of the discourse surrounding the contemporary FAT debate, also links the body’s disciplinary practices – particularly the fight against FAT by dieting; a struggle that exhibits itself most acutely in the anorectic – to the ‘spirit of capitalism’. Drawing comparisons between Max Weber’s description of the Protestant work ethic and the (largely American) diet ethic, Campos concurs with historian Schwartz (1986) in his contention that the logic of consumer capitalism finds its purest expression in the diet culture, as the success of the former depends for the most part on the ability to consistently intensify our sense of desire. Consumers must have a constant appetite for ‘more’ of everything, and must sustain a certain level of frustration – “A satisfied consumer ceases to consume, until (s)he is no longer satisfied: Thus a kind of institutionalised sense of recurrent dissatisfaction is critical to the health and expansion of consumer markets” (Campos, 2004, p.231).

The Protestant work ethic’s path to salvation is to labour incessantly, and (with its serendipitous relationship with capitalism) even accumulate ceaselessly, but to never be seduced by the temptations inherent in enjoying the fruits of that labour and accumulation, as well as what is by now the familiar notion of deferring gratification in the quest for a sanctified soul. The diet ethic takes a similar route. While contemporary consciousness does not lend itself as much to the idea of admission to the Kingdom via constant labouring, as Campos points out there remains a strong relationship between the residual Protestant ideology of hard work and social status. This is exemplified in

the aforementioned greater ability of the wealthy to attain the ideal slender frame, thus displaying their superior 'work ethic' (as it is put to work on their bodies) and reinforcing their social, rather than divine, privilege. Further, desires will never be fully sated, as the aspiration for slenderness is never fully realised due to the extreme difficulty of sustaining the 'anorexic mindset' (denial and control) amidst a society that exhorts us to hyper-consume. This dissatisfaction fuels the 'desire construction' machine of capitalism, allowing it to continually sell the body ideal back to the consumer in the form of weight loss products – of which there are now a myriad.

To diet, to exercise, to render one's body 'docile' (to borrow Foucault's idiom), is the apotheosis of the West's historic-cultural attitudes toward the body. Moreover, it makes manifest – while it attempts to overcome - the fear of over-consumption that characterises both modern society and the anorectic. As bodily reduction and regulation amid economic growth became the key to secular salvation and an important marker of social status, there developed a surge of concern over diet and a corresponding surge in the 'reduction' industry.

Commercial exploitation of dieting could now be added to the numerous motives for the continued loathing of FAT, such as the aesthetic of leanness and efficiency, the growing medical attention to the purported dangers of FAT, the use of weight standards to legitimate an increasingly consumerist (and more sexually open) society, and also a need to compensate for more sedentary occupations (Stearns, 1997). If Western society – specifically America – was indeed getting fatter (and historians can find little evidence of widespread adiposity during the early twentieth century: see Schwartz, 1986; Seid, 1989; Stearns, 1997) it would only serve to promote the weight loss craze and the weight loss industry even further. The progressively more rigid bodily standards coupled with less active urban lifestyles ensured that often, even those with 'normal' bodies (if they were concerned about status, fashion, and moral probity) would need to monitor and regulate themselves with utmost vigilance just to maintain an average (ideal) weight.

Most significantly, it was with the rise of the dieting industry that the gendered nature of FAT aversion and standards of corporeality became blisteringly apparent, and again, the

vigour with which female weight watching was imbued revealed a great deal about our culture. Due to the hierarchical nature of the now deeply ingrained mind/body dualism, women - being aligned with the body - have historically experienced greater corporeal scrutiny than men. Much has been written on the conflation of women with the (inferior) body and the view (not confined to the West) that women are *no more than* their bodies – constituting the ‘object’ for men’s subjectivity (for example de Beauvoir, 1972; Berger, 1972; Bordo, 1993). Men act and women appear, says Berger (1972), and with the new admonishments surrounding FAT the pressure was particularly acute for women to ‘appear’ slim. They had to act also – as numerous feminist writers have documented (Orbach, 1979; Millman, 1980; Chernin, 1994), the diet industry, and the many social forces that colluded with it, ensured that many women were to spend all their energies and entire lives entwined with the practices of disciplining their bodies; a constraint Fraser (1998) calls the ‘inner corset’.

That the West’s obsession with FAT (or slenderness, depending on the way you look at it) predominantly beleaguers women is a phenomenon that cannot be under-emphasised. While historians such as Stearns (1997) and Gilman (2004) have drawn due attention to the particular issues that males have faced with regard to FAT and the body, the forces that compel women to concentrate on their appearance and reduce their body size are, for the most part, qualitatively different. These issues, along with the massive discrimination experienced by those who carry ‘excess’ FAT in Western societies, will be addressed further – in a more qualitative manner - in a later chapter. For the time being though, and for the purposes of this particular discussion, the fact that the onus for weight control falls rather uniquely on women comprises a vital part of the larger structural and cultural hegemony, determining the everyday practices relating to appetite, morality, health, and aesthetics that would eventually, with a strong commercial imperative, result in a society steeped in what Foucault (1979) has characterised as ‘self surveillance’.

While the ‘war on FAT’ in the US was not officially launched until the 1950s, the earlier part of the century saw a growing arsenal of products for use in combating the ‘insidious substance’ that was body FAT (Seid, 1989). Indeed, various methods for weight loss had

been tried and tested since Antiquity; from the Romans' attempts at non-anaesthetised 'lipectomies' (Schwartz, 1986), to the 18th century ingestion of soap in order to cleanse the 'grease' from inside the body (this makes sense!), to the use of a 'weighing chair' that would quantify metabolic activity by weighing one before and after meals and then calculate the difference between the weight of food ingested and excreted (Albala, 2005). These attempts at weight or FAT control however, while taken seriously at the time, were never widely disseminated or implemented. It was only at the start of the 20th century and beyond, with the snowball effect of FAT antipathy, that serious attempts at weight loss – and the availability of ever-more bizarre methods and products – became a pervasive factor in everyday life. The 'quaint' (and mostly benign) early century products and techniques such as electrically charged 'obesity belts', water cures to restore buoyancy, iodine medicines for thyroid insufficiency, mechanical masseurs to dissolve FAT, or the laboured chewing of one's food (Schwartz, 1986), gave way to much more systematic and robust methods for weight loss by the end of World War Two – ones that would match the emergent psychological explanations for weight gain and the cultural ascendancy of individual primacy.

As the body began to take on the form of an individual project – one's human worth depended on not only the efficacy of taming desires, but also the constant moulding of the body – the various products devised to aid in weight control began to be drawn from all quarters. Buttressed by the popularity of both Freudian and behaviourist theories which invariably laid blame for childhood neuroses with mothers (Chodorow, 1978), psychological explanations for obesity, such as those proposed by psychiatrist Hilde Bruch (1974) in the 1940s, maintained that the accumulation of 'excess' FAT was caused by compulsive eating due to 'psychological maladjustment' – which itself was caused by anything from childhood neglect to sexual neuroses. The focus on the psychological implied that far from being a genuine physiological disease (thereby exonerating the FAT person of moral accountability), obesity was the outcome of a major character flaw crafted by one's upbringing – and as such could be suitably corrected with various therapies. The prime proposed remedy for overeating (and thus the elimination of FAT) based on these explanations, and one that was apt for the cult of the individual, was psychotherapy. As a method of weight control, psychotherapy spawned group therapy –

initially using the addiction model of Alcoholics Anonymous, to be later converted into Overeaters Anonymous (both of which managed to meld together psychotherapy and religion), and by the 1960s, Weight Watchers (Schwartz, 1986). As just one example of many such organisations, Weight Watchers has come to exemplify the phenomenon that capitalises on the phenomenological trepidations surrounding hunger and desire – a particular anxiety that began with individual responses to perceived psychological failings. Weight Watchers today is one of the largest and most recognised group therapy-oriented weight loss organisations in the world, reaping a sizeable portion of the roughly \$50 billion a year that Americans alone spend on weight loss (Klein, 1996).

Biological explanations for obesity however, though at this stage not as fashionable as the psychological, also played their part in the creation of new diet products. While being cautious to never entirely disregard the moral imperative to lose weight – and by extension the moral degeneracy in failing to lose weight, or worse still, not even trying – explanations that focused on ‘body type’ such as the endomorph or ectomorph, or on variations of the Hippocratic notion of the melancholic’s ‘sluggish metabolism’, engendered (largely) medically endorsed ‘cures’ such as amphetamines (which were given to children as well), cathartics, emetics, diuretics, laxatives, and assorted experimental surgeries (Schwartz, 1986). These methods too became big business, generating the rise of ‘diet doctors’ and considerably supplementing the pharmaceutical industry (Fraser, 1998), which, over the course of the century, has adopted the abovementioned basic medications and sold them back to the FAT-frenzied public in different guises.

For those who failed to find a direct biological or psychological ‘cause’ for their fatness there were, of course, a plethora of dietary regimes one could follow. Admonishments on how people should eat to uphold health and virtue had been a consistent social feature for centuries. The budding consumerist drive and the war on FAT however, created an opportunity for dietary regimes and related products to assume the status of purchasable remedies for fatness. The reduced body could now be bought in the form of ‘special’ foods and programmes; a phenomenon which, often teamed with group therapy, exercise, and/or medication, has evolved into the most ubiquitous and accepted means of weight loss and bodily discipline. While the cornucopia of dieting methods is

too numerous to describe here, it is enough to state that the variations are exhaustive, and have grown increasingly absurd. Perhaps the ultimate weight loss method (more effective than the soap diet) is the 'Air Diet' (Harris, 2000) – one that anorexics and people of the 'third world' know only too well.

The prevailing societal response to the 'creeping menace' that was FAT was to embark on totalising warfare, using whatever weapons it could procure: science, medicine, the machine, the insurance industry, fashion, social status, morality, and most significantly, the force that would actuate and accelerate the entire operation – consumer capitalism. The war found its manifestation in the everyday lives and practices of the West's citizens, whereby reducing, monitoring, and disciplining the body became a permanent fixture, a national pastime, and an obsession. This pre-occupation – felt most acutely by (upper and middle class) women – was simultaneously created and exploited by a market system that profited by offering 'more of less'. Schwartz (1986, p.237) cites an advertisement for Diet Delight foods that encapsulates the movement: "Anyway you look at it, you lose". Indeed, as Schwartz (1986) and Stearns (1997) note, markets were expanding; the percentage of people considered overweight kept growing, more people believed they were overweight, and as the drive to eliminate FAT trickled down to the lower classes, more people were acting on that belief by becoming participants in the weight loss culture and industry. But who was losing what?

Obesity was declared a major national health problem in the US in 1952 (Stearns, 1997), showing that, already, the national battle of FAT eradication was a losing one. Was this concern warranted? Were Americans (and the rest of the West) indeed growing fatter, and was it detrimental to their health? Or was this anxiety – again – a matter of increasingly rigid bodily standards and societal neurosis about over-consumption? By all accounts, it appears that the people of Western nations, but Americans especially, despite (or perhaps because of?) the hostility toward and war against FAT, *were* expanding like their markets. The more vehement the campaign against FAT, the more resistant it seemed to be. The market is not bothered by this apparent contradiction however; if all of these (commercialised) measures for reduction are ineffective – even counter-productive – it serves the logic of consumer capitalism rather fittingly. If

consumers remain dissatisfied, they will continue to consume until they are sated. In the case of the slender body, it appears further and further out of reach the fatter the population grows, ensuring that, so long as the ‘dream-makers’ keep up the momentum in constructing the desire for a body devoid of FAT, society will persist in its consumption of the goods that purportedly create such a body. Significantly, compounding this impetus is the fact that society will also continue to consume the goods that help create the FAT body in the first place.

Before a deeper investigation into the current climate surrounding FAT, which will include the reasons for the rise of obesity, whether the now amplified medical concern is warranted, and the societal implications of the war on FAT, it is necessary to remove the analysis from the West – just briefly – in order that alternative conceptions of the body are elucidated. By employing the Western gaze (of which we cannot help but be infused with) to engage with, rather than impose upon, people in non-Western societies, we can see not only the cultural relativity of body ideals and practices, but also, in this instance, the differing configurations of FAT – which have potential to aid in the explanations for the aforementioned issues.

CHAPTER 4: ALTERNATIVE CONCEPTIONS

Hullo, Mama, the beautiful one, let us go to town;
You will be very fat, you girl, if you stay with me.

Song of South African Bushmen

Fear of body FAT is now an omnipresent feature of what Donna Haraway (1992) describes as ‘terminal’ industrialised urban modern civilisation. Growing recognition of the jeopardy the planet faces due to unrelenting production and consumption practices (Wright, 2005) is congruent with the fear of over-consumption that the FAT person has come to embody. The Western trajectory of FAT significance expounded in the previous chapters has shown that this anxiety is the product of societies that have achieved food security, coupled with an inherited world-view that subordinates body to mind and demands the harnessing of desire. The FAT body in other societies and cultures however, as both a substantive and symbolic entity, has enjoyed a rather different status. This is due in part, and probably fundamentally, to the formerly discussed insecurity of food supply that continues to plague most non-Western societies - whereby FAT stores become necessary for survival - but this is by no means the only explanation.

If the experience of the Gule people can be invoked once more, we see that prior to any form of agriculture, population explosion, or ‘civilisation’ as we know it, extremes of both consumption and body size were virtually nonexistent. The hunter-gatherer system ensured a varied but mostly consistent diet that achieved a natural balance between energy input and output, and also kept the human population at a sustainable level, in relative harmony with the ecosystem (Gardner & Halweil, 2000). If not for the development and intervention of agriculture and the advances in the tools of production and such – all the things we have come to associate with ‘progress’ – then this natural human state would most likely have endured (if there is any doubt about this then one need only look to the indigenous people of Australia; sustaining an uninterrupted hunter-gatherer type population for at least 40,000 years at most estimates) (see

Diamond, 2005; Wright, 2005). Thus, the appreciation of FAT appears to be a phenomenon that, in a lot of cases, occurs in societies where interference with the natural world has been undertaken in the name of progress – a far-reaching process that has affected almost all societies in various ways. As Diamond (2005) and Wright (2005) point out though, the exploitation of nature for the construction of empires has not solely been the provenance of the West: both direct our attention to the rise and fall of the Mayan and Easter Island (Rapanui) civilisations respectively. The point is however, that currently the world is faced with the two-sided problem of global malnutrition – the underfed and the overfed – (Gardner & Halweil, 2000), which, it could be said, had its genesis in the first sickle, the first plough, and the first conscious inkling of how these kinds of tools could aid a type of imperial ‘will to power’ (Nietzsche, 1974). This notion proved to suit Western European nations particularly well (most notably Spain, France, and England), as they proceeded to extend the intertwined concepts of empire, progress, and the taming of nature to numerous unsuspecting societies around the globe.

How far removed is this movement of progress from alternative cultural perceptions of FAT? Not very. George Orwell (1951) has said that one of the most disgusting things he could imagine is if one half of the world watched the other half starve. Unfortunately, the imagery that Orwell found so objectionable has proven to be prophetic. It is generally well accepted today (except of course amongst those who perpetuate such inequalities) that not only is the ‘first world’ passively *watching* the ‘third world’ starve, but that it is essentially the *cause* of that starvation (see for example Mead, 1997; Mennell, 1997; Wright, 2005). The standard of living enjoyed by the ‘first world’ can only be maintained by the persistent utilisation of the entire world’s resources; a practice that has typically been accompanied by the imposition of Western thought and standards on populations that are understandably unwilling or ill-equipped to wholly adopt such values. Not surprisingly then, the half of the world that experiences various levels of food insecurity – and this should include ethnic minorities in Western societies – would appreciate FAT far more than those who have established abundance. Divorced from their natural ‘habitus’ through processes such as colonisation, slavery, and warfare (and denying them the chance to determine their own paths of ‘progress’), cultures around the world that have alternative world-views to that of the hegemonic

West have been thrust into existences typified by food insecurity in order that the dominant culture remain nutritionally (over) protected.

Yet this is but one part of the story. While the Western notion of obesity reflects the conflict between control and desire, intellect and corporeality, other societies have not historically entertained such dichotomies. The contradiction between the body as a natural entity and the body as a cultural artefact that is a corollary of dualistic thinking is an ambiguity not often found in non-Western cultures (de Garine & Pollock, 1995). Rather, the body is configured as a social entity – and integral element of the collective consciousness, and as such, while still subject to cultural prescriptions, is not compelled to self-monitor and regulate to the extent that the progeny of binaries are. As Turner (1984, p.7) states in his attempt to re-establish the body in the sociology of knowledge, “our bodies are a natural environment while also being socially constituted” – a phenomenon that remains a tightly drawn paradox in the West, but one to which many indigenous or first nation peoples are well attuned (Walker, 1990; de Garine & Pollock, 1995).

Since, in this alternative landscape, there is little distinction between ideology and materiality, the body and its desires are configured not as ‘alien’ and in need of control, but instead are afforded full status with the mind, in fact with the whole universe. Perceptions of FAT, generated by bouts of food scarcity (the material) and/or specific cultural consciousnesses or practices (the symbolic) are thus not grounded in conceptions of the body as a separate and inferior entity, but rather on the place FAT has in society as a whole; its significance, its function, and its aesthetic appeal. It is important to note though, as Nancy Etcoff (2000) does, that ideals of body shape and size have in all likelihood been present for as long as modern humans have. While on the surface some of these ideals appear quite arbitrary (such as small female feet in China), as has been shown, cultural practices and values are always contextual, evolving from the environmental realities of each particular society. As anthropologist Rebecca Popenoe has discovered, “...the bodily shapes and sizes that societies idealize are not so much fashion as they are physical manifestations of beliefs and practices that are anchored in a wider set of cultural values” (2005, p.16).

Accordingly then, it is not rigid standards of corporeality per se that are unique to the West, as these have been a persistent feature of all human societies. It is rather that particular cultural values give rise to certain bodily ideals and customs. In Western countries principles such as individualism, industry, self-discipline, and the tension between production and consumption create a slender, sleek, efficient bodily paradigm (Bordo, 1993); in non-Western societies, though often more culturally homogeneous (see 'Tonnie's' (1957) notion of *Gemeinschaft*) thus presumably prone to adhere to firmly defined bodily standards, it is often the inverse. In the framework of traditional societies, FAT, though afforded some significance, is in no way as culturally, materially and psychologically loaded as it is in Western industrialised society. As de Garine & Pollock (1995) observe, in traditional societies the presence or absence of body FAT is not necessarily linked to class privileges, nor to a series of material and psychological events, which, in the contemporary West, lead to a stigmatised pathological state that becomes extremely difficult to transcend.

Such traditional, indigenous societies, while affected by the aforementioned forces of imperialism and colonisation – and now increasing globalisation - have retained much of their positive attitudes toward the body and food, despite (or perhaps because of) cultural and geographical displacement, oppression, and dispossession. Indeed, it has been suggested (at most times critically, benignly or dispassionately) that these residual cultural attitudes are partly responsible for the high prevalence of 'obesity' amongst ethnic minorities in the West (Bindon, 1995; Hughes, 1997; Campos, 2004), and also in societies where Western products and values have proliferated (such as Hawaii; see Harrison, 2005, or Nauru; see Pollock, 1995) – ones that are set rather awkwardly next to, but at times incorporated with, more traditional praxes.

The main objective of this chapter is to explore the attitudes of non-Western cultures toward the body, food, and FAT in the hope of offering alternative configurations to those of the West. However, a beneficial by-product of this exploration is that it may help illuminate some of the reasons for the continued over-representation of various Western ethnic minorities in the statistics linking ill health and 'obesity'. Importantly, a

high prevalence of FAT amongst such populations need not be framed as problematic in itself. This chapter aims to demonstrate, *inter alia*, that it is essentially poverty, rather than cultural practices or genetic proclivities, which contributes to the type of bodily condition that is considered unhealthy. FAT as a substance, contrary to the dominant discourse, is not necessarily malignant, and as a brief look at several non-Western cultures will show, it has often been both materially and figuratively advantageous to carry excess adipose.

Fat as Life

The fundamental distinction between Western and non-Western thought surrounding the body is that the Western intellectual canon consists of deeply entrenched polarities that other cultures find perplexing and alien. It must be said too, that the differing world-views of the non-West are as equally confounding to Enlightenment derived thinkers – if not more so because of the intolerance that results from the very same polarities that must, by their nature, give precedence to one side over the other.

As Marvalene Hughes (1997) argues in her discussion of African American women and food, it is the inherent antagonistic dualisms in American culture – black versus white, beauty versus ugliness, poverty versus wealth, thin versus fat – that help perpetuate hierarchical social class structures. As the African American woman is largely seen to embody all the ‘negative’ sides of these dualisms, she is located, in the dominant consciousness at least, right at the bottom of the hierarchy (which officially is not supposed to exist in the U.S.). With regards to food and the body though, Hughes discerns a form of rebellion on the part of the African American woman, which she traces back to African cultural practices. Here, the lived experiences of African American women provide an apposite paradigm for the way in which the body and food have been, and continue to be, conceived by traditional, indigenous, non-Western cultures – ones that for the most part have been disenfranchised through either slavery (e.g. America, both North and South), colonisation (Hawaii; New Zealand), or via European appropriation of lands, resources and labour (Samoa).

Of course this is not to suggest that non-Western cultures can be considered a homogeneous grouping unambiguously distinct from Western culture and its mores, which would only serve to create or perpetuate another (major) polarity. There are however several commonalities that transverse non-Western cultures, not the least of which is a tendency toward holism, which when expressed in societal structure takes the form of collectivism. It could be said also, that this particular societal set-up has historically been the ‘natural’ one for all societies (Wright, 2005), before the Western European Enlightenment came along and bestowed primacy upon the individual. The notions of holism and collectivism, as will be shown, are crucial for an understanding of alternative cultural attitudes toward the body, food and FAT.

Firstly, returning to the African American woman, the most significant element of the food/body/fat nexus for her is that food, and its manifestation on the body in the form of FAT, is a symbol of love, nurturance, sharing, survival, substance, fertility, health, and prosperity. Much like the manner in which FAT has been admired in all societies in times of nutritive scarcity, the African American woman, according to Hughes (1997), both embodies and enacts the entire history of the African American experience due to her culturally inherited appreciation of the need for the *sharing* of food in order to survive. The notion that ‘big is beautiful’ says Hughes, originated not from the hardships and deprivations of slavery, but from Africa itself – a place where the FAT body is still sought after and revered. Indeed, the fattening practices for women of various tribes in Africa have been well documented by anthropologists (see for example Brink, 1995; Popenoe, 2005); practices that are undertaken for much the same reasons as cited above, but with the emphasis on fertility and familial status.

For the African American, the ethnic preference for fatness inherited from Africa was sustained and enhanced through the practices of slavery. As bell hooks (1997) intimates, the divestment of almost all that made them human engendered a relationship with food that furnished it with the utmost importance – both for physical strength and survival and for psycho-social comfort and ritual. The body of the slave – which was all that the slave was for the owner; subjectivity was denied – needed to experience a sense of

‘plenty’ that was also denied. Hughes (1997) maintains that this feeling was achieved largely by way of the birth and raising of many children, and through ritual celebration and the sharing of (oftentimes sparse) food. Both of these practices highlight how the substantial or FAT body, if it could indeed be attained, was considered vital for African Americans. To be FAT (for women) was to be fertile; to be FAT was to display one’s communal nourishment.

It is with American slavery that we can see the beginnings of the combination of traditional practices and those that were created due to abject poverty. Adequate nutrition was sorely lacking amongst the slave population, despite some slave masters’ attempts to keep their ‘stock’ healthy, thus slave women had to ‘make do’ with leftovers that were thrown their way: pigs feet and intestines, oxtails, ham hocks, hog jowl, and turnip tops (which formed the basis of the Southern dish ‘mess of greens’) were all assembled into dishes that remain popular amongst African Americans of Southern descent to this day (Hughes, 1997). Fast-forward to contemporary America – and too the rest of the world - and food practices that have their genesis in the dictates of poverty can certainly be discerned.

Obesity and Poverty

The African American population remain by and large at the bottom of the socio-economic scale; a phenomenon that is replicated around the globe with virtually all ethnic minorities (de Garine & Pollock, 1995; Hughes, 1997; Gardner & Halweil, 2000), with the word ‘minority’ increasingly representing a ‘disadvantaged population’ rather than simply referring to numbers. Leaving aside those in non-industrialised countries who are literally starving, what invariably accompanies this marginal status is poor health and a higher rate of ‘obesity’ (Klein, 1996) (the former often causing the latter but not necessarily the reverse – which will be demonstrated in the following chapter). Are traditional food practices and/or different conceptions of the FAT body contributing to this higher prevalence? If so, is it cardinaly problematic? If it is, then for whom is it a

problem? Or, could it be that the socio-historical exigencies of poverty have contributed to certain (unavoidable) practices that facilitate ill-health?

Quite frequently the only food that has been available for marginalised/dispossessed ethnicities to work with has been nutritionally askew, inexpensive fare, often typifying the 'leftovers' given to slaves – usually high in saturated FAT and rich in carbohydrates. Patricia Aguirre (2000), in a study on the relationship between malnutrition and obesity in the poorest sectors of Argentina, argues that restrictions on access to food determine two simultaneous phenomena: “(T)he poor are malnourished because they do not have enough to feed themselves and they are obese because they eat poorly, with a significant energy imbalance” (p.11). In addition to culturally inherited food practices, Aguirre maintains that the poor eat foods that do not provide adequate nutrition, such as those that are rich in carbohydrates, fats, and sugars, because these foods satisfy hunger and appetite and are easily incorporated into traditional consumption patterns and standards of commensalism (group meals). Moreover, the same study found that contrary to popular opinion, the eating choices/practices of ethnic minorities living in poverty are not the result of ignorance: such people know the advantages of harmonious and balanced nourishment (one only need look to African American women during slavery to recognise the attempts to make nutritious meals out of the dregs of the masters' food), but they eat the foods that allow them to obtain the greatest possible satiation and economic yield from their limited incomes.

This phenomenon can be illustrated not only by the African American example, but also, as Harrison (2005) discovered, by the culinary customs of indigenous Hawaiians – a people who live mostly well below the poverty line, have the highest mortality rate on the islands, and the highest rate of 'overweight or obesity'. The effects of colonisation on native Hawaiians have been just as devastating as for many other indigenous peoples: Harrison informs us how Captain Cook, on his visits to Hawai'i in the late eighteenth century, noted how 'healthy' the indigenous people of the islands looked (especially the 'big-bodied' upper classes), a situation that has sadly been turned on its head. The FAT of contemporary native Hawaiians is no longer special or advantageous; from all accounts it is detrimental.

A significant contributor to this situation is the way in which foodstuffs introduced by America have been adapted to the varied culinary heritages of Hawai'i; most notably the mass produced canned meat known as Spam – full of saturated FAT and preservatives. Harrison documents how Spam has become a crucial component of many dishes for the poor in Hawai'i, who eat it because it became readily available at the same time that access to traditional food sources were progressively eliminated, and it is portable, cheap, and high in the satiation factor. She also raises an important point regarding why the poor are more liable to eat high FAT or high sugar foods with little nutritive value: when many other satisfactions are denied in life, such as meaningful employment, a place to call one's own, and a sense of belonging, people often turn to food as a source of satisfaction. As has been noted in previous chapters, foods high in sugar and FAT have been known to be especially comforting to humans – due to our evolutionary past wherein the body craved such substances because they enhanced energy and improved chances of survival.

Taking a more social constructionist approach, Hughes (1997) too remarks upon this phenomenon, arguing that with so little pleasure in socio-economically oppressive environments, food – already a focal point for cultural expression – may become an escape. Short-term gratification may be preferable to a total life with no pleasure; a truism that George Orwell (1937) supported with his comments about the culture of poverty in 1930s England. Here, the basis of the unemployed miners' diet was white bread, margarine, potatoes, sugared tea, and corned beef; a diet Orwell considered appalling. He proposed however, that it was only to be expected that the poor and demoralised would rather spend their meagre incomes on comforting food, such as sweet tea and biscuits: the endless misery that was unemployment had to be constantly palliated, and “(t)he ordinary human being would sooner starve than live on brown bread and raw carrots” (p.116).

Associated with this too is the concept of the Carnival put forward by Vito Teti (1995) in a study of food and fatness in Calabria, Italy (Interestingly, Italy has many people that could be described as overweight or obese, yet these same people show signs of good

health and longevity. This phenomenon has often been attributed to diet – particularly olive oil, which is considered a ‘good’ FAT – see Meneley, 2005). Teti describes how plumpness in Southern Italy is considered a symbol of well-being, alimentary happiness, beauty, wealth, and power, while the thin person is “...a worrying figure, threatening and dangerous” (p.13), and in popular language the term diet, meaning a rationally chosen way of eating, is almost non-existent. For the peasants, who most appreciated FAT, the notion of Carnival was an enactment of a land of plenty; a rebellion against their austere hunger-filled reality and the enforced fasting of religious practices such as Lent. Carnival instead involved celebration, bounty, gaiety, and most importantly, an abundance of food – the type of which could not be consumed in everyday life. The poor did not wholly embrace the idea of religious fasting when their entire lives were characterised by near starvation. As two proverbs from the area say: “an empty stomach cannot reason”; and “fasting holds the devil at its arse” (Satriani & Spezzano, quoted in Teti, 1995, p.12).

The celebrations of Carnival were the temporary triumph of fatness and fatty foods against thinness and the sombreness of everyday peasant foods. This engenders a mentality that could, amongst the poor and disenfranchised who have a similar cultural history of Carnival type celebration, become one of *constant* Carnival: the only pleasures available relate to food and the rituals surrounding it which, in an environment where the food supply has become less meagre and more consistent, results in more frequent opportunities for a Carnival atmosphere. In this environment the consumption of festive foods – usually rich, and high in FAT and sugar – becomes a regular occurrence. The poor no longer have to wait for certain seasons, or crops, or rely on weather conditions for their bounty – they can just wait for the next pay day to purchase a slice of communal comfort. ‘First-world’ (post) modern consumer society is Carnival made flesh.

While the diets of ethnic minorities and the poor may play a role in their lesser enjoyment of ‘good health’ (a contestable term in itself – e.g. see Caccioppoli & Cullen, 2005, in *Maori Health*; or even Nietzsche, 1974), the issue for this particular discussion is whether FAT as a material substance contributes to such an inferior state of health, and, as will be shown in the next chapter, a causal relationship has not been sufficiently

proven by any means. The *type* of FAT that is now quite prevalent amongst the poor and marginalised may certainly be less benign than the culturally appreciated FAT of yesteryear – due to the highly processed, high FAT/carbohydrate, nutrient poor foods that are obtainable for those on low incomes – but, as many have hypothesised (e.g. Hughes, 1997; Kipnis, 1998; Campos, 2004), diet and bodily FAT may play a less significant role in killing such minority populations than the oppressive conditions in which they live. If we combine the conditions of social malignancy: stress, unemployment, dispossession, depression, discrimination, *and* material poverty, with the additional discrimination that the FAT person faces (Schoenfelder & Wieser, 1983; Sobal & Maurer, 1999; Solovay, 2000) then it could be argued that it is not FAT *as a substance* that is injurious to one's health, but rather FAT as a *signifier*. The contemporary West's abjection of FAT discussed in the previous chapter is projected on to the 'other' – the poor, the 'ethnic', and within these groups most acutely, women.

Challenging the Hegemony

The hegemonic hostility toward FAT in Western nations that is associated with such groups is not a sentiment necessarily accepted by the groups themselves. For the most part, indigenous cultures throughout the world and ethnic minorities in the West still share a positive attitude toward the substantial body and the types of foods that help create such a body. If, due to Western influences, these attitudes are not *totally* FAT affirming, then they are mostly indifferent to the dominant upper/middle class preoccupation with weight loss and the 'body beautiful' (Seid, 1989). Owing to their ideological and societal heritage of holism and collectivism, which proved advantageous amidst the ravages of colonisation, slavery, and dislocation, many non-Western cultures view the 'care of the self' (Foucault, 1979) as, well... selfish.

In African American culture, which once again can demonstrate the values, practices and experiences of many non-Western cultures, FAT is assigned a different value to the dominant negative one with which it must coexist. Two groups within African American culture can illustrate this potentially subversive approach most suitably:

adolescent girls and ‘gangsta’ rappers. With the former, it has been found that African American girls have an infinitely more positive image of themselves than white adolescent girls (Klein, 1996; Fraser, 1998, Nichter, 2000): a University of Arizona survey of 250 teenagers found that 90 percent of white girls were dissatisfied with their bodies, and were often ‘dieting’, while 70 percent of African American girls said they were satisfied with their bodies and not interested in dieting (cited in Klein, 1996). Other studies have had similar findings - this despite a higher preponderance of body FAT amongst African American girls, and admonitions from health authorities to ‘attack’ such FAT as a scourge on society (Schwartz, 1986). It has even been suggested that the lack of concern (obsession, neurosis) that African American girls have for shaping themselves into the slim ideal be rectified, as they are ‘not successful in losing weight’ and ‘do not take their health seriously’ (National Heart, Lung and Blood Institute, 1998).

Although not altogether immune to the pressure to be thin, African American girls in the University of Arizona study stated a preference for ‘shapeliness’ over thinness – a preference that, according to Hughes (1997), is a legacy of both their African and slave history. Plumpness remains a success symbol in many quarters, and still has the power to represent nurturing, fertility, health, and, most importantly for maligned minorities, prosperity. The American ‘gangsta’ rapper, says Joan Gross (2005), exemplifies this yearning imperative to display wealth and success; most typically with the trappings of opulence such as jewellery, cars, and a bevy of attractive women, but also, amongst a certain sector of African American hip-hop rappers, in the espousal of all that is FAT (although the bevy of attractive women cannot be FAT – shapely, but not FAT). Many famous (male) rappers are overweight or obese, and they often proudly proclaim their size in the names they assume: Notorious B.I.G. (now deceased); Heavy D; Fat Joe; The Fat Boys; Pudgee tha Phat Bastard; Big Pun. Note too the use of the word ‘phat’, which originated in African American vernacular and referred to a ‘fat sound’: heavily processed audio featuring lots of reverb, chorusing, or doubling (Gross, 2005). ‘Phat’ has been metaphorically extended by now referring to anything positive, and according to Gross (2005), the new spelling of the word has lent it a slight aura of prestige – it has separated ‘phat’ from the maligned state of FAT in mainstream society.

The gangsta rapper embraces FAT/phat as a sign of excessive and conspicuous consumption. Gross (2005) suggests it is a kind of ‘fuck you’ to mainstream society, which follows the Duchess of Windsor’s maxim, ‘One can never be too rich or too thin’. The gangsta rapper destabilises this by equating large size with wealth, or largeness with largesse – much like his ancestors – but with the resources and accoutrements available to the well-heeled rapper today, this exhibition of wealth takes on extreme forms. One can never be too rich or too FAT. Fatness is not viewed as a lack of control, as the dominant discourse frames it, but as a means by which control is attained. It is often lyrically defined by rappers as hyper maleness, denoting control of women, of other men, and control of financial resources (Gross, 2005). Of course this is not a novel aspiration – there have been many historical instances where weightiness has symbolised a capacity to rule: the aristocracy of Tonga being one contemporary example. Most importantly for the African American hip-hop hero however is that their size displays their escape from urban poverty to the acquisition of wealth and fame (a beloved American narrative; moving up the social hierarchy through individual effort). If they are FAT, then this fulfils the desire to take up space, to be *recognised* – recognition having been deeply lacking for African Americans as a people. Gross (2005) argues that (blatant misogyny, violence and individualism notwithstanding) the celebration of corpulence in rap culture contests mainstream American ideals and messages that tell us FAT is sad, repellent and shameful, and as such, it should be embraced.

This chapter has endeavoured to offer alternative conceptions of the body, consumption, and FAT to those that envelope contemporary Western society in order to further shed light on (enlightenment as a means need not be confined to Western European thought) some of the issues raised in the first two chapters; namely the reasons for the abjection of FAT and which groups this impinges upon most acutely. With an examination of pre-industrial indigenous society through to the contemporary gangsta rapper, it has been demonstrated that the more positive notions of the body, food and FAT are grounded in both the philosophies of first world/indigenous peoples and the material necessities of their lives. If indeed these indigenous peoples – most significantly ethnic minorities in the West – are more corpulent than their white

counterparts it is due partly to a world-view that has historically valued FAT, but also to the fact that most of these groups subsist in poverty. FAT may not have been problematic in a more natural and empowered environment; if the desired FAT body could be attained, then the foods used to sustain it would in all probability keep the FAT person relatively healthy. In addition, the FAT person would not face the discrimination that they face today – exacerbating an already oppressive condition. On the contrary, the FAT person would be respected – not necessarily as an individual but as an embodiment of a community’s success. The contemporary FAT person however is subject to considerable censure; an ostensible casualty of what is now termed the ‘obesity epidemic’.

CHAPTER 5: THE MODERN SCOURGE

The Great Obesity Epidemic of 2004.

“How’d you get through it grandpa?”

“Oh, it was horrible Johnny, there was cheesecake and pork chops everywhere”

Lazyboy, 2004,

Underwear Goes Inside The Pants.

The Oxford English Dictionary defines *epidemic* as “a widespread occurrence of an infectious disease in a community at a particular time”, or “a sudden, widespread occurrence of something undesirable”. The American Heritage Dictionary of the English Language defines it similarly: “an outbreak of a contagious disease that spreads rapidly and widely”, or “a rapid spread, growth, or development”. The same dictionary describes *obesity* as “the condition of being obese; increased body weight caused by excessive accumulation of fat”, or, as Princeton University’s WordNet delineates it: “more than average fatness”. Further, the term *disease* is characterised as “an impairment of health or a condition of abnormal functioning”. The developed world (and increasingly even developing countries), according to the World Health Organisation (2006), is currently in the ‘grip’ of an insidious disease known as obesity – one that is now said to have reached epidemic status, and threatens to overwhelm the globe. Or, to put it another way, we are all at risk of becoming infected with more than average fatness, which has all of a sudden broken out around the world, and in all probability will result in extensive pathological impairment and dysfunction.

How can we protect ourselves against such an all-pervasive disease? Stay away from those already infected - the excessively FAT? Are those who display just mild degrees of fatness contagious as well? If not, are they more at risk for developing full-blown obesity? Can a person be a carrier without showing signs of the disease? What other precautions can we take? Frequent hand washing? Gas masks? Stockpiling of provisions? Quarantine all those exhibiting above average fatness? Perhaps we could utilise abandoned psychiatric hospitals for this purpose. Is the disease bacterial or viral in nature? Most crucially, if there is no prevention, is there a cure?

This chapter aims to address, principally, the prevailing discourse that has created this notion of an obesity epidemic, and the wave of hysteria it has engendered throughout the Western world. It will build on the foundations of societal attitudes toward FAT that were explored in the preceding chapters – wherein cultural and social trends and structural changes were identified as the underlying forces of the current day mania surrounding body FAT. The multifaceted and politically charged matter of consumption and body size being framed in such a way as the opening paragraphs of this chapter suggest – as an ‘epidemic’ – highlights not only the general zeitgeist; one of medicalisation, self-surveillance, anxiety, and risk; but also the way in which the FAT person is now imagined in the public consciousness.

The key rationale for framing the phenomenon of widespread adiposity – or ‘globesity’ - in such a way is that contemporary FAT is considered deadly; a widely accepted notion that can be encapsulated by the comments of the National Institutes of Health (NIH) in America: “Being overweight or obese puts you at risk for developing many diseases, especially heart disease, stroke, diabetes, and cancer” (Quoted in Campos, 2004, p.6). Further, it is now the orthodoxy that such risks make obesity an

...epidemic (that) threatens the foundations of our society... To avert an impending calamity, public health must take precedence over public profit, action must replace apathy, and passiveness must give way to the protection of our children.

(Yale Medical School, quoted in Campos, 2004, p.7)

Indeed, this prevailing attitude displays some noble intentions and lofty goals (one that in New Zealand is exemplified by the organisation Fight the Obesity Epidemic (FOE)). Who would oppose the protection of our children? Or the priority of public health over private profit? Any attempts to counter the ‘obesity as illness’ discourse however (e.g. Klein, 1996; Wann, 1998; Campos, 2004; Gard & Wright, 2005) have been met mostly with incredulity. Of course being FAT is detrimental to our health – everyone *knows* that. This idea has been so well established - due to the phenomenal authority of science and medicine (infused with a healthy dose of morality) – that it has achieved the mythic status that places it beyond mere factual refutation. While it is not the intent of this

chapter to combat scientific methodologies and suppositions with more science (several authors have done this quite thoroughly with regards to ‘obesity’ science), the most significant findings of such enterprises will be incorporated into a general counter-hegemonic case for the reconfiguration of the FAT body – and thus the FAT person, who cannot by any means extricate themselves from their body. Picking up the cultural threads from the previous chapters, this argument will negotiate its way through the major forces shaping contemporary attitudes toward the body, food, and FAT, which in addition to science and medicine, include the media, the market, and, despite the assumed neutrality of all of these entities, morality.

The Medium is the Message

Marshall McLuhan’s famous paradoxical adage warns us that we are often distracted by the *content* of a medium, which blinds us to the *character* of that medium, and that it is the character of the medium that is its strength or effect – in other words, its message (Federman, 2004). Further, the message is “the change of scale or pace or pattern that a new invention or innovation introduces into human affairs” (Ibid). For McLuhan then, it is not the content or use of the innovation, but the change in inter-personal dynamics that the innovation generates. Thus, with the current ‘critical mass’ that has been reached regarding FAT and obesity issues, it is not the content of the news stories, reality TV shows, or weight loss books that are the message, so much as the particular medium itself – which when combined with all other mediums, generates a climate of fear. In looking beyond the plethora of headline messages themselves, (a world wide web search produced 79,700,000 articles on obesity alone) i.e. “One in four New Zealanders are overweight or obese” (Ministry of Health, 2004), or “Obesity reduces our enjoyment and quality of life” (“Palatable diet advice is in the delivery”, 2005), or, regarding childhood diet and obesity “Kill your children” (Tyler, 2004), to their overall ‘spectacular’ nature, we are able to discern the true effects of such omnipresent discourse. What these deeply mediated messages have produced – with the aid of contemporary medicine – is a culture of anxiety and risk (see Beck, 1992; Wallace, 1998;

Glassner, 1999; Lupton, 1999), whereby individuals are compelled to continuously self-monitor for fear of developing what society considers undesirable (Foucault, 1979).

The emphasis for the anxious public is on determining risk factors – of which, say our contemporary media, there are many - and on individual capacity to determine the shape of one's future (the individual body being the principal site for scenarios of transformation); to take pre-emptive strikes against possible illnesses or diseases. The type of future we have been normalised to aspire to, according to Vaz and Bruno (2003), is constructed by the values generated by the climate of fear and self-surveillance, one of “habituated anticipatory conformity” (p.49).

With obesity issues, the media are the pre-eminent conduit for the discourses of risk, individualism, and self-care, and have indeed spawned yet another moral panic – one of global proportions that has its genesis in consumer society's unease over increasing abundance. In addition, say Gard & Wright (2005), society has accepted the idea of an ‘obesity epidemic’ because it conforms to a familiar narrative of Western decadence and decline. Again, if the actual messages the media disseminate are transcended (in post-structural terms this would constitute a discourse analysis), we can discern a narrative which regards ever-increasing FAT as a product of an ‘effortless’ Western lifestyle which has become “progressively hostile towards physical activity and dietary restraint” (Gard & Wright, 2005, p.2). However, hubristic tales of the rise and fall of humans and civilisations are a narrative staple, which, maintain Gard & Wright, pre-date by centuries the recent spike in overweight and obesity statistics.

If the media, as an extension of ourselves, is wont to perpetuate such stories, then it appears that FAT has indeed become the scapegoat for late capitalist consumer society's disquiet about over-abundance and its effects on the planet. The ‘overweight or obese’ population has come to symbolise the ‘beginning of the fall’ of modern civilisation, and has been singled out as a prime example of retrogression. FAT can embody so aptly all forms of over-consumption that other spectacles of excess get overlooked, or more typically, celebrated. As Laura Kipnis (1998, p.208) asks:

Why is fat so mocked and ridiculed when... TV producer Aaron Spelling's ridiculously bloated, fifty-million-dollar, 52,503-square-foot, 123-room Beverly Hills mansion (with an entire room devoted to gift-wrapping packages for wife, Candy) earns him instead a layout in *Vanity Fair*?

Anthropologist Mary Douglas (1992) has pointed out that societies have an almost infinite quantity of dangers from which to choose, and that dangers get selected for special emphasis either because they offend the basic moral principles of society, or because they allow sanctioned criticism of disliked groups. While it is an oversimplification to blame the media exclusively for the pervasive alarm and phobia surrounding FAT, it is conceivable that obesity issues have been accentuated over other displays of over-consumption (and other 'dangers' too; obesity is now considered more deadly and more endemic than AIDS – see W.H.O., 2006) because FAT is an affront to Western society's hegemonic values on so many levels. Present-day body FAT - a physical characteristic so profoundly culturally connotative – symbolises poverty, (contradictorily) greed, degeneration, dysfunction, failure, sloth, passivity, violation, and most significantly, the other. When related to consumption, such an excess of meanings mines the already anxious yet ambivalent reaction of a society that is centred on desire, although obliged to show some resistance to that desire. Ostensibly concerned for public health, the Western media in its entirety (both popular and scholarly, print and screen) express society's intense wish for an absence of FAT, but, as Kipnis (1998) notes, in doing so (and just as well for the market) it ensures FAT's salience.

Hence, implicit in all reports on the 'obesity epidemic', and in all weight-loss related literature, television programming, and advertising, is an un-stated, oft un-realised, moral agenda. It is not simply a matter of concern for the health of a nation, or even concern for its economic growth, but fears about its moral degeneracy. As one newspaper report put it recently; "We are all going prematurely to hell in a heavily reinforced handcart" (Parry, 2005). The moral alarm with which this attitude is promulgated can be easily discerned in the headlines and the language used by all forms of media; 'epidemic' being foremost, but also terms such as 'crisis', 'surge', 'ticking time bomb', 'growing threat', 'war' and 'scourge' are being used with increasing regularity. Further, the epidemic 'everybody everywhere' discourse has generated new terms that look set to infiltrate the

popular lexicon, expressions such as ‘obesogenic environment’ (F.O.E 2006), ‘globesity’ (W.H.O, 2006), ‘Generation O’ (cited in Gard & Wright, 2005), and ‘Generation XXL’ (Cowley, 2000).

There are three major aspects to the mass media’s representation of the obesity epidemic: the nature of the problem, the origin of the problem, and ‘what is to be done’. While there may be slight disagreement over the constitution of these aspects, the notion that increasing body weight is “the most serious public health crisis confronting (us)” today (Kedgley, 2006) prompts widespread, almost visceral reactions that transcend ideological persuasions. The most common scenario is that Western ‘progress’ has created sedentary lifestyles and a myriad of calorie dense foods that individuals find impossible to resist. Incorporated in this narrative are explanations that tend to the biological, the psychological, and less often, the social, and the ‘solutions’ proffered range from government interventions (e.g. the FAT tax) to individual behavioural changes. Yet despite decades of dietary advice, obesity research, government interventions, a market saturated with weight-loss products, and more recently, unprecedented warnings about excess FAT, the underlying antidote offered by the media to the problem that is obesity is.... diet and exercise.

Whether this is indeed the most effective ‘solution’, and whether being FAT is in fact as individually problematic as contemporary discourse suggests, will be examined in the next section. As far as the culpability of the media goes however, the omnipresence of a thin bodily ideal teamed with the ‘war on obesity’ has undeniably constructed FAT as a *social* problem of which the ‘overweight or obese’ individual (or social/ethnic group) bears the brunt. Two recent comments from local media personalities encapsulate the prevailing mind-set: said Michael Laws (2005, p.C9) on the survivors of Hurricane Katrina “...all the victims were black and seemed more in need of Jenny Craig than food parcels”. Second, Gareth Morgan, New Zealand economist and champion of individual responsibility, has railed against any government assistance for the FAT, advocating instead a punishment in the form of tax breaks for the non-FAT. His disgust for the ‘overweight or obese’ is palpable: in discussing the health sector, Morgan churns; “Being squeezed to the back of the queue by some super-size me who has eaten their way into

resources that would otherwise have been available, is taking the easy path of “no-blame” access to public health, too far” (2005).

The public is undoubtedly under ‘siege’. The epidemic that is obesity is being attacked on all fronts, with all available weapons. Is this war (or invasion, depending on perspective) against FAT really warranted? And as with all wars, as the saying goes, is the first casualty truth? Not content with attacking those with surfeit adipose, this particular war must be all encompassing – no one is immune to the imminent dangers that FAT poses. The media onslaught against the corpulent body that has its origins in the scopious and penetrating representations of the female aesthetic ideal (Bordo, 1993) is now infused with the weight of medicine and morality, admonishing all of us to be vigilant to signs of the ‘pernicious matter’ that is body FAT.

Currently, this concern is being directed toward the very young, with a deluge of reports on the ‘reprehensible’ state of Western nations’ children – who are now at the forefront of the war on obesity. Images of ‘tubby tots’ and ‘couch potatoes’, and reports on the rising incidence of childhood diabetes have us all despairing of the ‘over-indulgent’ lifestyle we have inflicted upon our children, and information abounds on initiatives to ‘re-activate’ the young. Historically a cause for celebration, the ‘bouncing baby’ is now a subject for concern, and regarded as “...a key to the epidemic of childhood obesity that is spreading the nation” (Cited in Gard & Wright, 2005, p.25). The spectre of childhood obesity causes such anxiety, that parents now fear overfeeding their infants, and babies as young as six months are enrolled in classes to encourage physical activity. Moreover, television programming aimed at pre-schoolers regularly involves exercise segments – *Go! Exercise with the Teletubbies* was a highly rated fitness special in Canada and the U.K., which saw the now unacceptably chubby teletubbies attempt to trim down (Young, 2001).

This concern however, whether based in fears for our children’s well-being, or outright ‘lipophobia’ (or more likely, a combination of the two), extends itself to the womb and beyond. The hyper-vigilance with which we are exhorted to raise our children is increasingly being viewed as necessary during pregnancy, and even before conception.

Doctors often rebuke the contemporary pregnant woman for gaining too much weight – the old dictum of ‘eating for two’ now seriously debunked – a reflection of the ‘fat cell’ theory which claims that the amount of fat cells laid down in infancy (and now in-utero) determines the extent of adult obesity (Schwartz, 1986). Additionally, recent genetic findings such as those of Gluckman and Hanson (2005) in *The Fetal Matrix* seemingly contradict the ‘fat cell’ theory, yet still imply the need for constant self-monitoring before and during pregnancy lest the child becomes FAT. Here, Gluckman and Hanson found that the more *undernourished* a woman was before and during pregnancy, the more likely the resulting child would become obese in later life when exposed to greater food supplies – due to the ‘thrifty gene’ mechanism that conserves FAT in anticipation of further nutritional scarcity. The implications of this theory for different ethnic groups and classes that have historically been under-nourished yet now face a relative abundance of food (albeit typically nutritionally dubious) are noteworthy for any obesity researcher. The point is however, that the constant medico-scientific, media-driven focus on avoiding FAT by any means necessary knows no bounds. The docile body begins at conception, because as will be demonstrated in the final section of this chapter, contemporary discourse has it that there are few worse ‘afflictions’ than being FAT, and as such, it is a condition that no parent would intentionally inflict upon their child.

Whether the media form is print or screen, or whether the content consists of information, education or entertainment (or more commonly, info-tainment), and whether the focus is on genetics, psychology, socio-biology, economics or politics, the essential message is remarkably unified: Western consumer society is in the midst of a FAT laden health crisis, and modern, sedentary life is to blame. Further, everyone is at risk; therefore pre-emptive strikes must be taken, and most significantly for those deemed already ‘overweight or obese’, *something must be done*.

A – B = C?

The media may be both the message and the messenger, and one could certainly get the impression that the excesses of coverage regarding obesity are simply a reflection of the inherent sensationalism and spectacular nature of contemporary Western ‘news’ reporting. Driving the ‘obesity epidemic’ conversation however, is the equally alarmist input of scientific researchers and the medical profession, who regularly describe the ‘growing girth of the globe’ in catastrophic terms. As has been shown, the World Health Organisation’s assertion that ‘globesity’ is the leading global health issue, and that there is an estimated one billion people who are sufficiently FAT to be classified as ‘diseased’ (W.H.O., 2006) most likely underpins the plethora of ‘crisis’ motivated obesity research and its resulting claims which so saturate our everyday lives in spectacular society. It seems too, that the W.H.O. have all of the answers to the aforementioned questions: the nature of the problem is that so many ‘overweight or obese’ people “pose a major risk for chronic diseases, including type 2 diabetes, cardiovascular disease, hypertension and stroke, and certain forms of cancer” (W.H.O., 2006). The origins of the problem are that there is “increased consumption of energy-dense foods high in saturated fats and sugars, and reduced physical activity” (Ibid.). As far as what is to be done about the problem, the W.H.O. proposes long-term strategies that are “part of an integrated, multi-sectoral, population-based approach, which includes environmental support for healthy diets and regular physical activity” (Ibid.).

Consistent with almost all medical research findings from the past fifty years, it appears that the issue of excess body FAT is not such a conundrum after all; we evidently know the what, the how, and the why, and we also have the solution: human body weight is subject to a rigid law that relates inputs and outputs, thus energy consumed minus more energy expended equals a change in body weight (Gard & Wright, 2005). It seems simple really; all that is needed is... diet and exercise. Why then, despite the simplicity of the ‘cure’, and the unparalleled societal concern centred on the phenomenon, is the (largely) Western human population getting fatter? Perhaps a closer inspection of the dominant assertions about human FAT is required.

‘The number one health problem’

If there is such a phenomenon as an obesity epidemic, and if such an epidemic has produced disease in over one billion people, then it has undoubtedly surpassed HIV/AIDS (40.3 million), malaria (300 million), and tuberculosis (2 million per year) (W.H.O., 2006) to reach the status of ‘number one global health problem’. Being overweight or obese however, is not a contractible (or otherwise) disease in itself, and is not necessarily accompanied by the subjective feeling of sickness. Thus, it typically assumes the form of what Vaz & Bruno (2003) call a ‘virtual’ disease, whereby its function is that of increasing the *risk* of contracting other serious illnesses such as diabetes, heart disease, and cancer. Under this rubric we could also designate poverty a disease, as this too increases the probability of contracting numerous serious illnesses, and not surprisingly leads to the highest mortality rates worldwide. In fact it has been argued extensively that it is the eradication, or at least alleviation, of poverty that should hold the place as the number one global concern, rather than focusing on one particular health issue such as malaria or body FAT – an argument that this thesis maintains. The fact that obesity has been singled out recently for global attention and action is a manifestation of the individualistic, consumer driven, medicalised, risk-centred, anxiety filled matrix within which Western society finds itself; another concern of what Moynihan (1998) has termed the ‘worried well’. Interestingly however, the worried well are the group least affected by obesity, but remain the most preoccupied with it.

Although obesity may be termed a ‘virtual’ disease rather than an actual one, in the public consciousness the distinction is somewhat blurred. With the all-pervading epidemic discourse it is assumed that being FAT, at any level, is hazardous to one’s health – an impression that is further compounded by both the public health establishment and media conflation of ‘overweight’ and ‘obese’. If “one in two New Zealanders are obese or overweight” (National Heart Foundation, 2006), or, in Italy, “14 million people are overweight” (F.O.E., 2004), or even as the W.H.O. (2006) frames it; “Globally, there are more than one billion overweight adults”, it does invoke images of masses of very FAT people. It also begs the question – what is meant by the terms

obese and overweight? Who or what defines them? Re-enter the Body Mass Index (BMI), the durable lovechild of the insurance industry and the medical profession.

In its original form the BMI consisted of a crude measurement of height and weight, promulgated by insurance companies – most notably Metropolitan Life – which was assumed to determine the health and life expectancy of its potential clients (Schwartz, 1986). After decades of criticism of such height/weight charts - they were too blunt an instrument, the data generated from them was dubious, insurance companies had a vested interest in deeming people ‘overweight or obese’, and that the charts never did correlate with any reliably predictive information about future health prospects - public health officials attempted to modify and popularise the BMI tables, using data from large-scale epidemiological studies rather than insurance application forms, and added a further dimension to account for ‘frame size’ (later, there were further amendments to accommodate differing ethnic ‘frames’) (Campos, 2004). Now utilised by all health professionals, the BMI has become the key determining factor in diagnosing the underweight, overweight, obese, and morbidly obese, and subsequently the resulting ‘risk’ factors, yet remains just as rudimentary and misleading as the original height/weight charts.

Glenn Gaesser (2002), in his book entitled (ever so subtly) *Big Fat Lies*, argues that there is no basis to the wide citation of BMI data as proof that FAT kills, and that these tables are arbitrary, random and meaningless. In maintaining rigid ideals that are unattainable for most, Gaesser likens the BMI tables to Procrustes, a creature of Greek mythology who would offer shelter to travellers under one condition; that they could perfectly fit in his bed. Instead of creating beds of different sizes for his guests if they could not fit, Procrustes would stretch his short guests out on a rack, or saw the legs off those deemed too tall. Similarly, height/weight tables, says Gaesser, fail to take into account the considerable and natural variations in human body size and shape, which are not in themselves detrimental to one’s health at all, and – like Procrustes – they create unnecessary anguish for those who do not ‘fit’. Ancel Keys, Professor Emeritus at the University of Minnesota, concurs:

The fact is that the tables of 'ideal' or 'desirable' weight are arm-chair concoctions starting with questionable assumptions and ending with three sets of standards for 'body frames' which were never measured or even properly defined. Unfortunately, those tables have been reprinted by the thousands and are widely accepted as the gospel truth.

(1980, p.297)

The chief inferences from BMI tables are that a BMI of 18.5 to 24.9 is optimal, and that people with a BMI of over 25 run serious health risks. Whether categorised as 'overweight' (BMI 25-29.9), 'obese' (BMI 30-39.9), or 'morbidly obese' (BMI 40+), it is widely accepted that those with a BMI over 25 should be afraid... and should take action immediately if they do not want to develop a range of diseases and die early. The contemporary emphasis is very much on health – as the aesthetic justification for FAT removal has been (at least superficially) discredited. There remain vast conflicting messages here however – which will be explored in the final section.

The tyranny of the BMI is that, along with every other societal force, it designates a narrowly defined bodily *ideal*, one that in this case was originally meant to denote a population *average*, and predicates this ideal on professed scientific proof that increased body weight correlates to increased risk and mortality. Alternative obesity researchers however (e.g. Ernsberger & Haskew, 1987; Klein, 1996; Gaesser, 2002; Campos, 2004; Gard & Wright, 2005) have shown that such scientific proof is inadequate, and despite the medical community's insistence on the dangers of FAT, it consistently fails to find the 'right' correlations. One study conducted in Norway in the mid 1980s – the world's largest epidemiological study at the time of compilation – duly demonstrates the lack of support for the claims that underpin the BMI. This study followed 1.8 million people for ten years, and found that the highest life expectancy was found amongst those with a BMI between 26 and 28, all of who were overweight according to current guidelines. The lowest life expectancy was not found among those in the 'obese' category, but rather among those with a BMI below 18 (which is not far off the 'optimal' category starting point of 18.5), a fact which to date is severely under-reported. Furthermore, those with BMI figures between 18 and 20, which would largely be deemed an optimal weight range by health authorities, had a *lower* life expectancy than those with BMI figures between 34

and 36; a group the same health authorities classify as 'obese' (Study cited in Campos, 2004).

The findings of this study continue to be vindicated: Ernsberger and Haskew (1987) undertook a comprehensive review of the available epidemiological evidence concerning the relationship between body weight and mortality, and concluded that "many studies show that maximum longevity is associated with above average weight" (p.10). A 1996 study undertaken by scientists at the National Centre for Health Statistics and Cornell University found the same relationship. Called "one of the most comprehensive analyses of the relationship between mortality and body weight published to date" (Cited in Campos, 2004, p.11), the results of this research showed that among non-smoking white men the lowest mortality rate was found among those with a BMI between 23 and 29 – a large majority of whom would be considered overweight. For women, the BMI range correlating with the lowest mortality rate was extremely broad, ranging from 18 to 32 – meaning that a non-smoking woman could be considered 'normal', 'overweight', or even 'obese' and still not have any statistically significant change in the risk of premature death (Study cited in Campos, 2004).

As these studies - which are representative of many - demonstrate, there is little or no direct causal link between weight and health; if a correlation does exist, these studies indicate it is more dangerous to be 'underweight' than 'overweight', a finding that has been overlooked and overtaken by the 'anti-fat warriors' (Klein, 1996) that are the health authorities. The BMI, implicated strongly in the current war on FAT, appears to have a life of its own, eschewing any data that may challenge the popular assumptions of the weight/health connection. In addition, according to Gaesser (2002) and Campos (2004), the medical community that endorses the BMI often manipulates and amplifies insignificant findings into critical risk factors, misrepresenting inconclusive data which goes on to spawn headlines such as "Years of Life Lost Due to Obesity" (Cited in Campos, 2004). Here, the study concerned may have noticed only a slight elevation in mortality or risk factors with a certain category of 'obese' people (i.e. the 'morbidly obese'), yet this is extrapolated to include all those judged overweight or obese. Moreover, the data which has shown that a person with a BMI of 20 runs the same risk

of premature death as a person with a BMI of 30 is suitably concealed, as well as the finding that both these groups have higher risk factors than those with a BMI of 26 (overweight).

Clearly, the link between increasing body mass and mortality is not so clear-cut: notwithstanding the numerous other factors that would enter into the equation – whether the FAT is visceral or subcutaneous, cultural history, ethnicity, genetics, intergenerational and cultural diet, gender, and class to name a few – excess FAT in itself (and just what constitutes ‘excess’ is a point of contention) does not equate to a death sentence. In effect, as far as longevity is concerned, it may be beneficial. Yet what of the World Health Organisation’s second assertion? Surely carrying FAT causes an array of illnesses and diminishes quality of life?

‘Being overweight or obese poses a major risk for chronic disease’

The simple response to this allegation would be to point to ‘overweight or obese’ populations who do not have a high rate of any of the aforementioned illnesses, and who achieve relative longevity – Italians and Greeks being lead examples. Despite a shift away from the traditional ‘Mediterranean’ diet (now in favour with health authorities), the people of both Italy and Greece have the honour of being the most overweight people in Europe, yet experience the lowest rates of heart disease and one of the highest rates of longevity – a situation frequently attributed to ‘olive oil’ (Simmonds, 2001). But what of the rest of the ‘first world’ – in particular the U.S., Britain, Australia and New Zealand, where media reports, the medical community, and health authorities repeatedly express concern over the apparent high rates of diabetes, heart disease and cancer and the link these have to escalating obesity?

The way in which the discourse on obesity and disease is framed makes it appear to be a universal phenomenon from which we are all at risk. An important question to ask at this juncture though is *who suffers from these illnesses the most?* In New Zealand, the Ministry of Health (2006) states that for both diabetes (type 2 – the ‘lifestyle’ diabetes) and cardiovascular disease Maori and Pacific Island people have the highest rates of

incidence and mortality. With cancer the statistics are less lucid, because different types of cancer have differing rates among segments of the population. In the U.S. this situation is almost mirrored with regards to the African American population (Williams, 2006). These same groups also have the highest rates of obesity. It could follow then, that one must cause the other and that obesity and the diseases it 'causes' are due to 'bad food' choices and unhealthy lifestyles.

However, these groups are consistently over-represented in the poverty stakes as well, which makes for the ever-present notion that ethnic minority status is tantamount to poverty – an equation that tends to confuse the issue with regards to social policy and the direction of resources. Nonetheless, income is widely recognised as the most important determinant of health (Salmond, 2003), determining among other things the ability to purchase nutritional food and the ability to pay for health services and products, and it is at this economic level that some resolution may be found to the multifaceted nexus that is poverty, obesity, and disease. Rather than holding FAT culpable for some of the worst diseases the West has produced – FAT already bears the burden of immorality and degeneracy – we could instead examine the underlying force that engenders such illnesses as diabetes and cardiovascular disease disproportionately; the same force that results in high levels of obesity.

What this convergence conveys to us, in light of the relatively positive experience of FAT in Italy and Greece, is that it is not FAT per se that causes ill-health, but more exactly the specifically Western conditions of poverty. These conditions, intertwined with historic/cultural practices which themselves often came about due to general destitution, inhibit the capacity to obtain optimal nutrition and healthcare, thus creating an intergenerational susceptibility to ill-health. The obese person living in relative poverty may well be unhealthy, but a strong argument can be propounded that it is not fundamentally the materiality of the FAT on their body that is causing such ill-health, but rather the entire history of their bodily constitution. This includes the types of high FAT/sugar, calorie dense foods that tend to figure largely in an impoverished diet and do indeed play a role in the accumulation of excess body FAT, but more importantly

such foods contribute to the very diseases – diabetes and heart disease – for which obesity itself is held responsible.

There is evidence that consistency of body weight, rather than *losing* excess weight, is more important for general well-being. Gaesser (2002) and Campos (2004) have examined the health arguments that underpin the case against FAT – most notably those regarding heart disease, diabetes, and cancer – and have pointed out several anomalies. Firstly, while acknowledging that increasing weight is associated with high blood pressure and certain types of heart disease, they argue that there is extensive proof that this correlation is not necessarily a product of being FAT, but rather of losing and then regaining weight. Campos (2004) cites considerable clinical evidence whereby obese patients who have been put on very low calorie diets subsequently display much higher rates of congestive heart failure than equally obese individuals who did not attempt to lose weight. Gaesser (2002) points to similar effects that have been noted in non-experimental settings, such as the siege of Leningrad during World War Two. Here, when the siege was lifted, hospitalisations for hypertension increased 50%, as people who had been in starvation mode regained weight lost during the siege. Given that the ‘success’ rate for losing weight is only around 5% - most people who lose weight regain not only the weight lost within five years, but additional FAT as well (Fraser, 1998; Sobal & Maurer, 1999a; Gard & Wright, 2005) – it would seem that one of the keys to avoiding hypertension and possible heart disease is to avoid drastic fluctuations in weight, rather than attempting to rid the body of FAT altogether; an endeavour that has been proven to be largely futile and ultimately detrimental.

A further indictment on the direct link between these diseases and obesity is that, in the U.S. at least, the death rate from hypertension and heart disease is half of what it was a generation ago, despite the ‘soaring’ obesity rate. The U.S. National Health Institute has calculated that if the death rate had remained what it was in 1970, 1.1 million more Americans per year would be dying from heart disease (Cited in Campos, 2004). Moreover, with regards to diabetes, Ernsberger & Haskew (1987), both medical professors, have expressed doubt over the conventional story that has type 2 diabetes rising concurrently and connectedly to obesity. They state that there is no hard data that

says blood sugar levels are rising, and that the perceived rise in type 2 diabetes – especially amongst minority children – is due to enhanced diagnosis; itself the result of aggressive educational campaigns and mass screenings. The professors proclaim this heightened awareness to be wonderful, but draw attention to the fact that more people are assuming the ‘at risk’ position of potential diabetic or ‘borderline diabetic’ solely because they are ‘overweight or obese’, which is misleading not only because it increases the number of those considered diabetic, but also because it assumes being FAT is the primary indicator for development of this disease. Additionally, as Wann (1998), Gaesser (2002), and an increasing group of others have indicated, the key to avoiding type 2 diabetes (and creating general well-being) is not to lose weight (as with heart disease, there is evidence that dieters or ‘fluctuators’ are more prone to diabetes) but instead to make lifestyle changes around activity levels and dietary content, regardless if any such changes result in weight loss.

Being overweight does not pose a major risk for developing chronic disease. Nor necessarily does being obese. Evidence to date shows that ‘morbid obesity’ is implicated in numerous ailments, which, all other factors being considered, can include diabetes and heart disease. The main problems associated with extreme excess adipose however are those that debilitate due to the sheer bulk that must be carried around, as well as numerous negative social, psychological, and economic effects (Klein, 1996) (of which virtually anyone deemed FAT is subject to). Therefore what is required, rather than a ‘war on FAT’, is acknowledgement and assistance for those who are physiologically, psychologically and socially suffering due to extreme obesity, to enable them to reach a healthier state – one that involves some weight loss, but not to the extent that it should aim for the unrealistic and untenable goal of the BMI’s ‘ideal’ weight. As several obesity researchers have argued (e.g. Klein, 1996; Wann, 1998; Gaesser, 2002; Gard & Wright, 2005) the focus needs to be removed from FAT and redirected toward facilitating healthier eating and exercise habits *whether these result in weight loss or not*. One can indeed be FAT and healthy, hence those who may carry excess weight by societal standards, but who do not find their body weight debilitating, should not be subject to the harsh medical and media-driven scrutiny which is currently expressed as the ‘obesity epidemic’

and the ensuing ‘war’ against it. Let us now take a look at what are widely accepted as the origins of such an epidemic.

‘Increased consumption of energy dense foods and reduced physical activity’

This particular assumption has reached the status of unqualified conclusiveness amongst the medical community, the media, and the public consciousness alike. Driven by moral imperatives, the ubiquitous notion that the world’s population is growing fatter because of superfluous calories and an increasingly sedentary lifestyle brooks no argument, yet, as shall be shown, is typically based on flimsy substantiation. Instead of entertaining the idea that ill-health in general – including that suffered by FAT people – is caused by a multitude of factors, not least of which could be ‘increased consumption of energy dense foods and reduced physical activity’, most commentators use FAT as a proxy for such factors.

A quote from Tim Radford in the *Guardian* displays the certainty regarding the causes of obesity with which popular discourse is infused: “The global pandemic of fat could not be explained by any genetic changes: it had occurred to fast. At bottom, societies were eating foods with higher densities of calories and fat, and becoming more sedentary” (Cited in Gard & Wright, 2005, p.20). The reason contemporary FAT is of concern, as noted earlier, is that obesity is considered a deadly disease, and it is in this vein that Australian health activist Garry Egger, who also claims to know what is causing the ‘epidemic’ – fast food and technology - reprimands modern civilization:

...the problem with obesity is that it’s nice to get, unlike malaria. It’s comfortable to sit on your arse and eat yourself fat... Everything humanity has been aimed at is about comfort. If you say let’s change that – take away the cars and remote controls, walk up stairs and forget escalators – well it just won’t happen.

(Quoted in Safe, 2000, p.18)

The reason for the ‘obesity epidemic’, and thus illnesses such as diabetes and heart disease, is regularly described as ‘obvious’, underpinned by a moralistic view of the present – the decline of humankind – and of FAT people themselves. Humans,

according to this view, lack discipline and consistently choose comfort and indulgence, which, in a neat amalgamation of health and residual religious notions, ensure that we will indeed be damned.

What though, is such conviction based on? While there certainly be a correlation between increased calories, decreased physical activity and excess body FAT ($A+B=C$), it is the absolute certitude and universality with which that conception is instilled and promulgated that is problematic, as it fails to take into account so many aspects of the food/body/culture confluence. The assurance with which this notion is accepted appears to be grounded in 'common sense' and an assumed causal link between the rising consumption of fast/convenience foods, technological advances that minimise physical activity, and the rising incidence of obesity. Studies that have attempted to prove this assumption however, have been fraught with (mostly unacknowledged) incongruities and often produce speculative conclusions and simple input/output solutions.

For example, Campos (2004) refers to a study undertaken in 1998 that attempted to gage the mortality risk for obese individuals. The study purported to control for activity levels, yet did so by asking subjects the following question just once: "How much exercise do you get (work or play): None, slight, moderate, or heavy?" (Cited in Campos, 2004, p.35). Campos points out that self-assessments of this type have been shown to be almost completely unreliable, yet this type of study is what much of our 'knowledge' concerning the causes and effects of body FAT is based on. Moreover, studies of this kind frequently generate conclusions that appear in the media in this manner:

The tools available to reverse this unhealthy trend are remarkably simple in appearance as they center on the promotion of eating regular and healthy meals, avoiding high caloric density snacks, drinking water instead of energy-containing beverages, keeping dietary fat at about 30% of calories, cutting down on TV viewing time, walking more, participating more in sports and other energy-consuming leisure activities, and other similar measures. However, it will be a daunting task to change the course of nations that have progressively become quite comfortable with an effortless lifestyle in which individual consumption is almost unlimited.

The authors of this passage, both obesity researchers with respective specialisations in genetics and the physiology of exercise and body weight, have used their expertise to pass judgement on society at large, claiming, as many others do, that the cause of obesity is simply ‘modern life’, and that the solution is merely a matter of eating less and exercising more. Note that they also refer to the ‘narrative of decline’ that Gard & Wright (2005) have argued is prevalent in most discussions of obesity: we are caught in a downward spiral of indulgence and excess, and even though the solution is apparently straightforward, our desirous natures (augmented by modern, technological consumer culture) will be our downfall. The implication is then, much like the exhortations of the early Christians, that we all must resist the temptations of an ‘effortless’ and self-indulgent lifestyle and its assumed manifestation on our bodies in the form of FAT, and we are morally deficient if we fail to do so. This is what is inferred by the statement that obesity is caused by overeating and lack of exercise.

A further anomaly to this proposition is noteworthy: what of those who are active and eat average amounts of relatively healthy foods, yet would be judged ‘overweight or obese’ by Western societal standards? Or conversely, those who eat great amounts of nutritionally dubious fare, remain inactive, yet do not appear to accumulate FAT? Numerous large-scale studies (For a range of these see Gaesser, 2002, and Campos, 2004) have demonstrated that eating well and exercising moderately is the greatest indicator of good-health and longevity, despite actual body size or FAT content, and that there are many ‘overweight or obese’ individuals who do not eat to excess or remain sedentary.

As was discussed in earlier chapters, the reasons that any given person or group may carry varying degrees of body FAT are manifold, but include genetic inheritance, cultural practices, socio-economic status, age and gender, as well as individual energy input/output. Granted, if we were all inmates in concentration camps then no doubt, after a time, none would be obese. However, as much as some would like to implement such a regime for the FAT of the world (e.g. see “Fat people”, 2006, or Dr Kenneth

Walker's suggestion in Poulton, 1997), our material everyday lives make such a proposition neither feasible nor desirable. Further, human bodily constitution varies tremendously, and as with the BMI, cannot be condensed into 'one size fits all' ideals or explanations. Overeating (but again, who decides how much is too much?) and inactivity may indeed be contributors to the 'global' increase in body FAT, yet by itself is an inadequate explanation that is infused with hegemonic morality. This explanation though, informs the proposed antidote to obesity – both at a governmental and individual level: the population needs to eat less and exercise more. This is a solution that has been promoted via various methods for at least the past forty years (Klein, 1996), yet the West's girth continues to grow.

'Diet and Exercise'

The means for controlling one's weight is perhaps the most significant and contentious issue here, as weight reduction has evolved into a Western fetish that is sponsored by the medical profession and exacerbated by the media's control over the meaning of FAT. As Marcia Chamberlain (2001) contends, it was the scientific community that most convincingly spread the message that with the aid of expensive modern medicine, surgery, and therapy, the FAT or obese could be corrected and transformed. Underlying the notion of this particular transformation however is not only the tyranny of the normal, but a work ethic which implies the only honourable method of losing weight is one that must be laboured at. So while a multitude of methods for ridding the body of FAT have developed over the years – ranging from stomach stapling to a cornucopia of pharmaceuticals – it is the supposedly uncomplicated, non-interventionist method of restricting food intake accompanied with exercise that holds prominence.

To use a Foucauldian analysis, health has displaced sexuality as the new moralising category for power to be exercised (Lupton, 2003); thus with the transferral of the official focus from body shape and sexual attractiveness to body maintenance and health, control is achieved through medically induced disciplinary power, creating a normalising judgement or gaze under which the FAT body is aberrant. To avoid such disdainful scrutiny, the contemporary body must continually labour upon itself;

restraining and restructuring until it has achieved the cultural ideal, and consequently, an approving gaze. To diet (in this sense meaning restricting food intake) and exercise is to fit these criteria most opportunely. Embodying the unification of the discourses of religious asceticism and medical regimens, there is no greater self-discipline than thwarting one's desires; in the process inflicting both psychological and physiological pain. Dieting is akin to the denial so exalted in the 'holy anorexic'; exercise to self-flagellation. The contemporary compulsion to lose FAT therefore is just as concentrated on procedure as outcome; FAT avoidance is a goal in and of itself, and the methods chosen require the moral imperatives of struggle, suffering, and abjuration of worldly pleasures. These constitute 'just desserts' for the FAT person, who is perceived to be sorely lacking in such virtues.

Extraneously there has been a considerable shift away from the dieting discourse that frames gaining and losing FAT as a matter of individual self control – a shift induced partly by the recognition in some medical quarters of the complex determinants of body size, and the incredibly high failure rate of 'diet and exercise' as a remedy for fatness. This focus can take the form of a biological/genetic stance, which advocates surgeries such as gastric bypass (Richardson, 2005), or blame can instead be redirected from the individual to the fast food industry and/or the government (Diabetes NZ, 2005). While this reformation of the 'problem' may potentially provide some relief for those who suffer relentless societal accusations of laziness and inadequacy when they 'fail' to lose weight, as part of the obesity epidemic discourse it serves only to reinforce the message that FAT amounts to a modern scourge – and that surgery and legislation/regulation are just additional fronts on which it can be fought. The current official message may indeed recognise that obesity is a multi-faceted issue, that concern should be for health rather than aesthetics, and that *diet* has become a dirty word that needs to be replaced with *healthy lifestyle* (NZ Ministry of Health, 2004). This however sits paradoxically with the dominant (but often latent) arsenal of constructions that perpetuate the notion that excess FAT is unattractive (even repellent), is the result of moral weakness, and can be 'cured' by way of constant self discipline.

The fact that this remains the dominant discourse - despite *inter alia* governmental attempts to promote 'health and exercise' and ludicrous reassurances from girls' and women's magazines that we "should love ourselves the way we are" – is evident in both the FAT focused media and the phenomenal sales of weight loss products. What is also evident is that attempts to lose weight that are motivated by societal censure, and employ methods requiring continual *restraint* amidst virtual nutritive plenty, are not only monumentally ineffective, but are essentially inimical.

One particularly pertinent facet of the current media saturation of FAT related topics is the emergent phenomenon that is the reality television weight loss programme. *The Biggest Loser*, *Downsize Me*, *Weighing In*, *Celebrity Fit Club*, *You Are What You Eat*, and *Honey, We're Killing the Kids* are all examples of a genre that, while sharing similarities with other 'transformative' reality programming – such as the body/plastic surgery make-over, the house/garden make-over, or the 'brat' makeover – has developed its own unique sensibility. Under the mantle of 'health' and self-improvement, these programmes manage to combine the progressively cultivated morbid fascination audiences have for public humiliation with the prevailing sentiment of FAT hatred, resulting in a re-trenchment of unhealthy, discriminatory, and ultimately counter-productive practices. These reinforce the belief that with enough self discipline – labouring upon one's body and restricting food intake – FAT can be eradicated, along with the attainment of moral salvation. The shows typically involve competition, often proffering prizes for the person who loses the most weight, but the main prize is the realisation of a socially acceptable body – the power of which, for those deemed obese or overweight, cannot be underestimated. Moreover in spite of the emphasis on a *healthy lifestyle*, and the lip service paid to "it's not about how much you weigh, but how you feel", the means of achieving weight loss in these shows is invariably a rigorous diet and exercise regimen, whereby weight is lost rapidly, culminating in the *piece de resistance* – the 'weigh-in'. There is no mention of the true 'reality' that approximately 95% of weight loss regimens of this nature fail, particularly when weight loss is rapid, and that the regaining of weight lost (known as yo-yo dieting) is most likely more injurious to one's health than remaining FAT.

As just one example of the media's role in shaping the 'obesity epidemic', the exploitative reality weight loss programme adds momentum to the obesity discourse by rejuvenating the idea that a hyper-vigilant and laborious diet and exercise regime is the solution to the 'problem' of excess body FAT – a solution continually promulgated elsewhere, yet one that flies in the face of all evidence; both scientific and everyday experiential. Nonetheless, the industry built around this obsession continues to thrive and grow – seemingly in direct proportion to both body FAT and the intensity of the war on obesity.

The latest figure for expenditure on diet products in the U.S. - once again outstanding in this field - is approximately \$50 billion dollars per year (not including exercise equipment and subscriptions to 'body' magazines) (Riley, 2006), with all of Europe not too far behind spending U.S. \$8.1 billion per year on diet foods and drinks alone (Diet-blog, 2006). To contextualise this, the United Nations spends approximately \$1 billion per year on hunger relief (Riley, 2006). The figure for the U.S. includes money spent on diet centres and programmes, which entail group and individual weight-loss, diet camps, and pre-packaged foods; over-the-counter and prescription diet drugs; weight-loss books and magazines; physicians, nutritionists, and other weight-loss specialists; commercial and residential exercise clubs with weight-loss programmes; and sugar-free, FAT-free, and 'lite' food products, as well as imitation fats and sugar substitutes (the 'lo-cal' foods category has the largest revenue at \$20 billion) (NAAFA, 2006). It would be an understatement to say that the promotion of diets and diet products is a major industry – an industry that has been fuelling a national (Western) fixation with weight loss for at least the past fifty years, and one that can only continue to benefit from the current war on FAT (a war that, in the U.S., has officially been waged since the 1950s).

The suitability of dieting as a necessary recurring dissatisfaction for consumer markets was discussed in chapter two, wherein, as Fraser (1998) puts it, false promises create false hopes, which in turn generate FAT profits for the diet industry; those who's business it is to continually construct and re-construct the desire for the slim ideal, safe in the knowledge that such a desire will be never be altogether realised. Indeed, as mentioned earlier, it has been extensively argued (e.g. Schwartz, 1986; Ernsberger &

Haskew, 1987; Seid, 1989; Klein, 1996; Stearns, 1997; Campos, 2004; Gard & Wright, 2005) and increasingly recognised that dieting effectively makes people fatter, as well as contributing to the very ill-health that losing weight is supposed to assuage. A recent Danish study has found that overweight people who diet to lose weight are more likely to die young than those who remain FAT, and that dieting causes physiological damage that in the long term can outweigh the purported benefits. The researchers believe that this higher mortality rate is due not only to the strain bodily organs are subjected to with repeated weight loss and gain, but also to dieters losing FAT from lean organs and other body tissue. Says Thorklid Sorensen: “It seems as if the long-term effect of the weight loss is a general weakening of the body that leads to an increased risk of dying from several causes” (Cited in Sample, 2005). The authors of the study stop short of deterring people from dieting altogether, and again, dubious inferences are made – for example the researchers state that this study confirms the need to prevent people becoming overweight in the first place (why?). They do conclude however that more research is needed on the effects of weight loss on the body, as the long-term health effects of dieting are poorly understood. Of course for as many scientific studies that outline the detrimental effects of dieting there will be at least twice as many that choose to highlight the greater ‘dangers’ of being overweight or obese; a back and forth interchange of ‘risk’ factors played out in the media and scientific literature. Notwithstanding that this may be just a feature of the prevailing obesity epidemic discourse which demonises FAT and seeks to eradicate it via any measure, it is significant that some scientists and medical professors – instigators of FAT aversion – are publicly realising that the depiction of FAT as a scourge is erroneous, and that the accepted methods for its eradication are simultaneously ineffectual and harmful.

Still we diet. As has been argued, the popular notion that ‘diet and exercise’ alone is the most suitable means of reducing body FAT prevails due to several factors: most of which have their origins in Christian asceticism; modernisation, industrialisation, and the work ethic; and, giving it momentum, the requisites of consumer capitalism. A critical question at this point though is this: If ‘success’ means losing weight and keeping it off permanently, then why is this method ultimately unsuccessful? Explanations for this range from the biological and psychological to the cultural; but it is the contention of

this thesis that, as with all facets of human existence, the determinants of body size and shape involve a compounding fusion of all of these factors. If we are indeed seeking solutions – or simply understanding – then comprehensive knowledge of these factors is needed, but, most importantly, efforts ought to be concentrated in the area that is the most mutable: for example we cannot change our genetic inheritance (at least not in the short term) yet we can alter our material environment and ideational climate.

The biological mechanism behind the empirical fact that ‘dieting’ as we know it is counter-productive is a good place to start however. As referred to in previous chapters, until very recently most humans lived with the threat of starvation; something our bodies are well adapted to. When the body is denied of food it goes into famine mode, expending fewer calories while waiting for food to become more plentiful. When in this mode the body will send out strong signals for FAT and sugar – substances that most appositely help the body get through periods of caloric scarcity. Campos (2004, pp.123-124) point out the consequences of these biological facts for dieters, especially those living in societies where food has become cheap and abundant:

After an initial period of relatively easy weight loss, it becomes increasingly difficult for dieters to lose weight, and increasingly easier for them to give into intense cravings for high-calorie foods. Eventually, the vast majority of dieters give up. Many of these people find it almost impossible to return to normal eating patterns: Instead, they binge on foods rich in fat and sugar, which the body, as it comes out of famine mode, converts into fat to prepare for the next famine.

Combining evolutionary, psychological, and cultural explanations for FAT and dieting, Etcoff (2000) agrees. She states that the reasons for FAT accumulation are not mysterious, and that those who cannot manage to lose such FAT are not lazy, hypocritical, gluttonous, or evil, but simply human – up against millions of years of evolution that have selected for the ability to eat heartily and store FAT. Compounding this biological propensity though, is what Etcoff calls our collective tendency for pleasure exaggeration. So if FAT and sugar are desirable then we “raise(d) grain-fed animals in penned corrals that yield prime sirloin with thirty percent fat” or we “refine(d) sugar to create éclairs and doughnuts” (Etcoff, 2000, p.209). Further, “Every large

supermarket... has aisles devoted to candy bars, and every summer the barbecues fire up and the air smells of dripping fat” (Ibid.).

Consumer capitalism then has proved the perfect vehicle to accommodate these proclivities, wherein, as Turner (1984) argues, there is an emphasis on consumption and leisure associated with a commercial and consumerist interest in the body. This is how our current stage of capitalism can transcend and benefit from the apparent contradiction that it simultaneously generates the conditions for accumulation of excess FAT while admonishing consumers to eliminate it from their bodies. It is in the consumption of diet products too, that further explanations for the ‘failure’ of diets can be discerned; thus continuing the cycle of paradoxical messages – ‘EAT/NO FAT’ – and diet industry success. Klein (1996), in his cogent rendering of FAT discourse, has produced an ironic ode to ‘No FAT’ or ‘lite’ food products, which constitute the largest (and expanding) section of the diet industry. He contends that it is not necessarily dietary FAT that makes *us* FAT, but rather eating; an activity that the ‘No/low FAT’ culture encourages us to do more. Supermarket shelves scream ‘FAT free’, ‘Low FAT’, ‘20% less FAT’, ‘91% FAT free’, and ‘Lite’, urging us, giving us licence to eat more while we lose FAT. The problem, says Klein, drawing on the semiology of Roland Barthes, is that not only does this market saturation of ‘No/low FAT’ products ensure FAT’s omnipresence (even as it is supposedly absent) but it sanctions over-consumption of products that, for dieters, will only serve to leave them feeling less satisfied and more likely to binge on ‘real’ food. To echo George Orwell once more, only genuine food, rich food, is gratifying, especially when other worldly pleasures are denied – a state the dieter is very much familiar with. The consumption of ‘No/low FAT’ foods does not aid us in losing weight; in fact the ‘critical mass’ that obesity has seemingly become has ascended in chorus with the sale and consumption of such diet foods (Klein, 1996).

All of this makes the only effective method of losing weight and maintaining that loss one of *chronic restrained living* (CRL); a term Campos (2004) has coined in response to the newest ‘cure’ for obesity, one that is touted as ‘not a diet’, but rather ‘chronic restrained eating’ (CRE). Here,

People who practice CRE to manage their weight are constantly vigilant about what they eat: They often eat less than they want, plan their meals ahead of time, and think through what they'll eat before they go out to dinner, attend a party or sit down to a big family dinner.

(Cited in Campos, 2004, p.119)

Oddly enough, this method and the mentality required to undertake it sounds remarkably like a diet. A 'philosophy' as the promoters insist, that has proven untenable in lands of plenty. Yet proponents of CRE, while acknowledging the depressing truth that 'diets' do not work, are euphemistically asserting that basically if we can 'restrain and retrain' ourselves – that is diet – for the rest of our lives, then we will achieve sustainable weight loss. Campos (2004) maintains that CRE, like any other calorie-restricted programme, would indeed enable weight loss, but if carried out over a life-time (which only a few could manage besides) would amount to chronic restrained living: a life that is meagre, spartan, and obsessive – and all assumed in the name of health.

Importantly, it is the constant invocation of 'good health' as the motivation for losing weight that is disingenuous, and indeed a non sequitur. For most people – women in particular – it is the enormous power of the cult of thinness, which can have dire personal and social consequences for those who fail to adhere to it, that is the fundamental drive behind the desire to divest the body of FAT. The masquerade of 'health' that informs the greater part of obesity epidemic discourse has at its roots the fear and loathing of FAT that is a characteristic of current (over) consuming society; one that has managed to construct body FAT as fashion faux pas, disease, and severe moral failing. The implications for those who carry what society deems 'excess weight' are manifold, and one of them may be that the condemnation that the 'overweight or obese' face contributes to the very ill-health that FAT itself is held responsible for.

Discrimination

Much feminist scholarship has focused on the endemic negative body image of women in the West, particularly as it relates to the culture of slimness, its psychological impact, and the lengths women will go to achieve the slim ideal: incessant dieting; surgery;

consuming harmful, even deadly, pharmaceuticals; and the development of eating disorders such as anorexia nervosa, bulimia, and compulsive eating (e.g. Orbach, 1979; Bordo, 1993; Chernin, 1994). Yet at the crux of such enquiry is not so much an interest in FAT itself – why FAT is so feared, the phenomenological world of the FAT person, or alternative conceptions of FAT – but rather an analysis of why *thinness* is so appealing, why women feel the pressure to be thin most acutely, and the associations that practices of bodily discipline have with patriarchal society. Of course the FAT and thin of it are two sides of the same coin, but it is specifically the subjective experience of being FAT and its concrete ramifications which hold relevance for this thesis, an area that has been informed principally by (radical, and more recently ‘body’ or post-structuralist) feminism and/or anti-discrimination activism, and to which we shall now turn.

As has been expounded, to be FAT in contemporary Western society is to be associated with poverty, ‘undesirable’ ethnic groups, sloth, gluttony, stupidity and lack of control. Above all, it bears bodily testament to failure; the failure to be a proper ‘health’ consumer, failure to be ‘attractive enough’, and, as diets are repeatedly abandoned, failure to gain the self-discipline that is imperative to ‘success’ in consumer society. Compounding the effects of such signifiers is the notion that obesity is an epidemic - that we are all at risk of being overtaken by the ‘insidious’ substance that is FAT, thus a ‘war’ is required to conquer it. Central to the FAT problematic though is the matter of separating the FAT person from the bodily substance that is so abhorred in order to ‘attack’ it; and also the issue of volition. Indeed, as the following examples will demonstrate, individual identity and self-esteem are intricately bound up with the hostility directed toward body FAT, as is the idea that being FAT is a mutable condition; that neglecting one’s duty to achieve a slim body is a choice, and any attempts at alternative explanations for the presence, and evident obduracy, of body FAT is an abdication of personal responsibility.

How does the FAT person (judged overweight, obese, or morbidly obese) experience living with such an array of negative signification? Although parallels can be drawn with other groups that have suffered social persecution, oppression, or ‘otherness’ - ethnic minorities, homosexuals, the underclass, the disabled, and women - the FAT, while

considerably representative within said groups, are subject to their own unique form of maltreatment, and, it could be argued, are the sole remaining societal category for which condemnation is widely sanctioned. What does it tell us if five year olds in our society would prefer to lose an arm than be FAT (Study cited in Solovay, 2000)? Or if formerly FAT weight-loss surgery patients would rather be blind, deaf, or lose a limb than become FAT again (Ibid.)? What of the 11% of people who would abort a foetus if they found out in advance their child would have a genetic *tendency* to become FAT (Fraser, 1998)?

The findings of these studies are in no way expressive of extreme views: many people have in fact died and/or suffered severely in the pursuit of weight loss and the slender ideal, one pertinent example being the Fenfluramine/Phentermine/Redux diet pill debacle in the U.S. which saw the development of heart valve problems in millions of users (Fraser, 1998; Wann, 1998; Campos, 2004). Yet the afflictions of the FAT by and large transcend the physical. As anti weight-based discrimination activist Sandra Solovay (2000) contends, the hostility toward FAT (felt most intensely in the U.S.) is as strong as it could possibly be short of criminalisation. The stigma against FAT is experienced with disturbing regularity and ruthlessness, and emanates from all quarters. Fuelled by medical and media representations, FAT people are frequently victims of discrimination and abuse in employment, social settings, places of public accommodation, schools, and medical settings, as well as amongst their own peer groups and families. For many FAT people the sheer relentlessness of such antagonism and the high visibility factor of their particular ‘affliction’ results in a diminishment of both self-esteem and quality of life – and often, unlike other victimised groups, there is no discernable subculture (aside from the dieting industry – which by its very nature is not accepting of FAT people) or sanctuary to which they can escape. Highlighting the gendered nature of the problem, Shelley Bovey (1994, p.1) testifies:

Being fat is about knowing it. It is about a round-the-clock awareness that the fat person’s body overflows the strict boundaries imposed on it by Western social and cultural norms. To be a fat woman means to carry a double burden, for women are expected to conform to a more rigorous and stereotyped aesthetic ideal than are men.

Discrimination against FAT people disproportionately affects groups that already shoulder oppression, leading to an experience of ‘multiple jeopardy’ – African American feminist Deborah King’s term to describe the intersectionality of oppressions which when combined can create new and often un-recognised forms of inequitable encounters in everyday life (King, 1988). Consider the finding that the average FAT woman can expect her household income to be a full U.S. \$6,710 lower than the average thin woman’s (Cited in Solovay, 2000). If FAT is more prevalent among ethnic minorities and the poor to begin with then any negative economic and social consequences will only be compounded. Factored into this is the daily discrimination FAT people experience with regards to rental accommodation (Study cited in Solovay, 2000), health insurance and the health profession (Schoenfelder & Wieser, 1983; Fraser, 1998; Wann, 1998), employers – both potential and actual, the school environment, and both the public and private spheres (Solovay, 2000) - all of which detracts heavily from material, social, and psychological well-being, in turn aggravating the FAT person’s maligned status.

If such societal censure begins in childhood, the lifetime effects of carrying a ‘spoiled identity’ (Goffman, 1963) can be a devastating crush of human potential. The latest tactic from ‘war on obesity’ headquarters is to attack childhood FAT, and if this were a matter of “creating healthy environments” (NZ Ministry of Health, 2006) then it would not prove so problematic. However, this campaign constitutes yet another medically induced assault – this time on a group whose identities are embryonic and vulnerable – despite indications that weight-loss efforts during childhood are mostly unsuccessful and can be both physically and psychologically harmful, replacing normal childhood goals with the questionable aim of lasting weight loss (Solovay, 2000).

Further, there is considerable anecdotal and qualitative evidence of the serious abuse, prejudice, and condemnation directed at FAT children and teenagers – and the long-lasting effects this produces - which serve as validation to the reality that a constant negative focus on children’s body size is detrimental to their development. For example Solovay (2000) documents the verbal and physical abuse FAT children suffer at school on a daily basis – a phenomenon that staff largely turn a blind eye to, or even partake in,

due to the societal endorsement of FAT phobia. She draws on the example of Christina Corrigan – a young girl, classified as obese, who was found dead in her home at the age of twelve after having suffered a short lifetime of abuse and contempt (and relentless attempts at weight loss on her part) at the hands of her school and society at large. It eventually wore her down. But Christina was fortunate in one respect – she had a supportive, non-judgmental home environment, something many children deemed overweight or obese do not experience. Many women have documented the familial pressures of growing up FAT, often within medical or professional families, wherein their eating habits would be subject to intense scrutiny, and they would continually receive comments such as ‘I’m ashamed to be seen with you’, or ‘No boy will ever like you if you don’t lose some weight’, or the standard line from well meaning relatives ‘You have such a pretty face...’ (Millman, 1980). The more these children attempt to lose weight and fail, the more they feel like complete failures as human beings; societal rejects whom not even their own families can accept.

If the FAT child does not ultimately succumb to such censure and makes it to adulthood, there is more abuse in store. From a university professor in the middle of a lecture: ‘When are you going to lose weight? You’re really fat’, to friends and colleagues: ‘You really shouldn’t be eating that you know’, to abusive signage: ‘NO FAT CHICKS’, to calls in the street: ‘Oink oink’ or ‘Get your fat arse to Jenny Craig’ (Cited respectively in Kipnis, 1998; Schoenfelder & Wieser, 1983; Solovay, 2000; Millman, 1980; Wann, 1998). In fact, there are so many anecdotes of this nature that it would take several theses to document and analyse them all. Such comments though, and these are made by adults, characterise the environment that FAT people of all dimensions must endeavour to navigate through.

The FAT person in the medical milieu fares no better. While members of the medical profession may harbour other personal prejudices, their almost universal bias against FAT people is reinforced by both their predisposed view that all FAT is unhealthy, and society’s anti-FAT sentiment. Denigrating medical experiences abound for the FAT person. One woman’s quote typifies the experience:

My sister had cervical cancer. She didn't go back for her post-op checkup for over 10 years. I asked her, "Why? Don't you know this is dangerous stuff?" She said, "They're just going to tell me I'm too fat. I don't want to hear it. If I die, I die." My sister works in a hospital.

(Quoted in Wann, 1998, p.42)

This intolerance in the medical field affects FAT people in two ways: in the way they are treated by the medical profession, and in the way they treat their own health concerns. They are less likely to follow up on health concerns (unrelated to their weight) or return to a place where they have been disparaged or not taken seriously. Often, the disgust felt by doctors toward FAT patients is flagrant, as displayed in the following quote from a psychiatrist about the feelings stirred in him by a FAT female patient:

I have always been repelled by fat women. I find them disgusting: their absurd sidewise waddle, their absence of body contour – breasts, laps, buttocks, shoulders, jawlines, cheekbones, *everything*, everything I like to see in a woman, obscured in an avalanche of flesh. And I hate their clothes – the shapeless, baggy dresses or, worse, the stiff elephantine blue jeans with the barrel thighs. How dare they impose that body on the rest of us?

(Quoted in Kipnis, 1998, p.203)

Or this from Dr Kenneth Walker: "For the good of the country's finances as well as for their own good, fat people should be locked in prison camps" (Quoted in Poulton, 1997, p.105). Moreover, a study conducted by Tufts University found that most nurses admitted "They would rather not care for or touch an obese patient" (Cited in Solovay, 2000, p.219). A survey of 150 FAT women – who mostly weighed in the low 200-pound range – gave further testimony to the attitudes and treatment that FAT people are subjected to by the medical profession: every single woman in the study reported having her weight commented on by a physician and almost all disliked being in situations where they had to discuss their weight with a physician (Ibid.). The fact that this maltreatment affects the overall health of FAT people – especially women - is expressed most succinctly in this statement from one 'obese' woman in therapy:

Being fat is going to kill me, not because of the strain on my heart but because of the strain on my soul. I am going to have some warning signs and avoid seeking health care until it is too late, because I am sick and tired of the canned speeches from doctors and nurses blaming my weight

for everything.

(Quoted in Bovey, 1994, p.49)

Why is this discrimination against FAT people so acceptable? Imagine replacing the words 'FAT person' with 'disabled person' or 'black person' – there would be considerable public intolerance. FAT prejudice and much of the hostility directed at FAT people is acceptable because of the widespread belief that the FAT can become thin if they choose to. Unlike historically maligned conditions that are now largely considered immutable such as ethnicity, disability, or even, due to the discovery of a 'gay gene', homosexuality (still hotly disputed), the FAT person is considered to suffer only from a disorder of willpower. This notion that being FAT is a choice invigorates the often visceral disgust felt towards FAT people for their perceived over-consumption and their overflowing of strict corporeal boundaries (LeBesco, 2004) – a disgust that is internalised by the FAT person, thus compounding the negative effects of overt, persistent discrimination – erotically, professionally, and civically.

Now that body FAT has reached 'epidemic' proportions, could there be a growing tolerance toward the FAT given their salience? It appears not. While in some quarters being FAT is more acceptable - for example among certain ethnic groups; underground subcultures such as the 'Chubby Chasers' (Kipnis, 1998); or within anti FAT discrimination groups such as the National Association to Advance Fat Acceptance (NAAFA) - the dominant hegemony would have us firmly believe that FAT is unhealthy, unattractive, and immoral. The framing of 'overweight and obesity' as a disease, or even as disability (as some fighting for FAT acceptance would have it) does not absolve the FAT person of responsibility for their condition; rather it intensifies the notion that FAT is aberrant, and as such, should be 'rectified' as much as is possible. FAT has become a substantial part of the human condition, yet – lucratively for some – it is fought against at every turn. Holding FAT (a quite benign substance in itself) responsible for ill-health obscures what may be the more essential contributors to all types of illness; namely the mutually reinforcing states of poverty and discrimination.

CHAPTER 6: CONCLUSION

Doctor: “You have to lose weight: In the morning, eat a bowl of cereal and skim milk, at lunch have a salad, and for dinner eat fish”.

Rosie O’Donnell: “Thank you. You have just cured obesity in America”.

Rosie O’Donnell.

When looking to the past for evidence of bodily norms we have at our disposal only that which was documented or, more significantly, depicted – whether in the form of sculptures or artefacts, paintings, literature, newspapers, or philosophical and medical writings. The more visual of these mediums convey to us primarily the corporeal *ideals* of certain societies, rather than the actualities of everyday bodily existence, while the literature informs as to the dominant concerns surrounding the body and its associated cultural practices. Depictions of FAT bodies such as the Venus of Willendorf, or those found in Ruben’s paintings, reveal that the corpulent body was – in these periods at least – the type of body most socially sanctioned and desired. Yet, as with the contemporary thin body, the ideal could for the most part only be realised by the upper echelons of society; its unattainability ensuring its supreme status. Given that the dominant representations of the body are most likely to be used in historical analyses (as opposed to more oppressed or subversive discourses – although this could change thanks to Foucault), what will historians and such of the next century have to say about our current bodily norms and fashions? What pre-occupations and social ideologies will be discerned from our art, advertisements, film, magazines, literature, and news bulletins?

By all appearances only one type of body is represented in all of these forums – one devoid of FAT; the definitive corporeal form typified by the anorexic/bulimic who embodies the spirit of consumer capitalism, namely to work and acquire interminably, yet to continually frustrate desire. Paradoxically though, the future historian will unearth a plethora of items dedicated to the eradication of FAT; from advertisements for diet products to alarmist bulletins from health authorities about the obesity epidemic/war, yet there will be scant pictorial evidence that FAT bodies exist. There is an extensive range of body types in any culture, particularly heterogeneous Western society, but the

more ample body is all but erased from public record. It is too offensive to the hegemonic values of individual effort, denial, efficiency, and thrift; symbolic of the over-consumption that Westerners fundamentally fear. What the historian will discover is that the late 20th/early 21st century was a time of seemingly deep contradiction with regards to bodily ideals and consumption; we had to exist in a society which exhorted us to over-consume at every turn yet we were reprimanded and persecuted if we showed any bodily evidence of such consumption. The historian will find mixed messages in all forms of the media: for example, magazines featuring very slender models or movie stars that offer weight-loss tips or diet products on one page, advertise calorie laden food or recipes on the next, and then proceed to discuss problems with 'body image' – perhaps a perfect illustration of the schizophrenic nature of the hegemony of late consumer post-modern capitalism. It will be discovered however that this contradiction was resolved by the creation of never-ending desire; one *could* hyper-consume and not show bodily evidence of it by adhering to the strictures of the dieting industry. The individual – intent on transformation - was constantly searching for new products and means for achieving the healthy, beautiful, FAT-free body, yet by and large remained dissatisfied because such a body, for most people, could never be fully realised.

The historical record will infer, with the insidious slender images and the myriad of articles warning of excess FAT, that we were not only bewildered, but that we lived in a time that was characterised by fear and loathing of the FAT body, a type of body created – or at least enhanced - by the very structures and dynamics that sought to purge it. It will show too that this anxiety was wholly endorsed by the medical community, reaching a crescendo with an all out war against FAT based on the notion that the health of Western nations was at risk as FAT had attained epidemic proportions. The wily historian will discern that whilst couched in terms of 'health', the obesity epidemic discourse was essentially one based in a fear of moral degeneracy, especially since the burden of FAT fell mainly on those already morally 'suspect' – the poor and the 'ethnic'. Women of course felt the FAT phobia most acutely, and, after centuries of bodily oppression based on dichotomous assumptions that subordinated body to mind, were subject to yet more censure when they failed to rid their bodies of FAT – a substance that could be termed particularly feminine.

It will be discovered too, that while many sought to lose FAT under the guise of achieving a healthy lifestyle, the chief motivator for such endeavours was the wish to be socially acceptable. Even though the FAT population was apparently increasing, to be FAT during this time was considered one of the worst transgressions, which saw the FAT person – from infancy onwards - suffer distinctive forms of discrimination that would ensure a life lived as inferior, loaded with negative implications. The historian would shake her/his head in disbelief that the justification for such treatment of FAT people, and for the war against them, was that being ‘overweight or obese’ constituted a disease (albeit a ‘virtual’ one), and that it was a mutable condition that could be improved if only individuals would harness the ‘willpower’ to constantly discipline their bodies. Moreover, it would be seen, incredulously, that the grounds for deeming a person ‘overweight or obese’, and thus ‘diseased’ or ‘at risk’, were arbitrary and unsound at best. The Body Mass Index would have long ago been discarded as a defective instrument used to aid the ‘tyranny of the normal’; one that, in its promotion of rigid and largely unattainable bodily ideals, had total disregard for natural (or otherwise) variations in the human condition.

In trying to ascertain the reasons for the increasing incidence of body FAT in the West, the historian would note that those at the bottom of the socioeconomic ladder were disproportionately affected by both ‘obesity’ and illnesses such as diabetes and heart disease, and she/he could see why a correlation may have been assumed. It would also be noted that ethnic minorities – who did in fact make up a large proportion of the poor in Western society – were over-represented in the obesity/illness stakes as well. However she/he would wonder why it was not more widely recognised that the conditions and exigencies of poverty – both historical and contemporary – made a significant contribution to the general poor health and lesser quality of life that the marginalised experienced. When considering the factors at work here: consuming cheap, poor quality, highly processed foods; living with the food insecurity which also beleaguered most of our ancestors; residual cultural practices that place a high priority on food as nurturer, comforter, and celebratory glue; a biological propensity to conserve FAT (which we all have to varying degrees); societal condemnation, discrimination, and alienation; and the damaging yo-yo dieting that most who are deemed overweight will

undertake, the reasons for ill-health among the poor will be obvious to the historical observer.

Such factors may explain too why those in relative poverty were indeed fatter than those higher up the income scale, but the historian will realise that FAT itself should not have been used as a proxy or scapegoat for the real factors that cause ill-health and diminish quality of life – ones which are both material and symbolic. She/he will know that by and large, whether one's FAT is malignant or benign, detrimental or beneficial, will depend on one's total historical bodily constitution. The historian will know this partly because, despite being FAT her/him self (what would have been classified as 'obese' in the early 21st century) she/he has not suffered any disadvantage – socially, medically, professionally or otherwise. In fact, the historian is considered quite healthy; a condition she/he puts down to a diet of mostly nutritious, wholesome, real foods; moderate activity; a reasonable standard of living; and, most appreciably, living in a society that does not demonise FAT and insist that it be eradicated at all costs. The historian would never have 'dieted' in the sense we know it today. She/he would exercise, for the enjoyment of it, and she/he would eat 'healthy' foods (and some not so healthy) – but the focus would never be on losing weight. Society would not dictate weight loss, and besides, the historian would realise that attempting to lose weight was fruitless.

Lastly, any historical analysis of the body, food and FAT would identify the antecedents to the obsession with, and phobia surrounding bodily corpulence in the 20th and early 21st centuries. In doing so, it would illuminate the capricious and fluid nature of bodily ideals; how they are grounded in environmental realities and economic orders, and how FAT has historically been a cultural symbol by which societies have measured their prosperity – or lack thereof. The historian would appreciate that, far from being the pestilence that the discourse of our time would have us believe, meanings attached to FAT have undergone numerous changes, and at various times and places were indeed quite positive and life-affirming.

She/he would find the seeds of FAT aversion however in the mind/body dualism that has underpinned Western thought from Classical Antiquity, through Christian

Asceticism, The Enlightenment, and Industrialisation, to Late Modernity/Consumer Capitalism. With the flesh assumed inferior, and accordingly any desires of the flesh, FAT held no prospect at being wholly appreciated. Throughout the years though it did acquire some differing connotations – FAT still had the power to denote wealth and prosperity, while a hearty appetite was often a sign of good health. Yet the forces of industrialisation brought with it new reasons to dislike FAT, not the least of which was that food security for the middle and upper classes enabled FAT as signifier of wealth to be relinquished once and for all, thus deeming it passé and consigning it to the lower classes. With the compounding influences of dualistic thought, religion, morality, medicine, and fashion, the historian could doubtlessly ascertain the principal causes of FAT hatred, yet the dictates of late consumer capitalism would generate secondary causes as well. Society needed a compensatory outlet for consumer disquiet, and the already maligned FAT person provided the perfect foil.

If the historian digs deep enough, she/he will uncover further positive conceptions of FAT; not only those that were dominant at various historical stages when FAT denoted prosperity, but also, more contemporarily, amongst different cultures and subcultures wherein excess body FAT was acceptable – even celebrated. The common thread through most of these groups was a legacy of food insecurity, indicating that FAT, amongst such groups at least, was still a signifier of both health and wealth. Yet this was only part of the explanation. For many non-Western cultures, the absence of dualistic thought enables a more affirmative conception of the body; one that does not perceive a need for the submission of the corporeal to the intellect, in fact one that does not dichotomise the two at all. Just as the West's dualistic heritage has informed current notions of the body and desire, so have alternative world-views shaped the way certain cultures – even ones that must exist within a contemporary Western framework – perceive the body. A more holistic ideology sees the body as a vital part of the collective consciousness, and generates the qualities or values typically attributed to non-Western cultures with regards to food and the body; namely sharing, community, family, warmth, and fertility. Any historian would discover that most non-Western cultural groupings around the late 20th/early 21st centuries were probably more indifferent to FAT than reverential, yet, in retaining their philosophical heritage amidst societies dominated by

FAT obsession they were able to largely elude the bodily neuroses that afflicted their Western counterparts.

Hopefully, the future historian investigating bodily conceptions will come across this particular thesis, one that had at its starting point a deep curiosity as to why the Western world was so suffused with negative messages about FAT. This initial interest sparked an investigation into historical bodily configurations – ones that were by no means unambiguous – which elucidated the notion that bodily ideals (and, it could be argued, material bodies themselves) were ever-shifting social constructions, thus disempowering the contemporary discourse that holds the FAT body as a static negative entity. A quick stint amidst non-Western cultures/subcultures reinforced the assertion that FAT could be seen in a myriad of ways, and contrary to the current day hegemony, it was found to be not only a fluid signifier, but more often than not, a positive one.

An exploration into the origins of FAT aversion required navigating around the dynamics of history, biology, philosophy, geography, social psychology, sociology, and economics to ascertain that, for the most part, FAT is undesirable in the West now because of its commonness. Here, the word ‘common’ is used in its wider sense: FAT is both widespread and associated with ‘common’ folk. However, the prevailing sentiment toward FAT is one stronger than simple indifference – it is widely detested – hence it was discovered that the twin entities of consumption anxiety and the dieting industry were conspirators in the shift toward the demonisation of FAT. With the forces of capitalism, morality, religion, medicine, and fashion all on the anti-FAT bandwagon, the stage was set for an all out war on the growing FAT population, which was to reach its zenith in conjunction with the ‘obesity epidemic’ that we in the West are currently in the midst of.

Such a war however, is probably just as destined to fail as the ‘war on drugs’ or the ‘war on terror’, (each of them wars on the poor) because it is premised not only on misconceptions, morality, and misinformation, but also on the (unacknowledged) idea that the consumer capitalist West can do battle with the very phenomena it has created. While the West continues to produce the conditions that enable ‘drugs’, ‘terror’, and

FAT to flourish, these respective wars will never be won. Moreover, the identification of FAT (or even drugs and terror for that matter, but we should confine ourselves to FAT for now) as a scourge, or as the ‘number one health problem’, is misguided in the first place. This thesis has demonstrated that it is generally not FAT as a substance that is detrimental to individual well-being, but FAT as a signifier. Carrying as it does almost the whole spectrum of negative connotations in Western society ensures that FAT people will have the status of pariah. Compounding this everyday experience of condemnation is the bombardment of messages from all quarters that exhort the ‘overweight and obese’ to rid themselves of their FAT for health’s sake, yet the methods recommended only serve to exacerbate their condition – psychologically, physically, and socially.

This thesis suggests that being FAT is not a condition that needs to be ‘fixed’, but rather one that is inevitable for some due to diverse historical, biological, and socio-cultural constitution. Instead of focusing on the eradication of FAT, health authorities and governments alike should turn their attention to the alleviation of poverty, a move which will facilitate healthier, empowered eating habits; a reduction in poverty related diseases that FAT is currently held responsible for; and overall well-being. By letting FAT ‘off the hook’ we would also be recognising that, for whatever reason, humans have always come in a diverse range of dimensions – even more so now in heterogeneous society – and that we should not blight the lives of those who do not conform to absurdly restrictive bodily ideals. Perhaps the last - utopian - words should go to Hillel Schwartz:

A fat society would restore natural desire and so ensure equity in the distribution of resources. When people feel thin, they tend to seek dominion over others as proof of their own substantiality. They try to emblazon themselves upon the world by means of conspicuous consumption or conspicuous renunciation. They are hungry for power. Fat people are not concerned about self-aggrandizement; few militarists, murderers or rapists are fat.

Fat people in a fat society would be at ease with themselves. In such a society, sexism, racism, and class warfare would be unlikely. Fat people are not intolerant or exploitative. They are not impatient enough to be imperialists. Indeed, the most effective physiological method of making war impossible in future would be

to organize a society for the universal diffusion of adipose.

(1986, pp. 330-331)

AFTERWORD

In their latest budget the New Zealand Government has allocated \$76.1 million toward ‘combating obesity’ – with a particular emphasis on childhood obesity. It is yet to be seen what methods will be employed to do this, but as part of the continuing ‘war’ it is doubtful whether throwing money at this issue will produce the desired effect. Recent public health campaigns have focused on exercise, exhorting the ‘overweight or obese’ public – largely children, Maori, and Tangata Pasifika – to “push play”. While it is encouraging to see attention diverted away from ‘dieting’ and redirected toward exercise (something that is beneficial for everyone regardless of size), the focus remains generally on weight loss as a means to achieve good health. Moreover, it is difficult to see how campaigns aimed at changing individual behaviour can be successful in this regard when the factors that contribute most to ill-health (and this may include ‘obesity’) are principally socio-economic and environmental in nature. The government may possibly recognise this. Watch this space.

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