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**The Fat of the Land:  
Sizeism in Canada**

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A Thesis

in

The Department

of

Sociology and Anthropology

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## **ABSTRACT**

**The Fat of the Land: Sizeism in Canada**

**Leanne M. Joannis**

Obesity is a feared and loathed condition in North America. The psychological literature has focused extensively on the stigmatization of obesity, but it has been relatively ignored in sociology. Studies typically involve questioning thin people, usually college students, about their feelings towards fatness. However, obese people themselves are rarely asked to describe their experiences. This study was carried out to determine the extent to which sizeism, or discrimination against the obese, affects a person's life. In-depth interviews were held with 10 women and 10 men, living in various Canadian cities. The participants revealed victimization from multiple sources; e.g., family members, life partners, strangers, employers, colleagues, and the medical profession. All have dieted but none have been able to lose weight permanently. Eight modes of response to sizeism were discerned. Argument is made for the recognition of the obese as an oppressed minority group.

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## INTRODUCTION

Perhaps no other physical condition arouses a more visceral reaction in North America than obesity. In a society that considers itself increasingly enlightened and striving for political correctness, fat people are continually castigated and punished for their aberrance. Racist and sexist views are now an emblem of ignorance, but revulsion towards the obese is openly expressed with impunity. In fact, sizeism, or discrimination against the obese, is the last acceptable prejudice according to Stunkard (1993). Wooley and Wooley contend that obesity is almost as stigmatizing as skin color: "Excess body fat is probably the most stigmatized physical feature except skin color, but unlike color, is thought to be under voluntary control" (1979:69). Anti-fat hostility is so permissible in North American society that Crandall (1991) maintains it is a better method for studying prejudice and discrimination than is racism or sexism. Home offers no respite from sizeism, as obese people have discovered that family members and friends are often as cruel as strangers (Louderback, 1970; Rothblum et al., 1990).

The current obsession with weight in North America is a relatively new phenomenon. In fact, Freedman (1986:148) notes that thinness in women has been valorized for only 60 out of the last 600 years of civilization. The oldest representation of the human form is a Paleolithic female figure known as the "Venus of Willendorf." The statue features an extremely obese woman with large, pendulous breasts, an enormous abdomen and heavy hips and thighs. This figurine and others similar to it are thought to symbolize sexuality and fertility (Bruch, 1973). The subjects portrayed in Paul Rubens' seventeenth-century paintings were voluptuous, nude women. Victorians affectionately referred to excess weight as their "silken layer" (Wolf, 1990:192).

At the turn of the century, the positive view of body fat that prevailed for most of history was replaced by fat aversion. Between 1900 and 1920 the first actuarial standards of weight and health emerged, and doctors, on the basis of this evidence, suggested that

overweight was a serious health liability and obesity has been popularly associated with ill health in North America since then (Bennett and Gurin, 1982).

### **THE SOCIAL EPIDEMIOLOGY OF OBESITY**

Fatness is looked upon with such revulsion that it may be difficult to believe that it can serve any useful purpose. Yet, along with proteins and carbohydrates, fat is an essential nutrient that fuels the body. Without it, the body would not be able to utilize fat-soluble vitamins (A, D, E, and K), insulate its internal organs or maintain a normal temperature (Rodin, 1992).

Women start out in life with more body fat than men do, and they acquire more along the way. All the hormonal milestones of female life—puberty, pregnancy, menopause—are associated with increased deposits of fat (Frisch, 1977). Under normal conditions, the female body is composed of 28 percent fat, nearly double the fat level of the male, which is about 15 percent (Rodin, 1992).

The ancients were correct in associating fatness with fertility, for there is an undeniable link between body fat deposits and reproduction: the body's reproduction capability falters when fat levels drop even by a small amount (Frisch and McArthur, 1974). Frisch (1977) has found that girls on the threshold of puberty do not begin to menstruate unless they attain a minimum degree of fatness of 17 percent.

When the body ingests more calories than it expends, weight gain results. The terms obese and overweight are used interchangeably, but they do not refer to identical concepts. Overweight is consistently defined by the medical profession and insurance industry as weighing more than 10 percent above ideal weight, which is determined by height and body frame. A person is considered obese if he or she weighs more than 20 percent above ideal weight, and morbidly obese if weighing more than 100 percent above ideal weight (Cogan and Rothblum, 1992; Rothblum, 1994). Obesity essentially refers to

an excess of body *fat* and overweight is an excess of body *weight* (Millar and Stephens, 1987).

Reeder et. al (1992), after studying the 23,000-person Canadian Heart Health Surveys of 1986 to 1992, have determined that 32 percent of Canadian adults are obese. In 1987, the second National Health and Nutritional Survey found that about one-third of Americans are obese (Bowen, Tomoyasu, and Cauce, 1991). While these figures are roughly identical, it should be noted that Canadians' weights have remained stable over the last decade, while the rate of obesity in the United States has risen about 8 percentage points in the same period (Kuczmarski et al., 1994).

Not only do those in the lower socioeconomic brackets tend to weigh more than those in the upper classes, but gender, race, and age are known to play crucial roles in the prevalence of obesity. Women are fatter than men; blacks and Hispanics are fatter than whites and older people are likelier to be heavier than younger people (Powers, 1980; Evers, 1987).

Despite these variations in the population, the standard height and weight tables were normed on young, wealthy Caucasians of Northern European descent residing on the East coast of the United States. Ethnic and income differences are not taken into account, as well as the fact that most people gain weight as they age (Bennett and Gurin, 1982). Ritenbaugh (1982) further points out that, between 1943 and 1980, definitions of ideal weights declined for women but not for men. Efforts at upward revision of the standardized tables to more accurately reflect the population have been met with great resistance (Brown and Konner, 1987).

### **THE SOCIAL MEANING OF OBESITY: CROSS-CULTURAL COMPARISONS**

It is important to emphasize that concerns about overweight are limited to affluent, Western nations. In developing countries where malnutrition and starvation are distinct possibilities, increased body weight is associated with wealth and prestige, for it occurs

only among the privileged few (Brown and Konner, 1987). The chiefs of primitive Polynesian societies are invariably fat, and it is considered a mark of great distinction to be so well nourished as to become obese. Research among adults in India, Latin America and Puerto Rico, and among children in China and the Philippines, has indicated that an increased standard of living is correlated with an increased body weight (Furnham and Alibhai, 1983). Sobo (1994) describes the rural Jamaican tradition of sharing food amongst family members as a means of extending meagre resources. Largeness is indicative of an individual who partakes in an elaborate network of gift-giving and exchange. Thin people are commonly viewed as antisocial and inhospitable, since their kin obviously do not feed them, and they in turn cannot feed others.

Societies that experience food shortages also value plumpness in women and associate it with sexuality and fertility. In many parts of Africa, chiefs send their pubescent daughters to "fattening" huts before they are offered for marriage (Powdermaker, 1960; Brown and Konner, 1987). In Jamaica, large women are considered nurturant, fertile, and sexually attractive (Sobo, 1994). Cogan et al. (1996) compared American and Ghanaian attitudes of both genders towards weight concerns, dieting, and preferences for ideal body size. The Ghanaian subjects were found to prefer a large body size in both men and women. Both genders expressed a desire to gain weight and rarely engaged in dieting behaviour.

In North America, where food is abundant, fatness is despised and obesity is inversely correlated with income so that fatness is associated with low socioeconomic status, especially for women (Moore, Stunkard, and Srole, 1962; Goldblatt, Moore and Stunkard, 1965; Gortmaker et al., 1993). Moreover, in contrast to developing societies, overweight is considered to be an aesthetically displeasing condition (Allon, 1982).

Rothblum (1992) charges that the United States is obsessed with weight and dieting more than any country in the world. Even people in Western nations such as Australia are less concerned with weight and dieting than are Americans (Tiggemann and

Rothblum, 1988). While no studies have been conducted comparing Canadian attitudes with American attitudes towards weight and dieting, given the strong influence of the United States on Canadian society, it seems reasonable to assume that Canadians share the American preoccupation with weight to a very large extent.

As Brown and Konner (1987) observe, thinness is valorized in environments conducive to fatness, whereas plumpness is prized in environments where it is difficult to gain weight. Or, as Garfinkel and Garner (1982:106) describe it, "it would appear that when food is not abundantly available to all, overeating and obesity are viewed with admiration. It seems that only when food is plentiful can the luxury of dieting and slimness-consciousness develop."

There is one jarring note to this congruence: The members of societies that admire increased body weight do not look upon their thin members with horror and contempt (Schroeder, 1992).

## **THE RESEARCH PROBLEM**

The fact that the obese are subject to significant social and economic discrimination is well documented by psychologists, physicians, and occasionally, sociologists. Studies typically involve questioning thin people (usually college students) about their feelings towards fatness as it relates to a particular issue; e.g., aesthetics, marriageability, employability, etc. Very few studies have featured profiles of fat people themselves.

With the exception of Marcia Millman's 1980 benchmark study describing the problems of fat women, the stigma of obesity has largely been ignored in the sociological domain. Although social problems have been scrutinized by sociologists, size oppression doesn't appear to be a sociological concern. This is somewhat puzzling, as the large number of people who experience sizeism indicates that broad social forces are at work. However, it bears pointing out that only recently have sociologists forayed into exploring

non-class based discrimination, such as gender, ethnicity, and age. As well, it is highly probable that obesity is considered a medical or nutritional problem, properly left in the realm of medicine.

The purpose of this research is to describe the problems faced by the obese as a result of the pervasive fatphobia in North American society. This is done by asking 20 fat Canadians, 10 men and 10 women, to provide a holistic account of size-related prejudice and discrimination they may have encountered. The study is undertaken with the viewpoint that the obese represent a disenfranchised population whose stories have not been adequately recounted. Although worries about weight are commonly considered a woman's problem, Millman (1980) concludes her study by noting that the males in her sample were not as bothered about their excess weight as her female subjects. However, she predicts that as men's appearance becomes increasingly crucial, they too will become self-conscious about their body image. Hence, men are included in this study in an effort to see if they also suffer from sizeism and also to discover if their experience differs in any way from the women's experiences.

Besides describing the discrimination faced by fat Canadians, this thesis will argue that the obese legitimately constitute an oppressed minority group. According to Wirth (1945:347), a minority is defined as "a group of people who, because of their physical or cultural characteristics, are singled out from the others in the society in which they live for differential and unequal treatment, and who therefore regard themselves as objects of collective discrimination." The suggestion that overweight individuals can be seen as being disadvantaged to the same extent as blacks, women, the elderly, and other devalued groups can be shocking, if not outrageous, to many. Whereas one cannot change one's gender, skin colour or age, weight is considered to be a voluntary condition, brought on by laziness and overeating. This is a popular misconception, and it will be shown that obesity is a complex and intractable phenomenon, almost as indelible as gender, skin colour, or date of birth.

Although discussions of obesity invariably refer to the high morbidity and mortality rates associated with the condition, the health and medical aspects of obesity are not the prime focus of this research. Volumes have been written on the subject by others far more qualified to do so. Also, a sociological examination of obesity need not affirm or deny that fatness is unhealthy in order to explore why the condition is so highly stigmatized. Fatness provokes a depth of feeling that cannot be explained away by health concerns. Smokers--who harm others by their actions--are not subjected to the same kind of hostility that obese people experience.

In summary, I suggest that the "problem" of obesity has been incorrectly articulated. Discussion has traditionally centred on fat people's inability or refusal to lose weight. This thesis will argue that obesity itself is not the problem; rather, sizeism is.

The content of the thesis is as follows: Chapter One consists of a review of the literature documenting the existence of sizeism. Chapter Two compares and contrasts Goffman's stigma theory with the work of obesity theorists, as well as feminists. Chapter Three explains why obesity is not a mutable condition. Chapter Four describes the method of data collection. Chapters Five and Six present the findings; Chapter Five focuses on the public dimension of obesity, while Chapter Six describes the respondents' personal feelings about their weight.

## CHAPTER ONE

### THE STIGMA OF OBESITY: REVIEW OF SELECTED LITERATURE NORTH AMERICA: A FATPHOBIC SOCIETY

When Leslie Lampert, a journalist working at the *Ladies Home Journal* donned a "fat suit"--a rubberized suit designed to make her appear to weigh 250 pounds--she was shocked at the treatment she received. In the May 1993 edition of the magazine, Lampert wrote about the expression of revulsion on the faces of restaurant patrons; the scornful laughter of a taxi driver when she had trouble alighting from a cab, and the anger she felt when employees at a fast food outlet casually referred to her as "the fat lady."

Lampert's experience, although short-lived, gave her an insight into what it means to be a fat person in North America. Fat people are subjected to slights and indignities, that if directed towards another group, would be considered outrageous and unacceptable. They are the targets of stares and insults by children and adults--families, friends and strangers. Obese individuals, particularly those who are morbidly obese, are often the victims of verbal abuse by physicians, who not only berate them for their weight but who also make intentionally hurtful remarks (Rand and MacGregor, 1990; Rothblum et al., 1990). There are also instances where fat people have been beaten or sexually assaulted because of their size (Rothblum et al., 1990). Copious accounts of anti-fat prejudice and discrimination have been documented in the scholarly literature over the last 35 years and these will be reviewed below.

#### Prejudice

Studies indicate that dislike of fatness starts early. By the age of five, both male and female children demonstrate antipathy toward their fat peers. When 45 primary school children were shown headless photographs of chubby, average and thin children in bathing suits, 86 percent of those children whose choices were consistent demonstrated an aversion for the obese child (Lerner and Gelbert, 1969). Wooley, Wooley and Dyrenforth



(1980) asked children between the ages of two and five to choose between a very thin rag doll and a very plump one; of their 63 subjects, 59 of them chose the thin one. Even the obese children who identified with the fat doll, preferred the thin one.

Six- to ten-year-old children were presented with silhouettes of an obese child and then asked to describe this child. Almost all of the adjectives were pejorative: sloppy, lazy, dirty, stupid, ugly, cheats, lies. (Staffieri, 1967). Elementary school students were shown six line drawings of various children, including a child of normal weight, an obese child, and children with various handicaps, including missing limbs and facial disfigurement and asked to rank order the children in terms of likeability. The respondents overwhelmingly rated the obese child as the least likable (Richardson et al., 1961).

As children become adolescents, there is no evidence to indicate that acceptance of fatness accompanies maturity. Matthews and Westie (1966) reported that 144 high school students preferred to be at a greater social distance from an obese child than from handicapped children. Fat female adolescents are less likely to participate in extracurricular activities and less likely to go out on dates (Bullen et al., 1963). Vener, Krupka and Gerard (1982) asked 600 college students to indicate who they would be least inclined to marry, choosing from a list of 15 variants, which included an obese person. Obesity ranked as the fifth highest type their subjects would reject as a possible marriage partner. They preferred to marry an embezzler, cocaine user, marijuana user, shoplifter, recovering mental patient and others before they would marry an obese person. The researchers noted that the males expressed greater resistance to the possibility of marrying an overweight person than did the females.

Research conducted on the attitudes of health care professionals towards the obese indicates that they constitute an extremely prejudiced group--even though they are often consulted by the obese for assistance in treating their condition. A group of 77 physicians in various specialties surveyed by Maddox and Liederman (1969) overwhelmingly described their fat patients as weak-willed, ugly and awkward in a self-administered

questionnaire. They also expressed a preference for not treating fat people at all. When Adams et al. (1993) surveyed over 1,000 gynecologists to determine their feelings about performing pelvic examinations on obese women, 17 percent of their subjects admitted they were reluctant to perform this procedure on a patient who is considerably overweight.

Not surprisingly, medical students express a marked ambivalence toward obese patients. After viewing a videotape of an obese woman complaining about irritability and nervousness, the medical students studied by Breytspraak et al. (1977) rated her as incompetent, insincere, not straightforward, and not likeable. As well, nurses in both Canada and the United States report revulsion towards their obese patients as well as a reluctance to care for them (Bagley et al., 1989; Maroney and Golub, 1992).

Allon (1975) collected evidence from a pediatric obesity clinic indicating that the doctors, nurses, aides, parents and the young patients themselves tended to view overweight as an "emotional sickness" or as a "crime" reflecting overindulgence and a lack of will power. Some patients viewed their treatment as punishment and expressed deep despair over their failure to lose enough weight to please both their parents and the clinic staff.

Nutritionists specializing in weight reducing programmes for obese patients were surveyed by Maiman et al. (1979) about their attitudes towards obesity and beliefs about its etiology. Close to 75 percent of the sample believed that obese people are self-indulgent, that they eat as compensation for other things, and that they suffer from family and emotional problems. Only 13 percent reported having received any special training in the treatment of obesity.

Obese individuals may also turn to mental health practitioners, such as counselors and therapists, in order to cope with social rejection. As Young and Powell (1985) have found, however, mental health professionals are as capable as members of the general population of subscribing to the negative stereotypes regarding the obese. The

researchers found that mental health workers are more likely to assign psychopathological symptoms to obese clients and that their therapeutic judgment is affected by their client's weight. Agell and Rothblum (1991), in their study of psychotherapists' attitudes towards their obese patients, found that they are negatively influenced by a patient's weight to some extent and that they regard them as more physically unattractive than their non-obese patients.

The placement of degrading advertisements in bariatric journals is especially revealing of the medical profession's contempt for obese people. Some of these are subtly offensive, while others are blatant. Wooley and Wooley (1979:76), describe how an advertisement for pharmaceutical products depicts a young male doctor sternly wagging his finger at an older overweight woman who humbly sits before him her head hanging in abject shame. Another advertisement shows an overweight woman protesting to a doctor that she eats like a bird, while the physician is picturing the bird to be a vulture.

The mass media has ridiculed the obese even more blatantly. The obese are constantly the butt of insulting comments and jokes. In 1976, *Family Circle* saw fit to print an interview with television actor Cloris Leachman in which she claimed, "I just can't bear fat bodies. I think there should be fat catchers, like dog catchers, to go around and put big nets over fat people and take them all someplace and get them slimmed down....Because, what they're doing is advertising their unhappiness and their anger or frustration for everyone to see, and I don't want to see it" (in Landers, 1983). *Time Magazine* which had earlier featured a cover story on Sarah Caldwell, the conductor of the Boston Symphony Orchestra, later printed a letter to the editor in which the writer claimed that Caldwell could only be regarded as a big blob of blubber (Allon, 1982). Wooley and Wooley (1979:76) describe a television show which parodied the talk show format. The lead character would ask fat people questions such as "Have you ever had to widen the finger holes on your telephone?" and "If you jump up and down once does it take your

body more than five minutes to stop moving?" If the answer to these questions was affirmative, the person was eligible for admission to a "Diet Prison."

When overweight people are not mocked by the media, they are simply ignored. In their analysis of the appearances of overweight characters in the 30 most popular American television shows of the 1970s, Wooley and Wooley (1979:77) found the presence of overweight women to be exceedingly low: only one in 131 continuing characters and two in single appearances. Heavier female actors were more likely to portray characters occupying low-status positions. In the mid-1990s, a popular situation comedy features an overweight female as its lead character, but she is portrayed as an oafish shrew. There may be higher number of overweight male actors on both the small and large screen, but they are consistently caricatured as hopeless buffoons.

### **Discrimination**

While there is not necessarily any one-to-one correspondence between prejudice and discrimination, in the case of the obese, evidence abounds which demonstrates that they are discriminated against in many areas of life. Some of these instances may be trivial but, individually and cumulatively, they have serious ramifications on the lives of obese individuals.

Possibly the most frequent complaint recounted by obese people regards hurtful encounters with strangers--children and adults alike. Children poke rotund bellies; they stare; they giggle; or they make comments about the obese person's size (Louderback, 1970; Millman, 1980; Rothblum et al., 1990; Nemeth, 1994). Children in their youthful naïveté may not be aware of the cruelty of their actions, but it is revealing that their victims often note a distinct lack of remonstrance on the part of their parents.

This is perhaps because adults often do not demonstrate significantly more sensitivity than children in their treatment of the overweight. Nemeth (May 2, 1994), in her *Maclean's* article on weight preoccupation in Canada, was told stories of fat people

having items removed from shopping carts by strangers in grocery stores on the ground that these were too fattening. Rand and MacGregor's (1990) subjects complained about being openly stared at. As well, adults are as capable of hurling vicious taunts as children are (Louderback, 1970; Rothblum et al. 1990).

Further, the privacy of overweight people is often invaded by well-meaning strangers who offer gratuitous advice or recite the names of the latest "miracle" diets and expect to be thanked for their concern (Louderback, 1970; Patton, 1983).

It is important to point out that not only are fat people subjected to cruelty from strangers, but home can often be a hostile environment for them, as their family members are not necessarily allies (Mayer, 1968). Indeed, the subjects in Millman's (1980) study and Rothblum et al.'s (1990) study, recount stories of harassment and torment from family members--their mothers and sisters in particular. Of Millman's subjects who were married, many reported that their husbands made disparaging comments about their weight. Some of Schoenfelder and Wieser's (1983) contributors, both heterosexual and homosexual, wrote about how their partners were constantly threatening to leave them if they did not lose weight. Rand and McGregor's (1990) respondents recounted that their children were ashamed of their size and asked them not to participate in school functions.

Wooley, Wooley and Dyrenforth (1980) report a finding they came upon inadvertently when they approached families in public settings for permission to photograph their children for research purposes. All the parents of non-obese children readily acquiesced to the researchers' request; however, the parents of obese children all refused to have their children photographed. When the parents had both obese and non-obese children, only the non-obese children could be photographed. The authors view the parents' reactions as blatant evidence of parental shame and speculate that it can contribute to a negative self-attitude in their obese children.

Fat people also face some difficulty in exercising their rights as consumers. Obese women complain of the virtual impossibility of obtaining well-cut, fashionable clothing in

large sizes (Allon, 1982; Spring, 1996). Designer clothes are rarely available in sizes higher than 12, despite the fact that the average American woman wears a size 14 (Faludi, 1991). It also appears that fat women's purchasing power is not highly regarded, as Pauley (1988) noted that overweight customers had to wait longer for service in a California clothing store than did slim customers.

The obese also encounter discrimination in housing. Karris (1977) demonstrated that some landlords in Portland, Maine prefer not to have obese male tenants, even if they themselves are obese. Some of the respondents in a survey on size-related discrimination conducted by Rothblum et al. (1990) reported having been denied the lease or a purchase of a dwelling on account of their weight. The reasons commonly cited were fears they would break furniture or toilets. One landlord expressed concern that the floors in his dwelling would collapse under the weight of an obese tenant.

Traveling on public transportation can be an arduous experience for the morbidly obese. Passengers who, as a result of their size, require two airplane seats are charged accordingly by the airline, yet they are not credited with double the number of frequent flyer points. The formed plastic seats on mass transportation systems such as buses and subways are flimsy and uncomfortable (Allon, 1982). Theater and stadium seats are typically narrow, since they are designed to accommodate as many spectators as possible. Booth seating at fast food restaurants can prove awkward, as can turnstile-restricted access (Allon, 1982; Rand and MacGregor, 1990). Seatbelts on some cars are too short to accommodate the girth of the morbidly obese, although seatbelt extendors are available.

Anecdotal evidence indicates that obesity also serves as a valid reason to reject an application for the adoption of a child. If one or both members of a prospective adoptive couple are obese or even merely overweight, they are frequently turned down as fit parents. This rejection is defended on the ground that fat applicants constitute poor health risks. For some agencies, an applicant's obesity is indicative of an emotional disorder or a lack of discipline. Still another concern is that it would be to a child's detriment to have a

parent who is noticeably "different" than other parents (NAAFA Newsletter Volume 10 (6), 1985; NAAFA Newsletter November 1989; Rand and MacGregor, 1990).

Perhaps the most consequential forms of discrimination experienced by the obese are biases in college admissions and in hiring practices. Canning and Mayer (1966) after examining the scholastic records of more than 1,000 freshmen students at two high-ranking colleges in New England, noted that obesity was not prevalent among the student population, particularly among females. They were able to discern this trend since information regarding height and weight was provided in the students' files.

The authors then examined the records of over 1,000 high school students in a middle-class community near the colleges and divided them into obese and non-obese categories. The two groups did not differ in terms of IQ, PSAT, and SAT scores; academic qualifications; absenteeism; enrollment in extracurricular activities, and application rates to colleges. The admissions process included personal interviews and Canning and Mayer concluded that biases on the part of college admission officials must be responsible for the lower acceptance rate of obese students, since they were not required to provide any information regarding weight in their applications. It is revealing that there was no public outcry when these findings were published in the media. Rather, the headline in *The New York Times* read "College Admission Hint: Lose Weight" (in Louderback, 1970:43).

Pargman (1969) also scrutinized the health records of over 2,000 undergraduate students at Boston University. He noted that less than 3 percent of his sample was obese, although at that time nearly 13 percent of the American population was obese. Pargman was at a loss to explain this discrepancy, since Boston University does not require an interview as part of its admission requirements. He suggested that high school teachers may harbour prejudices towards fat students and these may be reflected in unenthusiastic letters of reference.

Crandall (1991), in an attempt to explain the paucity of obese students in prestigious educational institutions, hypothesized that parents of overweight children--girls in particular--may be less inclined to invest in their post-secondary education. He distributed questionnaires to undergraduate students at the University of Michigan and the University of Florida. The questionnaires asked for information regarding gender, age, height, weight, parents' education level and socioeconomic status, and the students' source of financial support. The responses revealed that obese college students are substantially less likely to receive financial assistance from their parents, regardless of the parents' educational level and socioeconomic status. This finding was particularly salient for females.

Some American colleges also consider overweight as a valid reason for expulsion. In 1985, Salve Regina College in Newport, Rhode Island expelled nursing student Sharon Russell on the ground that she was morbidly obese and therefore did not fit the nursing school's image. The college admitted Russell into their nursing programme knowing she was overweight, but then started pressuring her to lose weight. An added pressure tactic was the teachers' habit of using her as a model to demonstrate how to treat fat patients. Although Russell maintained a high grade point average, she was unable to lose weight and was informed by the administration that she could not return for her senior year (NAAFA Newsletter April 1989).

Salve Regina College is not the only educational facility to trade grades for thinness. In 1977, the administration at Oral Roberts University of Tulsa, Oklahoma instituted a Pounds Off Program, whereby overweight students were placed on compulsory diets. The students who could not or would not adhere to this stipulation were expelled. The programme was later extended to non-tenured faculty members who were threatened with job loss if they did not lose the prescribed amount of weight. The university later rescinded its policy under threat of loss of federal funding (NAAFA Newsletter September-October, 1977; NAAFA Newsletter May, 1978).



The most ramifying discrimination that obese people face is in the employment realm. Some jobs are bounded by weight regulations, even in professions where size and weight are not directly related to satisfactory job performance. For instance, in order to work for the cities of Los Angeles, New York, and Baltimore in any capacity, an individual has to agree to having an upper weight limit written into his or her contract. These guidelines are applicable to teaching and nursing positions, as well as those of police officers and firefighters (Allon, 1982). Some teachers who have been fired for breaching these weight guidelines have lost their cases in court when they tried to argue that weight had nothing to do with transmitting knowledge or maintaining discipline in a classroom (Louderback, 1970; Allon, 1982).

Medical reasons have usually been cited as justification of the imposition of weight guidelines, even when weight does not interfere with the execution of the appointed tasks (Allon, 1982; Rothblum et al., 1990). Companies operating in private industry may not have official weight requirements written into their job descriptions, but fat candidates are often rejected on the ground that the potential employer's insurance company will not cover them (Allon, 1982). Even when fat people are hired, they may still be denied benefits such as health and life insurance as Rothblum et al., (1990) have found.

Louderback (1970), after reflecting on his own experiences, perusing the literature and talking informally with personnel managers in New York City, suggests that employers are reluctant to hire fat employees on the ground that they are susceptible to illness and therefore more likely to be absent. As well, since fat is so associated with laziness, employers fear their overweight workers would be unproductive and incapable of dealing with pressure.

Alleged medical concerns aside, there may be more insidious reasons for the reluctance to hire obese employees. Rodin (1992) notes that success in most occupations depends on a person's appearance as much as his or her abilities. For example, Ross and Ferris (1981) studied accountants and found that the likelihood of becoming a partner in

the firm depended more on an individual's attractiveness than the prestige of the graduate school he or she had attended or even if the individual held a graduate degree. Since obesity is considered so unappealing and is associated with many negative traits, it is somewhat predictable that researchers have detected a prevailing stereotype that overweight employees are simply less desirable employees—even if they possess the same skills as their thin counterparts.

Shakespeare's Julius Caesar may not have trusted "lean and hungry" men, but that image in the 1990s corporate world denotes success through discipline and ambition. A fat person on the other hand, who wears his or her failure for all to see, would be detrimental to a company's image. Larkin and Pines (1979) asked undergraduate college students about their perceptions of the employability of obese people. The majority of their subjects indicated that they believed overweight individuals are an impediment to a firm on the grounds that they are lazy, incompetent, indecisive, unproductive, and unsuccessful. These opinions were maintained even after observing a video which demonstrated no difference in the competence of the normal weight and overweight candidates as they completed physical and mental tasks in a simulated work setting.

Rothblum, Miller and Garbutt (1988) asked college students to rate resumés of female job applicants. The resumés included either a picture of an obese or normal weight woman, judged to be roughly equivalent in attractiveness, or by written descriptions of obese or normal weight women whose appearance was not otherwise described. When subjects received written descriptions of the women, the obese woman was rated significantly more negatively on supervisory potential.

The prejudice displayed by college students appears to translate into discrimination in actual employment contexts. Roe and Eickwort (1976) surveyed 81 employers in a variety of fields about their willingness to hire obese women. Sixteen percent of their respondents reported an unwillingness to hire obese women under any circumstances and an additional 44 percent would not hire them under certain circumstances. They also

indicated a preference for an active alcoholic over a fat person. Benson et al. (1980) mailed identical cover letters and resumés to 70 health administrators. The letter, written ostensibly by a female college student in her junior year, inquired about assessment of acceptance into graduate school and the chances of finding employment in this field. Enclosed with these were either a photograph of an obese woman or a non-obese woman. The researchers noted that the subjects were less likely to respond to the inquiry when the accompanying photograph depicted an obese applicant and that those who did reply were pessimistic both about the applicant's chances of admission into graduate school and of finding employment.

Even when obese people are hired, they may still experience differential treatment, Rothblum et al. (1990) have discovered. These authors mailed questionnaires to members of a fat rights lobby group asking them about any job-related discrimination they may have experienced. The 500 questionnaires which were returned indicated a strong relationship between respondents' weights and their experience of discrimination. Over 40 percent of the men and 60 percent of the women stated that they had not been hired for a job because of their weight. Over 30 percent indicated that they had been denied promotions or raises. Nearly all had been urged to lose weight. The heavier the respondent, the more likely he or she was to have encountered size-related discrimination in the work force.

Whether or not obesity adversely affects salary, however, is unclear, especially for men. In early 1974, a study conducted by the Robert Half Association (a prominent personnel agency specializing in the placement of accountants) was published in *The New York Times*. Half chose 1,000 files at random from each of his branch offices in 15 American cities. The files contained information such as the executive's weight, salary, and employment record. After comparing his clients' weights to standardized weight tables, Half calculated that less than 10 percent of those in the highest income bracket were more than 10 pounds overweight. He estimated that the overweight executives were penalized \$1,000 in salary for each excess pound. Their employment records also

indicated that they were less likely to be promoted. According to Half, his agency received numerous requests for executives "on the thinner side," (Pay of Fat Executives is Found Leaner:12).

Frieze, Olson and Good (1990) examined salary data provided by over 1,000 male business school graduates and noted a strong relationship between weight, height and income. The subjects who were at least 20 percent overweight earned \$4,000 less per year than their thinner colleagues. Being short and fat compounded the problem: A short, fat man could expect to earn \$8,200 less per year than a tall, thin man.

Contrary to these findings, however, some researchers have noted the opposite effect: Obesity can actually serve as a bonus for men. McLean and Moon (1980) investigated the possibility of obesity acting as a wage depressant among mature men (aged between 51 and 65) in both blue and white collar occupations. In both sectors, the men actually earned more money as their weight increased. When Register and Williams (1990) studied the possible negative consequences of obesity on young people's earnings, the obese men in the sample out-earned their non-obese counterparts. However, Register and Williams did note a 12 percent wage differential between young obese women and their normal weight colleagues. The respondents in Rothblum et al.'s (1990) study tended to be employed in low-prestige jobs, but none of them reported any suspicion of receiving lower salaries than their co-workers.

### **LEGAL ISSUES CONCERNING SIZE DISCRIMINATION**

Employers can discriminate against the obese with relative impunity, since weight is not a protected category in civil rights legislation in either Canada or the United States. In Canada, the obese do not constitute a recognized group according to the 1982 Canadian Charter of Rights and Freedoms. Thus, an obese Canadian who suspects he or she has been discriminated against has few avenues of legal redress. The only option is to claim discrimination on the basis of a handicap. The same situation exists for residents of

the province of Quebec, where the Quebec Charter of Human Rights and Freedoms is in force.

In the United States, Michigan is the only state that specifically prohibits size discrimination and this legal protection is provided only in the area of employment (Allon, 1982). Mirroring the situation in Canada, obese people who want to sue for discrimination are forced to resort to the statute in the 1990 American Disabilities Act. According to the terms of this statute, the claimant must have, or be perceived as having, a physiological disorder causing significant functional impairment which could interfere with the ability to participate in major life activities. However, morbidly obese people, or those individuals weighing more 100 percent above their ideal weight, are covered under the ADA, as well as the Rehabilitation Act of 1973 (NAAFA Newsletter, February-March 1994).

This legal protection is relatively new and promises to be difficult to enforce. According to the California Supreme Court, "most courts have held that obesity, by itself, without a related medical condition or other impairment, is not a handicap" (Daily Appellate Report, September 7, 1993). In this instance, the justices were referring specifically to plaintiff Toni Cassista, a 33-year-old morbidly obese woman, who claimed that a health food collective had refused to hire her as a clerk on account of her weight, even though she proved she was in good health. The justices unanimously ruled against Cassista, determining that she had failed to prove her weight was the consequence of a physiological disorder and therefore did not qualify for legal protection (NAAFA Newsletter, October-November 1993).

An example of this kind of reasoning in Canada is the case of a 31-year-old Saskatchewan woman. In 1989, Sandra Davison, who is morbidly obese, was refused employment as an aide in a nursing home due to her weight, although she was qualified for the job. Until she was laid off due to government cutbacks, Davison had worked for seven years previously at the same job and her weight was not an impediment on her

performance. She became embroiled in a four-year legal battle with the nursing home, but ultimately lost her case when the Saskatchewan courts ruled that since her weight wasn't a disability caused by an illness, she had no grounds for complaint (Kelman, 1993:58; Poulton, 1996:136-137).

Judges are expected to be impartial in the rendering of their decisions, so it is noteworthy that, in the Cassista case, the judges flaunted their bias against fat people. One justice wondered aloud if a fat woman could become a Playboy bunny and another asked if a person who eats herself up to 305 pounds really merits legal intervention (NAAFA Newsletter, October-November 1993). The Ninth U.S. Circuit Court of Appeals has ruled that it is constitutional for lawyers to exclude fat Americans from jury duty (NAAFA Newsletter, July-August 1995). One could safely conclude, after noting these public displays of fat bigotry by judges, that they share the culturally sanctioned aversion towards the obese.

Given the burden of proof of obesity as a handicap that impairs daily functioning, the judiciary's obvious contempt for the obese, added to the fact that fat people are not likely to consider themselves handicapped (Allon, 1982), size-related lawsuits are not numerous in either Canada or the U.S. Allon (1979) further points out that many severely overweight individuals have internalized others' feelings of disdain towards them and accept their discriminatory treatment as appropriate and just. Therefore, they may not be inclined to seek legal restitution.

### **THE NATIONAL ASSOCIATION TO ADVANCE FAT ACCEPTANCE**

Currently, there is only one advocacy group in North America for fat people. The National Association to Advance Fat Acceptance (NAAFA) is dedicated to eliminating weight discrimination in employment, education and public transportation. Full access to adequate medical care is another major concern. The ethos of the organization is that fat

people must be accepted as they are and what essentially needs to be changed are the condemning social attitudes towards obesity (Millman, 1980).

NAAFA publishes a bimonthly newsletter discussing relevant concerns to fat people such as fraudulent dieting schemes, lawsuits, clothing outlets which carry large sizes, etc. A conference is held yearly as are numerous social events. Fatness is not a requirement for membership, but the organization promotes self-acceptance among its members and stresses that fat can be beautiful.

The organization not only provides an environment where obesity is acceptable and even desirable, it is also organized as a political force. NAAFA uses the word "fat" purely as an adjective and insists that the term has been made pejorative by a society not accepting of larger people (Millman, 1980:91). NAAFA members also hold public demonstrations, engage in letter-writing campaigns, and hold press conferences in order to call attention to actions and policies that are discriminatory or offensive to fat people. Most recently, NAAFA protested against the callous and insensitive treatment some members of the Chicago police force exhibited towards a 500-pound woman who died suddenly in her home. While waiting for the coroner's van, the police officers who were called to the scene left the woman's nude body in full view. They joked about her size and constantly poked her with their boots. When the van arrived, the officers dragged the still unclothed body out by the ankles, all the while laughing and joking. NAAFAs have organized memorial marches and protests and written letters to bureaucrats protesting this ignominious treatment (Cops Face Fury Over Treatment of Fat Woman, 1996; Spring, 1996).

Founded in 1969, the organization numbers approximately 3,000 members, including 100 in Canada (Nemeth, 1994). These are low numbers, considering that the organization has been in existence for over a quarter of a century and that fat people constitute a sizable minority of both the American and Canadian populations. In a recent newsletter, it was speculated that most obese people are ashamed of their condition and

are reluctant to ally themselves with an organization that promotes "fat pride" (NAAFA Newsletter February-March, 1996).

### **FAT IS A WOMAN'S PROBLEM**

*The Thrall With Thinness.* The studies cited previously clearly indicate that obesity is more of a social and economic liability to women. This is not particularly surprising, as Millman (1980) has observed, despite a generation of the women's liberation movement, the social desirability of women is still irrevocably paired with their appearance. And in late twentieth-century North America, female attractiveness is equated with thinness. Although women as a whole have been getting heavier, the prototypes for female beauty are becoming increasingly tall and thin. Garner et al. (1980) have noted that winners of the Miss America pageant have grown one inch taller and five pounds thinner between 1954 and 1978. Moreover, the thinnest candidate always wins. Silverstein, Peterson and Purdue (1986) examined photographs of the female models featured in *Ladies Home Journal* and *Vogue* between 1901 and 1981, as well as those of women who were popular movie actors between 1932 and 1978. In both instances, bust-to-waist ratios decreased through the years, particularly since the 1930s. Wolf (1990) points out that fashion models now weigh 23 percent less than the average woman.

The media relentlessly promotes the impression of the beautiful woman as the one who is thin. The prevailing images of women in the media are tall, slender, and young, while the average American woman is 32 years old, 5'4" in height, and weighs 143 pounds (Faludi, 1991). In a comprehensive review of the models featured in women's magazine advertising, Gagnard (1986) found that thin models were featured as the most attractive and successful of all body types. In a content analysis of 33 television shows, Silverstein et al. (1986) noted that 69.1 percent of the female characters were thin; only 5 percent were rated as heavy. On the other hand, only 17.5 percent of the male characters were rated as thin and 25.5 percent were rated as heavy.



The media also consistently reinforce the significance of beauty. After examining over 4,200 network television commercials, Downs and Harrison (1985) found that, on average, 1 out of every 3.8 commercials involved some form of "attractiveness-based" message. The authors estimate that viewers are exposed to at least 5,260 attractiveness messages per year, or an average of 14 messages per day. Of these, 1,850 messages deal directly with the merits of beauty. Downs and Harrison (1985) also noted that the greatest proportion of attractiveness messages was delivered by female actors.

Men, on the other hand, are not confronted with a thinness norm. In Fallon and Rozin's (1987) study, their male college subjects declared themselves as more satisfied with their bodies and denied feeling pressure to conform to an ideal body standard. The female subjects, on the other hand, reported constant dieting and a desire to become thin to the point of emaciation. The 22 male subjects in Millman's (1980) study all insisted their weight was of no concern to them, including those who weighed as much as 100 pounds above their ideal weight. Some claimed their weight could actually function as an asset, because they "stood out" in people's minds, thereby making them easy to remember. There may be some substance to this claim, as the studies cited earlier demonstrate, obesity in men does not necessarily constitute an occupational hindrance. Indeed, as Garn et al. (1977) and Evers (1987) have noted, obese men's incomes are positively associated with increasing weight gain.

*Men Prefer Thin Women.* While women are judged by their appearance rather than their accomplishments, the social worth of men depends on quantifiable criteria such as education, occupation, and financial worth. As far as their appearance is concerned, research indicates that men's prestige depends to a greater extent on the attractiveness of their female partners than on their own physical attractiveness. Sigall and Landy (1973) found that when a man is paired with a good-looking woman, he elicits a favourable impression. When he is partnered with a homely woman, however, he is viewed negatively. The authors refer to the status one gains by association with an attractive

person as the "rub-off" effect. Bar-Tal and Saxe (cited in Bar-Tal and Saxe, 1976) found that an unattractive male married to an attractive female garnered favorable ratings from subjects, while the ratings of an unattractive female were unaffected by her husband's appearance.

In order to determine current preferences in physical appearance of heterosexual men and women, Harrison and Saeed (1977) examined 800 advertisements placed in the "personals" columns of newspapers and magazines in the United States. They found that women were more likely to seek older, financially secure men. Men, on the other hand, sought younger women who were thin and attractive. Smith, Waldorf and Trembath (1990) noted a similar trend when they examined 564 personal ads placed by heterosexual men and women in a singles' magazine.

Perhaps the feminist cartoonist Nicole Hollander sums up women's exasperation with the common male preference for svelteness in women most cogently. A young man asks her heroine Sylvia, "Admit it Syl. You need us. Can you imagine a world without men?" "No crime," answers Sylvia promptly, "and lots of happy, fat women" (in Schwartz, 1986:334)

*Lesbians and Physical Appearance Norms.* Although lesbians do not strive to make themselves desirable to men, there is evidence to suggest that they are also influenced by cultural pressures to be thin. Dworkin (1988) maintains that all women, regardless of sexual orientation, are socialized to consider their appearance as a primary aspect of their lives and thus must adhere to traditional standards for social acceptance. She points out that fictional lesbian heroines are invariably described as slim, diet ads are featured in lesbian newspapers and that fat lesbians experience discrimination.

Brand, Rothblum, and Solomon (1992) investigated weight, preoccupation with weight, dieting and eating disorders among lesbians and gays and compared those variables with those of heterosexual women and men. Although they found lesbians and heterosexual men to be less preoccupied with their weights than were heterosexual women

and gay men, the authors nevertheless concluded that "gender is a more salient factor than sexual orientation on most variables" (p. 253).

*Fatness as an Impediment to Social Mobility.* Social mobility for women has traditionally been achieved by marrying men from higher socioeconomic classes (Mayer, 1968). Elder (1976) points out that, for lower- and middle-class women, favourable ratings of beauty are significant predictors of marriage to a higher-status mate. Since thinness appears to be virtually a prerequisite for being attractive, and attractiveness is more desirable in women, then it is predictable that obesity is more likely to serve as a liability for women.

There is ample evidence to suggest that female obesity is associated with downward mobility. In a classic study, known as the Midtown Manhattan Study, Moore, Stunkard and Srole (1962) noted that extreme overweight was seven times more frequent among women of the lower socioeconomic class. Specifically, about 30 percent of women in the lowest socioeconomic category were obese, compared with 4 percent in the highest group. The same relationship did exist among men, but to a lesser extent. Corresponding figures were 33 percent in the lowest group and 22 percent in the highest group.

In a follow-up study conducted in 1965, the subjects' income were compared with those of their parents when the subjects were eight years old. The obese women in the sample were significantly likely to be downwardly mobile, while the upwardly mobile women were thin. Among men, the same relationships were noted, although these were less striking (Goldblatt, Moore and Stunkard, 1965).

Further evidence of downward mobility among obese women was detected by Rimm and Rimm (1974). They surveyed over 59,000 obese women in the United States and found an inverse relationship between the women's obesity and the educational attainment of their husbands. Moreover, a recent large-scale study conducted by Gortmaker and his colleagues (1993) confirms the continued over-representation of obese

women in the lower socioeconomic classes. These researchers obtained information on the physical, social and economic characteristics of over 10,000 male and female adolescents who participated in a national survey in the U.S. Seven years later 80 percent of the respondents were contacted and asked the same questions. The subjects who had been obese as adolescents had fewer years of educational attainment than their non-obese cohorts, earned \$6,710 less, and were 10 percent more likely to have income below the poverty level. They were also less likely to have married. This pattern prevailed regardless of the respondent's original socioeconomic status and was significantly more marked for women.

As observed earlier, the evidence gathered in the scholarly literature indicates that obesity serves as more of a hindrance to women than to men. Women are expected to display an aesthetically pleasing appearance, and obesity violates the standards of normal weight and attractiveness. Fat women are cosmetically out of step, and they suffer both social and economic penalties for their transgression. As Millman (1980:xi) has commented:

And it is especially the case that an overweight woman is assumed to have a personal problem. She is stereotypically viewed as unfeminine, in flight from sexuality, antisocial, out of control, hostile, aggressive....In the case of women, being fat is considered such an obvious default or rebellion against being feminine that it is treated as a very significant, representative, and threatening characteristic of the individual....the overweight individual, especially if she is a woman, probably suffers more from the social and psychological stigma attached to obesity than she does from the actual physical condition.

Esther Rothblum, a psychology professor at the University of Vermont and a leading obesity researcher, contends that obesity leads to poverty in women. She cites the evidence indicating the lower acceptance rate of obese women into prestigious schools and the decreased likelihood of attaining the high-prestige, high-paying jobs commonly accorded to those who attend these institutions. When fat people are hired, they often do not receive promotions. Moreover, fat women are much more likely than thin women to

marry men from a lower socioeconomic background. Since fatness has a tendency to be intergenerationally transmitted, their children are also more likely to remain in the lower socioeconomic brackets (Rothblum, 1990; Rothblum, 1992).

### **CONCLUDING REMARKS**

Given the pervasive anti-fat hostility entrenched in North American society, it is not surprising its inhabitants often express a fervent desire to avoid obesity altogether, or are willing to go to great lengths to never experience it again. In a study conducted by Rodin, Silberstein, and Striegel-Moore (1984), children with juvenile diabetes were asked if they would prefer to remain diabetic and thin or to become healthy and obese. Most indicated that they would prefer the former. Rand and MacGregor (1991) surveyed 47 people who had lost over 100 pounds after undergoing intestinal bypass surgery and found that virtually all said they would rather experience blindness, deafness, or amputation, than be obese again. None would change places with a morbidly obese millionaire.

Perhaps the most extreme example of the lengths people are willing to go to avoid obesity is the aborting of a fetus, if prenatal tests indicate the child will be predisposed to fatness. Cowley (1990:98,99) cites a poll which queried 200 couples about genetic conditions that could influence them to abort a fetus if these conditions were known in advance. Six percent of the surveyed couples indicated they would abort a child likely to get Alzheimer's in old age, while 11 percent would abort a child prone to obesity, or to quote Cowley (1990:99), they "would save a child from obesity."

There is plenty of evidence which indicates that the possibility of becoming fat arouses terror in many people. When pollsters asked 500 residents of San Francisco what their greatest fear was, 190 of them replied "getting fat" (Boyd, 1981). Some people fear fatness more than death itself: Thirty-eight percent of the respondents in a national poll conducted in the United States admitted that they dreaded fatness more than dying (in

Sternhell, 1985). A documentary on American women's obsession with weight reveals that many women would rather be dead than fat (Maslin, 1991).

The logical corollary to fatphobia is the cherished belief that one's life would be substantially improved with the loss of a few pounds. Again, women are more likely to subscribe to this kind of reasoning as researchers have found. In a poll conducted by *Glamour* magazine in 1984, over 13,000 young women revealed that their most desired goal was to lose ten or fifteen pounds (Wooley and Wooley, 1984). Canada's latest Health Promotion Survey (1990) found that 75 percent of women are trying to lose weight, even though 37 percent of them are of normal weight and 8 percent are underweight. White and Boskind-White (1981) have conducted a study which revealed that women fantasize their lives would be totally transformed if they were thin.

As psychiatrist and prolific obesity researcher Albert J. Stunkard has observed in 1973, "during the past twenty-five years, interest in weight reduction in our country has grown from a mild concern to an overriding preoccupation. At present, interest in obesity almost assumes the dimensions of a national neurosis" (p. 29).

As the statistics cited in an upcoming chapter demonstrate, however, the quest of thinness is quixotic at best; fatal, at worst.

## CHAPTER TWO

### THEORIZING THE STIGMA OF OBESITY

The studies cited in the previous chapter resound with the observation that obesity is a highly stigmatizing condition. The obese experience rejection from multiple sources and clearly constitute a stigmatized group. What is stigma and what does it mean to be stigmatized? The principal theorist on stigma is Erving Goffman, whose work will be discussed below. He did not discuss in depth the particular question of obesity and stigmatization; this issue was developed by Werner J. Cahnman and Natalie Allon, whose work will also be considered. A second type of theorization has emerged out of the feminist movement, particularly from Susie Orbach and Naomi Wolfe; their ideas will be compared and contrasted with those of the sociological tradition.

#### ERVING GOFFMAN

While the stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind....He is thus reduced in our minds from a whole and usual person to a tainted, discounted one."

(Goffman, 1963:2-3)

In his classic text *Stigma: Notes on the Management of Spoiled Identity* (1963), Goffman discusses the situation of people who, for various reasons, are devalued by wider society. He defines stigma rather broadly as "an attribute that is deeply discrediting" (p. 3). Goffman works from the assumption that human beings need to categorize each other on the basis of visual characteristics and claims that people become stigmatized when they have certain characteristics that set them apart from others. The concept is an important one, according to Goffman, because it often has an impact on individual relationships. Like most of Goffman's work, *Stigma* is not an empirical investigation, but is written in essay format. His sources consist largely of autobiographies and case studies and he draws primarily on the plight of the physically challenged and the blind.

Goffman distinguishes amongst three types of stigma (p. 4): (1) Bodily abominations which include various physical deformities, as well as conditions such as blindness, deafness, and muteness. (2) Characterological flaws such as a weak will, unnatural passions, and dishonesty. These are manifested in aberrations such as homosexuality, substance abuse, criminality, and mental disease. (3) Tribal stigma, which alludes to membership in disadvantaged or devalued racial, ethnic, or religious groups. The stigma can subsume any other qualities the person may possess: "...an individual who might have been received easily in ordinary social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us" (p. 5).

Goffman refers to the non stigmatized as "normals" and predicts they will condemn and reject the stigmatized. Not only is the stigmatizing condition deemed unacceptable, but normals have a tendency to "impute a wide range of imperfections on the basis of the original one" (p. 5). The best that could be hoped for is a reluctant acceptance on the part of normals. An already difficult situation is exacerbated by the fact that the stigmatized individual is often viewed as less than human and is more likely to suffer discrimination from a variety of sources which could reduce his or her life chances (p. 5). Goffman further points out that, whenever the stigmatized are believed to be the cause of their condition, the irrational, prejudicial attitudes are amplified.

For stigmatization to occur, the discrediting attribute must be known by others with whom interaction takes place. Some stigmatizing attributes such as criminal activity, homosexuality or previous incarceration in a mental institution are not readily apparent and stigmatization may therefore not result. Goffman refers to these types of stigmata as "discreditable." Persons with discreditable traits fear that their secret will be revealed and will take steps to protect themselves from exposure. Attempts at concealment of the discreditable self is referred to as "passing" (p. 42). The semblance of normality is so



advantageous that Goffman assumes that all persons in a position to pass will inevitably do so (p. 74).

Those whose stigma is not visible have a distinct advantage over those whose stigma is easily discerned; in fact, Goffman contends that "visibility is a crucial factor" (p. 48). Attributes such as skin colour and physical disability provide visible evidence of stigma, so their bearer can be immediately discredited. The more obtrusive the stigma, the more likely it will interfere in the individual's social interactions. The stigmatized person's actions are constantly viewed through the lens of his or her differentness and any minor infractions will be interpreted in the context of the blemish. As an example, Goffman cites the reluctance of many former mental patients to engage in disputes with spouses or employers, out of fear they will be regarded as uncontrollable. As well, the bearer of the discredited attribute is more subject to invasions of privacy such as stares from children (p. 16). Thus, stigma resides not in the stigmatizing condition itself, but in others' reaction to that condition.

The visibility of some stigma preclude the option of passing, but some discredited traits can be "covered" (p. 102). This can be done in the literal sense, such as wearing dark glasses to conceal a facial disfiguration. Another type of covering involves the public restriction of the disabilities identified with the stigma. A visually impaired person who can only read a book by bringing it very close to the eyes may avoid reading around others (pp. 103-104). Some disabilities such as deafness may be camouflaged by deliberately choosing to limit conversations with people with clear voices or to hiccup, cough or choke in order to divert a questioner's attention.

Encounters with normals are fraught with anxiety; those with a discredited attribute will worry about the resulting tension and will ultimately try to control it. He or she will feel self-conscious, constantly worrying about normals' impressions; whereas, those with a discreditable attribute worry about exposure and engage in information

control. In either case, Goffman assumes that these interactions will always leave the stigmatized person with a profound sense of shame.

Besides suffering exclusion or unfair treatment from others as a result of the perception that they are inferior in some aspect, the stigmatized often come to accept the derogatory view of themselves. "Those who have dealings with him fail to accord him the respect and regard which the uncontaminated aspects of his social identity have led them to anticipate extending; and have led him to anticipate receiving; he echoes this denial by finding that some of his attributes warrant it" (pp. 8-9). This acceptance can often lead to feelings of self-disparagement and self-loathing.

Goffman does allow for the possibility that some stigmata can be reversible or overcome with the intervention of plastic surgery or laser treatment. If these options do not exist, then the individual can either become proficient in an activity that is commonly viewed as impossible to achieve for someone with a disability or eschew both these avenues and flout convention altogether by behaving in an unorthodox manner. What is important to remember is that, according to Goffman, a person who manages to erase a flaw does not acquire the status of normal; rather, he or she will be known as someone who once had a blemish but corrected it.

Of course, not all aberrations provoke rejection and disgrace. Some conditions such as physical handicaps or disabilities can elicit positive responses such as sympathy or concern to a condition that is an accident of fate beyond the person's control.

### **The Stigma of Obesity**

Goffman fails to provide any insights on obesity stigma. In fact, he refers to the subject only very peripherally: He notes the existence of support groups for overweight people and cites the "fraternity fat boy" as an example of an in-group deviant (p. 142). Other than these vague remarks, he does not mention obesity at all. Perhaps he did not view the stigma of obesity to be as severe as the others he described, or he simply may have been unaware of the extent to which it exists. It should be noted that he published

his work a mere ten years after social scientists began investigating anti-fat attitudes. Cahnman (1968) defends Goffman's exclusion of the obese by saying that Goffman lacked autobiographical material from fat people—a consequence Cahnman attributes to the shyness of overweight people to talk about the subject. More likely Goffman's omission can be explained by his openly-expressed feeling that a stigma that is immediately evident to everyone at all times is not worthy of any special interest (p. 73).

Goffman's opinions aside, there is no doubt that obesity fits his criteria for a stigmatizing condition. Actually, obese persons are *doubly* stigmatized: Overweight is an abomination of the body that elicits immediate negative assessment from others on the basis of its aesthetically displeasing qualities. Moreover, since it is presumed to be a consequence of overeating, obesity is emblematic of a weak will. The character of the obese person is impugned by the characteristics imputed to obesity, namely, that its bearer is lazy, gluttonous, immoral and self-indulgent—traits despised by a society that was founded on Puritan principles which valued abstinence and self-control.

Management of the obesity stigma is exceedingly difficult because the blemish is so visible. Attempts to disguise excess weight is relatively futile, as loose clothing can camouflage only so much. The best and only means of stigma management available to the obese is shedding the weight and re-entering the world of normals as a "thin" fat person.

The stigma of obesity is more severe than other stigmatizing conditions because it is so widely viewed as a self-inflicted condition, the consequence of indulgence and lack of self-control. The obese are seen as rightfully precluded from full social acceptance because they are complicit to their own victimization. Unlike other attributes such as gender, skin colour, or age, body weight is viewed as a mutable condition, and therefore within an individual's power to change. The management of the obesity stigma may not be feasible, but the obese have a relatively easy option to escape their deviant status: They have only to muster sufficient will power to put down their forks.

## Concluding Remarks

Goffman's treatment of stigma may be illuminating insofar that it provides a glimpse into the agony experienced by those who are viewed as flawed, but his presentation of the significant commonalities shared by stigma bearers tends to obscure the differences between types of stigmata and the problems they pose for the individual. Baldness does not arouse the same types of reactions as physical deformities.

Since Goffman wrote his classic text, the specific conditions that elicited the negative reactions towards the deviant conditions he described have changed considerably. There is now widespread sympathy for the physically deformed and the mentally ill, with substantial efforts being made to integrate them into the larger society. Divorce is now commonplace and increasingly easier to obtain. Homosexuals have become an organized political force and vociferously demand the same rights accorded to heterosexuals. Prostitutes and convicts are now considered retrievable and greater sensitivity is displayed to their situation. The groups that Goffman described as stigmatized a generation ago are now offered legal protection and it is recognized, at least in principle, that these people have a right to full participation in society. Fat people, however, continue to be vilified and derided and their ill treatment is not condemned. This leads to the suspicion that Goffman's work cannot be accepted as the definitive explanation with respect to the indignities experienced by most overweight persons.

Finally, Goffman does overlook the stigma of obesity, but even if he were to address it, his focus on commonalities would probably render him oblivious to the fact that fat women and fat men are not stigmatized to the same extent. Other sociologists, while paying homage to Goffman, have expanded upon his ideas and have subsequently provided a more precise explanation of why fat hostility continues to be so pervasive in North American society.

## **OBESITY STIGMA THEORISTS**

### **Werner J. Cahnman**

In 1968 Cahnman published an article entitled "The Stigma of Obesity." Although he wrote several articles on obesity, this publication is considered to be a benchmark work in the study of obesity stigma; his article is often quoted and he does offer some useful insights. For one, Cahnman is more precise than Goffman in his definition of stigma which he describes as "the rejection and disgrace that are connected with what is viewed as physical deformity and behavioral aberration" (p. 293). For another, Cahnman points out that the obese are *triple* disadvantaged: (1) they are discriminated against; (2) they are made to feel that they deserve such discrimination; and (3) they come to accept their treatment as just (p. 294).

Cahnman focuses his empirical investigation on young obese people, ages 10 through 25, because of his concerns that youth are particularly vulnerable at those ages due to the uncertainty of their social status as well as the conflicting nature of their emotions. Cahnman also posits that the marginalization of fat adolescents can have lifetime ramifications.

The thrust of Cahnman's article is to argue against the common supposition of obesity as a moral defect. According to him, this view has the consequence of condemning obese people to low socioeconomic status (p. 293). Furthermore, Cahnman suggests that the typical, psychogenic outlook of obesity with its tendency to regard it as an idiosyncratic pathology should be replaced with the broader sociogenic view. Focusing on sociogenic factors allows the entire "situational field" of the obese person to be examined, a field that is marked by stigma (p. 293).

## **Natalie Allon**

Allon was active in the 1970s as a prominent obesity researcher. Her areas of focus included obesity stigma, the problems of young obese people, and in particular, group dieting.

She was influenced by Goffman and by Cahnman and believed that more damage, physical and emotional, was done by stigmatizing obesity than by the problems caused by the condition itself. Her own research (Allon, 1973) and that of others led her to identify the stigmatization of obesity in four core areas: (1) in religion, as a sin; (2) in medicine, as a disease; (3) in crime, as a misdemeanor or felony; and (4) in aesthetics, as ugliness. Obesity is sinful in that it is regarded as immoral because the condition is believed to originate from an inability to delay gratification. This behaviour flouts the Puritan ethic of self-control on which the United States was founded. Overweight people are stigmatized for their self-indulgence and are seen as deserving of retribution. Allon notes the religious overtones involved in popular weight loss organizations. The members confess their dieting sins, listen to testimonials attesting to the goodness of the organization, and redeem themselves by vowing to faithfully follow the diet plan.

Obesity is viewed as a pathology by the medical community; unlike other medical conditions, however, excess weight is considered to be self-inflicted and therefore deserving of rebuke and castigation. The low success rate for long-term cure is dismissed as patient non-compliance. After reviewing the medical literature on the health consequences of obesity, Allon concludes that the social problems resulting from the stigmatization of fatness are much more severe than the physiological and psychological problems actually associated with obesity. She notes that the medical community is as likely to be as harsh and judgemental as the general population and wonders if a lifetime of persecution could actually be a catalyst for conditions such as heart disease, high blood pressure, and depression and anxiety which are generally assumed to be associated with obesity.

Crime is the third theme in the stigmatization of obesity. Some criminals can hide their lawlessness, but the visibility of fatness precludes that option. Fat people have committed the double offense of overeating and shamelessly displaying the fruit of their spoils; thus, they have committed two crimes for which they must be appropriately punished by the court of public opinion. No sympathy should be accorded to fat culprits: They have the choice of controlling their urges and have chosen not to. The crime of fatness results in the suspension of privileges such as eating an ice cream cone in public. Harsher sanctions include prejudice and discrimination in education, employment, as well as everyday life.

Lastly, Allon discusses current cultural standards of beauty which equate obesity with ugliness. She points out that in other cultures and in earlier historical periods, obesity was an indicator of wealth and sexual attractiveness. She discusses the inverse relationship between socioeconomic status and weight and notes that in societies where food is plentiful, obesity is reviled.

In a later work, Allon (1982) concluded that, of all the conditions for which a person may be stigmatized, the stigma of being overweight is the most debilitating.

Regrettably, Natalie Allon's promising career in the sociology of obesity was cut short when the injuries she sustained in a car accident in 1980 left her paralyzed. She died shortly afterwards.

### **FEMINIST THEORY**

While the traditional efforts explaining the antipathy towards obesity largely rely on Goffman, feminists are more intent on pointing out that women, more so than men, are likelier to be victims of size oppression. Women are also discriminated against at lower weights. Feminists contend that sizeism is part of the wider problem of the sexism prevalent in a patriarchal society.

This is a new dimension in feminist explorations on the subject of weight. The feminist movement has long decried the problem of gender inequality, but it was not until the mid-1980s that the "politics of appearance" has been addressed. A woman's appearance is still considered to be her greatest asset and she experiences great pressure to cultivate a pleasing countenance. Feminists writing on this subject bemoan the stress placed on women and deplore the time, money, and energy women must expend on this project (Banner, 1983; Brownmiller, 1984; Freedman, 1986).

Since thinness is equated with attractiveness, dieting behaviour and weight preoccupations are reaching epidemic proportions in young women. Feminists have filled volumes on this trend, citing startlingly high statistics of anorexia nervosa and bulimia and the difficulties involved in treating those eating disorders. The current vogue for extreme female slenderness in women is seen as more than a fad; it is a means, designed and implemented by the patriarchy, to subjugate women by keeping them weak and distracted. Just as women were metaphorically taking up more room by demanding equal rights and expanding their options, they are confronted by cultural demands to shrink their physical size (Chernin, 1981; Freedman, 1986; Hesse-Biber, 1991).

Feminist scholars writing in the 1990s have taken a more extreme position and contend that whenever the political climate shifts to ease restrictions on one aspect of women's behaviour (e.g., enfranchisement, widespread availability of reliable contraception), other aspects of women's behaviour are restricted accordingly (Wolf, 1990; Faludi, 1991; Hesse-Biber, 1991). Wolf (1990) insists that it is no coincidence that the two times during the twentieth century during which female thinness was fashionable were during the first and second waves of feminism. She charges the diet, cosmetic and plastic-surgery industries with conspiring to keep women self-conscious and subdued:



She [the anorexic woman] is politically castrate. She has no energy to get angry or get organized, to chase sex, to yell through a bullhorn, asking for money for night buses or for women's studies programs or to know where all the women professors are.

(p. 199)

Wolf (1990) further sees a link between fat phobia and misogyny: Fat is closely associated with female fertility, and if fat is reviled, so is womanhood. She terms the thin idea a "political solution...something serious being done to us to safeguard political power" (p. 196).

Rothblum (1994) concludes that the current thinness aesthetic is merely the latest in a long series of restrictive practices against women in the name of fashion and equates it with other immobilizing practices that have enslaved women in the name of fashion. She maintains that weight control is synonymous with social control of women in much the same way as foot-binding, corsets, lip-stretching, and forced clitoridectomies have subjugated women in other eras and in other cultures. Whalebone corsets may have been discarded, but women are equally imprisoned in their corsets of self-control.

It bears pointing out that for all the feminist barrage against the thinness aesthetic and for all the feminist concern with the prevalence of eating disorders, persecution of fat women has rarely been specifically addressed by the feminist movement (Millman, 1980; Rothblum, 1994). In fact, only two scholars have written on female fatness and the profound effects excess weight can have on women's lives. Susie Orbach, a feminist therapist and social worker, was the first person to point out that overweight is more devastating for women than for men. In her book appropriately entitled, *Fat is a Feminist Issue* (1978), Orbach theorizes that women unconsciously overeat as a means of signalling their discontent with society's unreasonable demand for feminine superslenderness. She proposes that obesity is solely caused by compulsive overeating and that this particular eating habit is a way of asserting control in a world that otherwise renders women powerless. Because fat is so repellent, large women are viewed as sexually unattractive and lose their power to allure men. However, fatness accords women

a power of a different kind. Men are more likely to take them seriously in a work setting and are less inclined to treat them as sexual objects. Whereas thinness is constricting, fatness is liberating. A large woman has substance, strength and physical presence. She is viewed as a productive human being, while her thinner, sexier counterparts must struggle with stereotypical attitudes and behaviours.

The most useful benefit of largeness is the protection it offers from unwanted masculine attention. Large women may be neutered by their fat but this is not cause for despair. They are insulated from sexual predation and are therefore valued for themselves rather than the marketability of their bodies. In summary, female fatness serves as an expression of rebellion against women's subordinate status in a male-dominated society.

Orbach's perspective is refreshing because it directly contrasts the approach of most psychotherapists who assume that obesity is a personal problem whose solution lies within the individual. She, on the other hand, contends that the injurious forces are *external*, and that overeating is merely an adaptive mechanism to counter these forces. As well, since fat people are generally thought to possess uncontrollable appetites, Orbach suggests that certain weight levels do offer control, that overweight is not a product of self-indulgence but a calculated means of defense.

*Fat is a Feminist Issue* is a classic in the annals of feminist literature, and Orbach rightfully occupies a dominant position in the feminist pantheon for her work on body image; however, her reasoning vis-à-vis the etiology of obesity is hugely flawed. She claims the sole cause of overweight is compulsive eating. If the cause of compulsive overeating can be identified, then weight loss should occur. Although this proposition sounds logical, it is not, because it assumes that overeating is the single root cause of obesity. As the next chapter will illustrate, obesity is a puzzling phenomenon, involving multiple bases. Orbach may be enormously sympathetic to the despair of compulsive overeaters but she too subscribes to the popular myth that weight is within one's control--either in gaining it or losing it.

Furthermore, she is wrong to assume that fat women are more highly valued as employees than their thinner counterpart. There is absolutely no substantiation for this claim; on the contrary, the studies presented in the preceding chapter strenuously refute that supposition. Rather than being regarded as productive, obese workers are consistently viewed as lazy and worthless. As for the suggestion that men regard fat women for themselves rather than their bodies, that too is spurious. Most men evince an abhorrence of fat women and simply ignore them altogether. The truth is that fatness serves as a formidable force in reducing women's life chances in every aspect of their lives.

One major fact that is never mentioned in the literature is that this book was originally touted as a no-effort weight-loss method (the sub-title of the book is *The Anti-Diet Guide to Permanent Weight Loss*). Orbach assumes women would rather be thin than fat, and her book was originally meant as a self-help guide to achieve thinness.

### **Marcia Millman**

The only sociological work to study the stigma of female obesity on an in-depth basis is Marcia Millman's *Such a Pretty Face: Being Fat in America* (1980). Millman, a medical sociologist, conducted extensive interviews with over 50 participants, the majority of whom were women. Her objective was to glean insight about the social and psychological meanings of obesity. In the course of her research, she also profiled three weight-related groups: As participant-observer she attended meetings of NAAFA and Overeaters Anonymous, as well as spending a summer at a children's diet camp.

While Millman's intention is to explore why fatness elicits such strong reactions, she makes her motives obvious in the preface to her book: her focus is on white, middle-class women living in urban environments. The 22 fat men she interviewed, apparently are not seen to merit a chapter of their own, as they are relegated to the appendix.

Millman appears reluctant to accept that they may suffer too, accepting displays of bravado and belligerence as evidence of imperturbability.

While Millman does not have a cogent theory explaining why women are fat, she does identify certain unifying themes: lack of control, isolation and exclusion, normalcy versus deviation, and poor self-image. The book does not consist solely of a sociological perspective; Millman shifts to a psychological approach in the second part. She presents lengthy quotes, illustrating the selected themes of control, desexualization, heightened sexuality, compulsive eating, disembodiment, and before/after transformation fantasies. Throughout her study, Millman stresses the role played by a sexist, looks-oriented society in the sadness, suffering, and self-hatred experienced by fat women in America. Millman concludes "low self-esteem in fat women follows their shabby treatment rather than precedes it" (p. 96).

### **CONCLUDING REMARKS**

The accusation that the thin aesthetic is the fruit of a conspiracy amongst institutions of social control whose pernicious intent is to shackle women and prevent them from acquiring political power is provocative and intriguing. However, it suffers from a considerable lack of substantiation. The phenomenon of obesity and the mistreatment of the obese cannot be explained from a purely political standpoint, as it tends to oversimplify an exceedingly complex situation.

As for the hypothesis that female fatness is a shield from sexual predation, then how is male fatness to be explained? Are men protecting themselves from predatory females? Or are they merely gluttons? While it is undeniable that slimness is valued more in women than in men, this point should not be taken as an affirmation that fat men are in an enviable position.

There is a certain wry irony to the feminist protestations of the politics of appearance. Prominent feminists such as Gloria Steinem and Naomi Wolf denounce the

oppressive standards of beauty, yet it is painfully obvious that they too subsidize the fashion and cosmetics industries. Furthermore, the leaders are all very slender themselves.

Freedman (1986:209) recounts how, soon after her fiftieth birthday, Gloria Steinem blithely predicted that in her old age she would develop double chins. However, as she approaches her sixtieth birthday, she is as lithe and lovely as ever.

## CHAPTER THREE

### THE INTRACTABILITY OF OBESITY

Obesity is so relentlessly derogated because it is frequently thought of as self-induced and therefore within an individual's control. The onus, then, is solely on the overweight person to shed the excess poundage in order to avoid a lifetime of misery. Furthermore, since the 1980s fitness "craze," when regular exercise became imperative, slimness has come to be not only equated with health, but it is also a sign of sexual attractiveness and self-control (Freedman, 1986; Seid, 1989; Rodin, 1992).

These inferences have spawned a mammoth industry that offers an impressive array of products and services to calorie-conscious Canadians and Americans. Slenderness can ostensibly be purchased and maintained through appetite suppressants—both prescribed and over the counter; diet books; calorie-reduced foods, snacks and alcohol; diet soft drinks; artificial sweeteners; weight control spas; gym memberships; personal trainers, exercise equipment and exercise videos (Bennett and Gurin, 1982). The hype generated by the weight loss industry propounds the idea that slenderness is not the result of morphology, but a coveted commodity that can be acquired—for a price. And it would seem North Americans are more than willing to pay this price. Figures indicate that North Americans fuel the weight loss industry at astonishingly high rates and that the profits increase substantially every year. In 1990 alone, Americans spent \$33 billion on diets and diet-related services, after having spent \$29 billion the previous year. Should this trend continue to the end of the century, it is estimated that \$77 billion a year will be spent on weight loss attempts (Rodin, 1992; Schroeder, 1992). To put this figure in perspective, it is nearly equivalent to the gross national product of Belgium, as Rodin (1992:166) notes.

Canadians appear to be as enthusiastic about trading dollars for weight control. The Report of the Task Force on the Treatment of Obesity (1991) that Canadians spend about \$300 million a year on dieting, while Statistics Canada reports that \$321 million was spent on health clubs and recreation associations in 1992 (in Nemeth, 1994).

Canadian historian Keith Walden (1985:373) maintains that, "Though impossible to prove, it may be that during the last century far more effort has gone into attempts to control weight than to prevent political revolution." In spite of this huge expenditure on weight loss, the North American population is not losing weight. The Ottawa-based National Institution of Nutrition notes that adult Canadians' weights have remained relatively stable over the last decade (*Rapport*, February 1995). However, in the United States, the country that is most obsessed with weight and dieting, both children and adults have been steadily gaining weight. The National Center for Health Statistics reports that 58 percent of men and women weighed more in 1983 than they did fifteen years earlier (Patton, 1983). The marketing firm of Louis Harris and Associates, which has been conducting polls on the weights of Americans since 1983, has recently observed that Americans are getting fatter every year. In 1986, 59 percent of the U.S. population was overweight, weighing at least 10 percent over their ideal weight. This figure climbed to 66 percent in 1992, and 69 percent in 1994. In early 1996, the poll found that 74 percent of Americans were overweight (Seventy-four percent of U.S. Adults Overweight, 1996). Miller (1989) points out that there are 50 percent more overweight teenagers in the United States today than there were 10 years ago. In other words, spending billions of dollars annually on weight management has proven to be a fruitless endeavour.

### **THE MEDICALIZATION OF OBESITY**

Despite the frenzy and the fervour surrounding weight today, it is a relatively new phenomenon, dating from the 1950s. At the turn of the century, fatness was a coveted condition in the United States, when tuberculosis was the major cause of death. Since tuberculosis was a wasting disease, its victims tended to be emaciated, and thinness became emblematic of severe illness and impending death, whereas fatness was equated with prosperity and protection from infectious disease (Bennett and Gurin, 1982). Then, in 1901, a physician working for the New York Life Insurance Company examined a small

number of the company's records and noted a slight increase in mortality amongst the overweight policyholders (Bennett and Gurin, 1982). He recommended that overweight clients pay higher insurance premiums, as they allegedly constituted higher risks for the insurance companies. His conclusions were accepted without argument, and life insurance companies began discriminating against fat applicants.

It was Louis Dublin, a statistician with the Metropolitan Life Insurance Company, who can be credited with singlehandedly convincing the world of the lethality of almost any degree of overweight (Bennett and Gurin, 1982; Schroeder, 1992). In his long and proliferative career, Dublin compiled the first height and weight tables in the early 1940s and later wrote extensively about the perils of obesity.

In 1951, he declared obesity was "America's Number One Health Problem" (Schroeder, 1992:117). Despite the fact that Dublin's research was riddled with methodological flaws, physicians were quick to respond when he sounded the alarm and now fatness is considered pathology. A branch in medicine, known as bariatrics, is devoted to treating obesity and eventually finding a cure for it. Bennett (1987) charges the medical profession as the major catalyst in the frenzy surrounding weight today. This is not particularly surprising, as physicians occupy an exalted position in our society, and if they deem it fit to be concerned about a particular phenomenon, it is highly likely the rest of society will follow suit. Health care professionals have mounted a strenuous campaign to convince the public that obesity is unhealthy and should be avoided (Rothblum, 1994).

There are indeed health implications to being obese: It is associated with diseases such as atherosclerosis, hypertension, diabetes and thyroid malfunction (Vener, Krupka and Gerard, 1982). Not only is obesity correlated with serious diseases, it is characterized as a medical disorder in itself (Stunkard, Stinnett, and Smoller, 1986; Bennett, 1987).

Physicians, in their zeal to quash obesity, often endorse treatments that either exacerbate the situation or are simply ineffective. They have demonstrated a staunch resistance to evidence suggesting that the cure may be worse than the affliction and cling



tenaciously to the dictum that obesity is a disorder that must be eradicated at any cost. Since the 1950s, medical treatment of obesity has traditionally centred on four major areas: drug therapy, behavioural therapy, surgical procedures and dietary therapy. If we can accept the premise that if viable weight loss solutions would result in people getting thinner, then all of these techniques must be unequivocally rated as failures.

### **Pharmaceutical Agents**

In the 1960s, the primary drug prescribed to treat obesity was amphetamine, a nervous system stimulant (Trager, 1972). The drug suppressed the appetite and large weight losses were reported, but its users suffered from severe side effects such as insomnia, irritability, ulcers, cardiovascular collapse, strokes, and in some cases, leading to death (Schroeder, 1992:137). Furthermore, amphetamine or "speed" as it is popularly known, is highly addictive. Following the negative publicity regarding this drug, the U.S. Department of Justice has restricted its availability, and doctors have been since forbidden to prescribe it as a weight control agent.

Since then, the pharmaceutical industry has introduced a variety of drugs aimed at controlling obesity. The latest wonder drug is Redux, the trade name for dexfenfluramine. Redux was approved by the FDA only in April 1996, and already doctors are writing out prescriptions for it at the rate of 85,000 a week (Lemonick, 1996:40). This drug is composed of two molecules which stimulate the production of serotonin, a neurotransmitter that, among other things, regulates satiety (NAAFA Newsletter July/August 1996). Dexfenfluramine was also approved for use in Canada in 1996, and marketing of the drug to doctors and the general public began in January 1997 (Kalbfleisch, 1996; Zacharias, 1997).

Patients who take Redux quickly feel sated and therefore ingest smaller amounts of food. NAAFA estimates there are at least 12 different types of "diet pills" being currently prescribed to patients seeking to manage their weight (NAAFA January/February 1993). The FDA approved Redux for life-time use but the results of studies conducted on

laboratory animals and humans indicate that this recommendation should be heeded with caution. Monkeys have been found to suffer significant brain damage for up to 18 months after being administered the drug for only four days (McCann et al., 1994). Researchers studying patients in Western Europe, where dexfenfluramine and its relatives are popular weight control agents, report they face increased risk in contracting primary pulmonary hypertension after taking the drug for more than three months (Abenhaim et al., 1996).

Undeterred by this evidence, the FDA is currently evaluating various other diet drugs that suppress the appetite, increase the metabolic rate, and reduce the absorption of fat (NAAFA Newsletter January/February 1993; NAAFA Newsletter February/March 1996). Bray (1992:538S) insists that the pharmacologic future is "bright" regarding the treatment of obesity, but his optimism is questionable. As he points out himself, obesity drugs are only effective on a short-term basis, (one to three months). They cannot be administered for life, and once discontinued, weight regain follows (Bray and Inoue, 1992).

### **Behaviour Therapy**

In the late 1960s, the classic psychological model of neurotic neediness was suggested as a primary cause for overeating. Obesity came to be seen as emblematic of an emotional disorder, and psychologists were quickly catapulted as experts in the arena of weight control. In 1967, psychologist Richard Stuart claimed successful treatment of obesity using the behavioural model of experimental psychology. Stuart had his patients keep records of the stimuli that triggered eating and then he provided them with advice on how to restrict the cues that signalled eating and to slow the rate of eating. Stuart's results were met with great fanfare and various behaviour modification programs have flourished since then as a means to treat mild to moderate obesity (Seid, 1989; Foreyt and Goodrick, 1991).

Obesity researchers who have reviewed a large number of studies regarding the efficacy of behaviour therapy, as compared to dietary therapy, contend that the results are

not as impressive as its supporters claim (Stunkard and Penick, 1979; Garner and Wooley, 1991; Cogan and Rothblum, 1992). Stunkard and Penick (1979) point out that the weight losses incurred are not clinically significant and that follow-ups indicate the majority of patients regain the weight in the long term. They further note that follow-ups of patients attending behaviour modification programmes are rare, and thus the various programmes' claims of high success rates in the treatment of obesity must be heeded with caution.

Garner and Wooley (1991) also point out that the studies touting the effectiveness of behaviour modification are often methodologically flawed; for example, the samples are quite small, substantial information concerning the sample is often missing, and that weight loss is not clinically significant. Moreover, the patients were likely to regain their former weight. Wing (1992) maintains that the success rates (in terms of pounds lost) of behavioral programs have almost doubled between 1970 and 1990. These losses are quite modest, however, averaging only 10 kilograms. Moreover, behavior therapy is largely ineffective when used on its own; results are more impressive when modification is accompanied by rigid exercise routines and strict dieting. Cogan and Rothblum (1992) conclude that behaviour modification is no more effective than other weight management methods.

### **Surgical Procedures**

Patients who are deemed to be morbidly obese, i.e., weighing 100 percent above their ideal weight, and who have not responded well to conservative treatment may be recommended to undergo weight-reduction surgery. Although the surgery is drastic and hazardous, it is considered a viable alternative when an individual's obese condition is considered life-threatening (Stunkard, Stinnett, and Smoller, 1986).

First performed in 1962, the intestinal bypass surgery involves severing the intestines and reconnecting them at the ileum, thereby shortening the length of the intestines from 23 feet to three feet. The small intestine, where nutrients are mostly absorbed, is bypassed. Since food cannot be absorbed, it cannot be ingested in large

amounts. Thus, patients quickly learn to eat only small portions of food and large weight losses should occur. Quaade's (1979) review of the literature on bypass operations which took place before 1978 indicates an average weight loss of 50 kilograms. Rand and MacGregor's (1990) patients reported significantly improved psychosocial functioning and Stunkard, Stinnett, and Smoller (1986) also note progress in obesity-related diseases such as hypertension and diabetes in patients who have undergone intestinal bypass surgery.

It bears pointing out that, as with all types of surgery, this procedure is fraught with hazards and side effects which may override the expected benefits. These include permanent diarrhea; malnutrition as a result of the intestine not being able to extract nutrients from the food ingested; liver damage; and kidney failure (Wolfe, 1983:164). Mortality rates can go up to as high as 15 percent, with an average rate of about 4 percent. Seid (1989) describes intestinal bypass surgery as "a violent punishment to the fat body, a forceful and crude way to manipulate the sins of appetite" (p. 169).

The hazardous side effects associated with intestinal bypass have led to its replacement with gastric restriction surgery, which is an umbrella term for different types of surgical techniques. The most common gastric procedure separates the stomach into two pouches, allowing food to pass through the stomach at a much slower rate and thereby decreasing volume absorbed (Grace, 1992; Sugarman et al., 1992). According to Stunkard, Stinnett, and Smoller (1986), these procedures yield the same results, but with fewer complications than intestinal bypass surgery.

These authors' claims are discredited by the results of studies conducted by numerous other researchers. While the mortality rate for gastroplasty surgery is only about 0.4 percent (Mason et al., 1986), it too is accompanied by complications. MacLean (1984) claims that malnutrition in patients who have undergone gastric operations is as severe as those have undergone intestinal bypass surgery. Since the body cannot absorb calcium at an adequate rate, osteoporosis can also develop (Crowley, Seay, and Mullin,

1984). Feit et al. (1982) note that some patients have experienced extensive nerve damage following gastric partitioning. ,

Wooley, Wooley and Dyrenforth (1980) contend that: "If a totally effective antiobesity drug were discovered today, it would be many years before it would be available to the public and if its mortality and morbidity risks were comparable to those of gastric and intestinal bypass it seems doubtful that its use would ever be approved" (p. 470). Moreover, the failure rate associated with surgical procedures is high, varying from 50 to 75 percent (Poulton, 1996:99).

Liposuction, which involves the vacuuming out of fat, is also available for those who want to reduce adiposity in a local area such as the face or thighs. It is now a common form of cosmetic surgery despite the cost (estimated to be between \$1,800 and \$4,000 CDN), discomfort, and possible skin disfigurements (Seid, 1989; Rodin, 1992; Nemeth, 1994; Poulton, 1996).

### **Dietary Therapy**

In his 1863 bestseller *Letter on Corpulence* William Banting, a grossly obese Englishman, described how he lost weight by avoiding foods high in carbohydrates (Bennett, 1987). Banting's advice became quickly disseminated, and today the most popular weight loss method is dieting, or the regulation of food intake over a specified period of time. Since weight loss occurs when the body expends more calories than it ingests, regimens typically consist of specialized low-calorie eating plans. Specific foods are either severely restricted or denied altogether. Presumably, this method is preferred because it is often more cost efficient than drugs or surgery and can be self-administered, thereby offering more control to the individual. Dieting is banal, when compared to the other therapeutic measures, because it appears to be less drastic and is seemingly without dangerous side effects. Yet another reason dieting may be so popular is that it has the advantage of being propelled by the media hype generated by a powerful industry.

Physicians and dieticians may still be regarded as professionals in the treatment of obesity, but their authority is being steadily usurped by commercial weight loss programmes which dispense their own eating plans, sometimes during weekly meetings of commiseration. Since the early 1960s, with the advent of Weight Watchers, organized weight loss programmes have become exceedingly popular and dieting has become big business.

Group dieters are offered a twist on the tedious doctor-dispensed diets: Instead of suffering alone, the group dieter has the advantage of knowing there are others in the same position and who no doubt empathize. The group can provide advice and motivation. This is the philosophy of Weight Watchers and Take Off Pounds Sensibly (TOPS). Overeaters Anonymous (OA) is organized on the same principles as is Alcoholics Anonymous, except its members believe they are compulsive overeaters: people who use food the way an alcoholic uses liquor. The organization believes that all overweight conditions are due to compulsive overeating and that weight loss can occur once the addiction is under control (Millman, 1980).

Group dieting programmes, however, are accompanied by the inconvenience of displacement. Furthermore, some people are just not group-oriented in nature. Still others may find the rituals of calorie counting and food weighing to be tiresome. Accordingly, some commercial programmes such as Jenny Craig, Diet Center, Physician's Weight Loss Clinics, and the now-defunct Nutri/System offer a personalized service. Clients do have to follow a prescribed regimen, but the tedium of calorie counting and weighing of food has been eliminated. Simplifying the whole process is the availability of the programme's own pre-packaged, dehydrated dietetic foods. Menus are provided in order to avoid the burden of planning meals. Group meetings are eschewed and instead, clients meet individually with a counsellor who tracks their progress. It bears pointing out that these counsellors are often not trained health professionals (Scanlon, 1991).

Still another option exists for those dieters that are not inclined to join groups or who find commercial programmes prohibitively expensive: They can lose weight in the privacy of their own homes with the assistance of diet books. An attestation to the popularity of these publications is the fact that there are over 700 diet books in print (Poulton, 1996:81). Two hundred diet books are published each year; of these, 12 become bestsellers (Freedman, 1986). Do-it-yourself dieters have a plethora of regimens from which to choose: The Grapefruit Diet; The Drinking Man's Diet; The I Love New York Diet; The Rice Diet; The Scarsdale Diet; The Beverly Hills Diet; The Hilton Head Diet, among many, many others.

These books, despite consistently being hailed as "revolutionary" and "groundbreaking" by their publicists, are remarkably similar in nature (Louderback, 1970; Patton, 1983). The authors, whether they are physicians or laypeople, are quick to reassure their readers that fat is unsightly, not to mention unhealthy. They express sympathy for the pitfalls of dieting and then go on to describe why their weight loss technique will succeed, where so many others have failed. To tantalize their readers, they promise quick, hunger-free results. Above all, they virtually guarantee that those who follow their instructions *to the letter* will be rewarded with dramatic amounts of weight loss.

This array of choice is not as impressive as it may seem; if only one diet is reasonably effective, there would not need to be so many of them.

### **The Futility of Dieting**

Cogan and Rothblum (1992) in their review of 50 studies on weight-loss research conducted in the 1980s, calculated that an individual engaging in a comprehensive weight-management program for a period of 13 weeks is only likely to lose 9.7 pounds. More importantly, a salient fact that is rarely acknowledged by the diet promoters is that an individual pursuing thinness through dieting is likely to fail, since the success rates of diets are only in the 2 to 5 percent range (Garner and Wooley, 1991). To put it another way,

the dieter has a 95 percent to 98 chance of failing at this endeavour. In fact, Brownell maintains that "if 'cure' from obesity is defined as reduction to ideal weight and maintenance of that weight for five years, a person is more likely to recover from most forms of cancer than from obesity" (1982:820). The finding that diets are not effective methods of weight loss hardly constitutes a recent discovery. In 1958, Stunkard observed that less than 5 percent of dieters lost large amounts of weight and that even fewer maintained this weight loss. Perhaps Stunkard and Plenick (1979) summarize the futility of engaging in weight control programmes most succinctly: "Most obese people regain most of the weight they have lost in most treatments for obesity" (p. 801).

When the failure rates of dieting are alluded to, they are shrugged off by weight loss "experts" and physicians alike as indicative of willful disobedience of specific instructions or, more likely, a simple lack of will power. Yet, as Millman (1980:xi) wonders, "if being thin were simply a matter of acquiring the right eating and exercise habits, surely more people would find a way to stay thin."

Quite simply, dieting is a paradigm for failure, since it is a case of fallacies conflicting with physiology, making it difficult to lose even a small amount of weight. Dieters are not only engaging in a futile endeavour, engendering feelings of shame and low self-esteem, they are embarking on a process that can seriously endanger their health.

### **The Hazards of Dieting**

*Self-imposed Starvation.* Dieting has so come to be equated with a healthy pursuit, that most people are simply not aware that it constitutes self-imposed starvation. Quite simply, the body considers itself to be in a state of famine once its caloric intake is reduced by more than 25 percent and cannot distinguish between voluntary and involuntary starvation. When caloric intake is reduced, even if all essential nutrients are present, body metabolism slows down to conserve energy stores. This is an important evolutionary adaptive device, a vestige from our early history when food was scarce (Brownell et al., 1986). Dieting can reduce the metabolic rate anywhere from 10 to 15



percent. Consequently, the functioning of body organs and the circulation of blood are carried on with less energy expenditure. Reproduction capability falters when body fat levels drop even a small amount (Frisch and McArthur, 1974).

*Behavioural and Psychological Changes.* Furthermore, researchers using both animal and human subjects have found that dieting is correlated with aggressive behaviour. Kaplan et al. (1990), put several groups of monkeys on high-fat and low-fat diets. They noted that as the cholesterol levels of the monkeys on the low-fat diet decreased, they were 50 percent more likely to hit, shove and bite than the monkeys on a high-fat diet.

Research with humans confirm Kaplan et al. (1990)'s results. Virkkunen and his colleagues conducted a series of studies on males who had engaged in violent behaviour. Their subjects included criminals diagnosed with antisocial personalities, adolescents with both aggressive conduct disorder and attention deficit disorder, and pyromaniacs. The researchers discovered that their subjects had relatively low blood cholesterol levels (the result of a low-fat diet) as compared to control groups (Virkkunen, 1979; Virkkunen, 1983; Virkkunen and Penttinen, 1984; Virkkunen et al., 1989). Muldoon et al. (1991) suggest that cholesterol is necessary for the body to release its natural tranquilizer, serotonin. Thus, when the cholesterol level drops by 10 percent or more, the soothing effect of serotonin is reduced.

Studies have also shown that chronic dieting induces psychological effects, as well. Dieters have reported feelings of depression, irritability, lassitude, tension, and general feelings of inefficiency (Polivy and Herman, 1976; Wadden, Stunkard, and Smoller, 1986; Seid, 1989). As Wolf (1990) observes, voluntary semistarvation triggers the same psychological effects as those caused by involuntary semistarvation.

*Dying from Dieting.* In the late 1970s at least 46 deaths were attributed to liquid protein diets (Van Itallie, 1978). These diets which were actually modified fasts, consisted solely of the ingestion of liquid extract of beef hide, totalling 400 to 800 calories a day (Moss, 1985). By 1978, the Food and Drug Administration and the Centers for Disease

Control had received reports of over 60 deaths related to liquid protein diets, mostly from the The Last Chance Diet and The Cambridge Diet (Patton, 1983; Quincy, 1991). Researchers who followed up on the reported deaths discovered that the primary cause of death was heart failure (Moss, 1985). Seventeen of the deaths had occurred in relatively young people with no history of heart trouble or other serious illnesses. The survivors of these diets were found to suffer from severe nutritional deficiencies, dehydration, hair loss and fatigue, among other side effects.

Liquid diets may be among the more drastic of the genre, but it is important to remember that many of the popular diets are draconian in nature. The World Health Organization defines starvation as the ingestion of fewer than 1,000 calories daily, while the Hilton Head Diet advocates a regimen of 800 calories. The Kempner Rice Diet, administered by Duke University, also provides 800 calories a day to its patients. Wolf (1990:193), citing figures obtained from *Women: A World Report*, points out that the poorest women in India are likely to consume diets of 1,400 calories--while the Beverly Hills Diet recommends its followers ingest only 1,200 calories daily. Wolf (1990:194-195) goes on to claim that survivors of World War II, including those incarcerated in the Treblinka concentration camp, received more caloric sustenance than do patients in modern, weight-loss clinics.

*Pitfalls of Chronic Dieting.* For most fat people, dieting is a fact of life (Patton, 1983). They can easily spend their lives following one diet plan after the other, losing weight and gaining weight--a process known as "yo-yoing." Although for many years, doctors didn't believe their patients when they insisted that they gained weight after dieting, Brownell et al. (1986) confirm the veracity of these claims. Studying dieting rats, they showed that the rodents took 21 days to lose a specific amount of weight and 46 days to regain it when they were returned to a normal caloric intake. But in the next diet cycle, the same diet took 40 days to accomplish the weight-loss goal, while the rats regained the weight in only 14 days. At the same time, their bodies got progressively fatter because in

losing weight, they lost both muscle and fat but they gained back proportionately more body fat than they had lost.

Brownell et al. found that yo-yo dieting increased the activity of lipoprotein lipase, an enzyme that promotes the storage of body fat. With each diet cycle, the rats' daily caloric needs dropped and they gained weight on fewer calories. The authors concluded that yo-yo dieting increases body fatness and may ultimately result in an inability to lose weight, even on a very low caloric intake. They suggest that the body zealously guards its fat stores and protects itself from the next "famine" (i.e., diet) by storing calories more efficiently. This feature no doubt protected early man from starving during periods of food scarcity, but in a time when food is plentiful, it is seen as maladaptive.

The physical effects of constant weight loss and regain have come under closer scrutiny and it is now being recognized, albeit reluctantly, that yo-yo dieting is arduous on the heart and can contribute significantly to cardiovascular and coronary disease. The results of five of seven population-based studies support the correlation between weight cycling and cardiovascular disease. The two remaining studies were found to suffer from methodological flaws such as small sample sizes and short periods of surveillance (*Rapport*, February 1995). The subjects in Lissner et al.'s (1991) study who dieted and regained weight had higher mortality rates than those who did not diet and maintained their weight, even if was higher than the "ideal." Polivy and Herman (1983) have also noted that chronic dieters incur the same risks commonly associated with obesity: hypertension, high cholesterol, and diabetes. As well, the accrued stress of a lifetime of persecution and humiliation should not be underestimated (Louderback, 1970; Schroeder, 1992).

The National Institute of Nutrition recommends that moderately obese Canadians should eschew dieting and simply maintain a steady weight (*Rapport*, February 1995).

## YOUNG PEOPLE AND WEIGHT LOSS

It is important to realize that it is not only adults in North America who fret about their weight and who seek the Holy Grail of weight loss. Teenagers and children fret about their weight and are apt to diet as well. Rosen and Gross (1987) found 63 percent of high school girls to be on diets on the day on which they were surveyed, compared with 16 percent of the boys. Over 80 percent of Canadian females have dieted by the age of 18, and 40 percent of 9-year-old girls have already dieted (Sheinin, 1990). They may be feeling some pressure to do so, as one reporter for the *Wall Street Journal* has observed:

"boys expect girls to be perfect and beautiful ...and skinny. How skinny? Sixty pounds. Or 75 pounds, tops. In fact, fourth-grade boys at the school are blunt about their preferences. "Fat girls aren't like regular girls," says Terry Kim. "They aren't attractive." No wonder, then, that the girls--like their big sisters, like their mothers--yearn to be thin. No wonder Emily checks the calories in a bag of potato chips before she eats any. No wonder Rozi drinks Diet Coke and her friend Vanessa Rothholtz jogs "to get blubber off my legs." (in Rothblum, 1992:1)

Maloney et al. (1989) studied 318 children from two middle- to upper-class neighbourhoods in Cincinnati ranging in ages from 8 to 13. Both genders were trying to "under eat" and to restrain themselves from "bad" foods that might make them "fat." Nearly half of the sample wanted to lose weight. In Canada, a worrisome trend has been noted by the National Eating Disorders Information Centre (NEDIC): Children as young as three are complaining about their weight and are dieting in order to shed their "excess" weight (Sheinin, 1990).

As risky as dieting can be for adults, it can be even more detrimental for children, whose skeletal systems are still growing and who need a high energy intake if they are to grow to normal size. The medical literature reports that children who are undernourished as a result of dieting suffer from stunted growth and delayed puberty (Pugliese et al., 1983).

## THE CHICANERY OF THE DIETING INDUSTRY

It would appear that dieting has become a feminine modern-day rite of passage. Millman (1980:235) estimates that one out of every two American women is on a diet "most of the time." The National Institution of Nutrition estimates that 60 percent of Canadian women are dieting, even though 33 percent of them are at healthy weights (*Rapport*, February 1995). Rodin, Silberstein, and Striegel-Moore (1984) argue that chronic dieting has become normative aspects of women's lives. Polivy and Herman (1987) suggest that dieting has replaced normal eating in women.

Restrained eating should no longer be thought of as a strictly female endeavour, however. In 1989, a study by the Calorie Control Council noted that 40 million adult males in the United States consumed diet products and beverages--a 33 percent increase from 1986 (Miller, 1989:60). Maloney et al. (1989) observed that the young boys in their study were almost as preoccupied with weight gain as were the girls.

It is an indication of the extent to which North Americans are in the thrall of thinness, that the dangers of obesity are very well publicized, but the hazards of dieting are scarcely mentioned or outright overlooked. In an age where consumers are vociferously aware of their rights, North Americans, it would appear, are either blissfully unknowing or uncaring of these exceedingly high failure rates of dieting and its attendant dangers. Whenever the latest "miracle" diet is touted by the current weight loss guru who invariably produces an infomercial and follows it up with a book, people flock to try it out, presumably figuring that there must be *something* worthwhile about the method or else it wouldn't be so popular. Like the emperor's new clothes, however, it's all hyperbole. That's irrelevant because the following year another self-styled diet mogul will appear and the flurry of excitement will start all over again. Customers have not lost weight, but they have lost time and money and self-esteem. Some obese people can spend their whole lives on a dieting merry-go-round.

The weight loss industry is in a remarkably envious position. Its purveyors can make outrageous claims and not have to substantiate them. They can charge exorbitant prices for their products and services and still expect a large clientele. Imagine a product that is 95 to 98 percent guaranteed to fail, and yet customers will come back repeatedly for as many variations of it that exist and never question its ineffectiveness. The weight loss industry flourishes by managing to lure its clients back again and again.

Best of all, they can look forward to a new generation of anxious customers. The National Centre for Health Statistics reports that over the last three decades, the percentage of overweight children and adolescents in the United States has more than doubled: going from 5 percent to 11 percent. This means that there are now 4.7 million American youths who are seriously overweight (Number of Overweight Children in U.S. Doubles, 1995). Given the prevalence and the hostility of fatphobia in North America, these young people can be surely counted on as potential clients. If they get caught in the weight cycling trap, they can look forward to a lifetime of dieting. Even when some young people are not heavy, they still feel pressure to diet and manage their weight, as the studies cited previously indicate.

### **DISPELLING THE MYTHS OF GLUTTONY AND SLOTH AS THE CAUSES OF OBESITY**

It is assumed by physicians and laypeople alike that people become fat by eating too much and exercising too little. Empirical studies, however, challenge this facile notion of self-inflicted fatness. While it is undoubtedly correct that any person who experiences an imbalance in energy intake and energy expenditure will gain weight, it bears pointing out that the etiology of obesity does not consist of a mere calories-in, calories-out formula.

*Gluttony.* The central theoretical paradigm governing the treatment of obesity is the food dependency model (Foreyt and Goodrick, 1991). Indeed the word "obese" is

derived from the Latin *ob edere*, meaning to overeat. It is commonly assumed that people become obese through overeating or overconsumption of calorie-dense foods. While obesity can occur when more calories are ingested than burned, it should not be assumed that all obese people engage in aberrant eating behaviour.

Coll, Meyer, and Stunkard (1979) conducted a study in which the major purpose was to determine whether obese persons differed in their patterns of food consumption in public places than non-obese persons. The authors asked eight of their undergraduate students to act as observers of food choices in nine establishments where food was dispensed as either meals or snacks. The observers recorded over 5,000 food choices and once the data were analyzed, the researchers concluded that except for a fast-food outlet where the obese customers ate slightly more than the non-obese customers, there was no significant difference in food consumption between the two groups.

Studies of eating behaviour, whether held in a laboratory or naturalistic setting, are likely to be inadequate because the majority of people eat most of their meals at home. Coates, Jeffery and Wing (1978) asked observers to visit a random sample of households in a neighbourhood and list the amount of food available in the individual homes, as well as its caloric content. The observers, who obtained access to 82 percent of the houses, found no evidence that households with overweight members were more likely to contain high-calorie food, more readily edible food, or even larger quantities of food.

Wooley, Wooley, and Dyrenforth (1979) reviewed the results of two decades of research that examined food consumption of the obese and nonobese. Out of 19 studies that used various methodologies (e.g., observation, monitoring eating in laboratory settings, and self-reports), 18 studies found the obese subjects to eat either less than or equal to the non-obese subjects.

*Sloth.* Until the 1960s, it was commonly believed that physical exertion stimulated the appetite, so dieters were duly warned to avoid it. Seid (1989) credits Jean Mayer, the former head of Harvard's School of Public Health in advocating exercise as part of a

weight control regimen. Mayer noted, in a series of animal and human studies, that overweight people did not necessarily eat more than their lower-weight counterparts, but they did engage in lower levels of physical activity. In his book entitled *Overweight: Causes, Costs, and Controls* (1968), he wrote: "...inactivity is the most important factor explaining the frequency of 'creeping' overweight in modern societies" (p. 82).

Certainly, the benefits of exercise cannot be overstated. Exercise lowers cholesterol and thus improves cardiovascular health. It also has a beneficial role in the body's processing of carbohydrates (Calles-Escandon and Horton, 1992). When the activity levels in obese and non-obese subjects are examined, however, a wide range of results has been noted. Garrow (1974) reviewed 13 studies on activity level as well as food intake. Half of the studies indicated lower levels of physical activity in obese subjects, while the other half demonstrated that the obese were just as active as their non-obese counterparts. Wilmore (1983) reviewed 55 exercise-training studies in which both people of normal weight and obese people took part. Overall, only small changes in body composition occurred.

It should not be forgotten that an overweight individual needs a great deal of confidence to undertake an exercise program. Bathing suits and shorts expose bare skin, and, thus, one's vulnerabilities. Normal-weight individuals may chide the overweight for being lazy, yet fat people are under constant cynosure when they exercise in public. Some residents of Oakland, California were so offended by the sight of fat women jogging around Lake Merritt that they wrote letters of complaint to the editors of local newspapers (NAAFA Newsletter, October 1989). Knowing that all eyes will be upon them will understandably render many overweight people reluctant to engage in physical activity.

### **PROGRAMMED TO BE FAT**

For almost fifty years health professionals, laypeople, and fat people themselves have assumed that the only barrier between fatness and slenderness was will power. The



exceedingly low success rates demonstrated by all weight management programmes can no longer be accounted for by a mere lack of will power on the dieter's part as is often claimed by physicians, nutritionists and weight loss experts. Obesity researchers are slowly coming to realize that obesity is not a behavioural aberration, but possibly an immutable physiological condition. In other words, researchers have only recently unearthed what many obese people have suspected all along: Neither fatness nor slenderness is a matter of choice. Body size may well be the product of our genes, not our preferences.

There is no consensus in the literature about the etiology of obesity, but researchers are deviating from focusing on obesity as a purely one-dimensional phenomenon to considering the probability that there may be a multiplicity of factors at work. In 1992, the participants at a conference on obesity convened by the National Institutes of Health concluded that obesity is a complex metabolic disorder involving physiological, biochemical and genetic factors, rather than consisting of a simple disorder of will power (in Kolata, 1992). Now that obesity researchers realize that many, if not most, people with serious weight problems cannot be blamed for their condition, studies have been directed toward investigating the biological, genetic and metabolic components involved in an individual's weight.

### **Genetic Factors**

According to Sobal and Stunkard, "dramatic new findings regarding the genetic transmission of socioeconomic status and obesity have made heredity a plausible mediating variable" (1989:269). The results of a number of studies on children adopted during the first year of life indicate that their size can be predicted by their birth parents and that the weight of the adoptive parents has relatively little influence (Teasdale and Sorensen, 1983; Stunkard et al., 1986). A study on 34 sets of identical twins raised apart found them to be within a few pounds of each other's weight (Price and Gottesman, 1991). Another twin study was conducted by Stunkard et al. (1990), although these researchers studied both identical and fraternal twins, reared apart as well as together. Identical twins had very

similar values in body-mass indices, regardless of whether they shared the same house. The fraternal twins, on the other hand, showed more differences even if they were raised together.

Claude Bouchard, based in Laval University in Ste-Foy, Quebec, is acclaimed by the National Institute of Nutrition as a "world leader" in the research on genetic contribution to obesity (*Rapport*, February 1995:2). Bouchard's extensive work on this subject has led him to believe that the role of genetics in obesity can vary anywhere from 25 percent to 40 percent (Bouchard, 1989; Bouchard, 1990; Bouchard et al., 1990). Stunkard (1980) also points out that a child who has one obese parent faces a 40 percent chance of becoming obese; if both parents are obese, the risk rises to 80 percent.

Recently, researchers working with rodents have isolated genes that cause obesity in two different mouse strains. Studies on humans have not reached this level of accuracy, although approximately 20 genetic factors have been identified as being influential in the accumulation and distribution of body fat (*Rapport*, February 1995:2).

It bears pointing out, however, that genetics by themselves do not make a person fat. Rather, some genes may make one susceptible to becoming obese, but a permissive environment such as sedentariness or availability of calorie-dense foods is necessary for excessive fat accumulation to occur (Garn and Clark, 1976; *Rapport*, February 1995:2).

As Rodin (1992:175) quips, "Picking the right parents is far more important than picking the right diet."

### **The Role of Metabolism**

There is also evidence to suggest that an individual's weight is influenced by the rate at which food is metabolized. Metabolism, the rate at which the body burns calories, determines how much fat a person burns and how much is stored. Research with human subjects has shown that by measuring basal metabolism, it is possible to predict with reasonable precision who will gain weight and that the metabolic rate is hereditary.

Roberts et al. (1988), working in Cambridge, England, tracked the infants born to 6 thin and 12 obese mothers. Close to half of the babies born to the obese mothers had lower metabolic rates than the other babies, burning 20.7 percent fewer calories. The babies with low metabolisms were overweight by the time they were a year old, while those with higher metabolic rates were not. The babies who had lower metabolic rates at the age of three months gained more weight by the age of one year, than did those with higher rates. None of the babies born to thin mothers had low metabolisms, nor did any of them become fat. According to Roberts and her colleagues, the overweight babies did not eat more than the normal-weight babies.

Ravussin and his associates (1988) focused on 95 adult Pima Indians in Arizona. The Pimas were chosen for this four-year study because 80-85 percent of their population is obese. Most subjects had family members participating in the study, thereby giving the researchers information on familial connections. The researchers noted that adults with low metabolic rates gained more weight over both a two- and four-year period than did those with higher rates. Furthermore, the researchers found similar 24-hour metabolic rates among family members. Ravussin et al. speculate that the tendency to fatness is an inherited trait.

These studies confound the popular assumption that some people are overweight because they overeat. Rather, weight differences occur because some people's bodies are more efficient at storing calories than others and thus the amount of eating necessary for weight gain is considerably less for them than it is for others.

### **Fat Cell Theory**

The body stores most of its energy in its fat cells which are usually found in clusters (Bennett and Gurin, 1982). Sjöström (1980) suggests that the number of fat-storage cells (adipocytes) an individual has is an important determinant of body weight. There appear to be three critical periods of life during which the number of adipocytes is determined: prenatal period, infancy, and puberty (Powers, 1980).

These cells have certain distinctive features. Van Itallie (in Brody, 1987:C6) explains that fat cells are equipped with two types of receptors, one that promotes the breakdown of fat and another that promotes fat accumulation. According to Van Itallie, the receptors vary genetically from person to person and this variation helps explain why people who share the same environment vary in degrees of fatness. As well, the variability of fat receptors explains why people cannot lose weight in a particular spot, such as the thighs.

Another interesting characteristic of the fat cell is it will not expand beyond a certain size (Bennett and Gurin, 1982). If all of the existing cells are filled to capacity, then new ones are formed to accommodate the strain. Weight gain can occur through a increase in the number of fat cells (hyperplasia) or by enlargement of the existing cells (hypertrophy) (Hirsch and Knittle, 1970; Björntorp and Sjöström, 1971).

The fat cells do not disappear during weight loss; rather, they merely shrink. Not only is it not possible to rid the body of fat cells, but it is possible for them to increase in number. Hirsch and Knittle (1970) have found that fat cell number can be raised by as much as fivefold.

Faust (1984) speculates that obese humans have more fat cells than do non-obese people. The number of fat cells a person has seems to be determined largely by heredity, but may be affected, albeit in one direction only, by food intake. What this means to a dieter is that weight can be lost, but it is unlikely to be maintained, as the number of fat cells has not changed. It is only extreme vigilance on the dieter's part that will prevent them from expanding and multiplying.

### **Set-Point Theory**

Keesey (1980) notes that although great variability in weight exists among humans, there is a remarkable consistency within most individuals to maintain the same weight over time. Nisbett (1972) and Keesey (1980) suggest that each individual has an ideal biological weight (the set point). The set point has often been compared to a home

thermostat: Just as the thermostat maintains temperature around an ideal, the central nervous system regulates functions such as temperature and blood pressure so that they cannot decrease below a certain basal point. Weight may be a function that is regulated by the "ponderostat" (possibly located in the hypothalamus). Some people have set points of 120 pounds, and others may have set points of 250 pounds.

The most important precept of set point theory is that metabolism will adapt for body weight to remain at its natural weight, and that the body will defend its weight against pressure to change. Nisbett (1972) argues that certain pressures exist (e.g., hunger) when an individual is below his or her set point. The act of eating is thought to reduce these tensions and is thereby reinforced. Repeated dieting may raise the set point so that the body stores calories more efficiently and thus rendering the ever-dieting individual fatter (Brownell et al, 1986). As Powers (1980) perspicaciously concludes, "Perhaps the most attractive aspect of the set point theory is that it implies that the obese are not gluttons, but rather are fighting a constant uphill battle against a physiologically high set point" (p. 119).

This theory, according to Rothblum (1992), is the most widely accepted explanation as to why people who eat the same amounts differ widely in body weight. The National Association to Advance Fat Acceptance (NAAFA) has also endorsed this theory.

### **CONCLUDING REMARKS**

The most pernicious aspect of fat prejudice is the deeply entrenched notion that obesity is self-inflicted and that fat people are complicit to their own victimization. The obese are consensually viewed as behavioural aberrants who--consciously or unconsciously--"choose" to be fat. The evidence presented in this chapter, however, refutes the notion that obesity results from the ingestion of too many calories. Rather, obesity is an exceedingly complex phenomenon, whose precise origin and maintenance

continue to elude researchers. Only recently, are scientists examining the contributing role of physiological, biological, genetic, and metabolic components. At the present time, the consensus is that several factors determine obesity: many of them genetic.

In the meantime, the obese continue to be castigated for their condition and for their seeming lack of will power to reverse it. The costs of treating obesity are railed against in both the medical and lay press, but the outrageous profits and charlatanism of the billion-dollar dieting industry are rarely questioned.

## CHAPTER FOUR

### METHODOLOGY

Despite the fact that obese people constitute one-third of the population, getting people to talk about their experiences with the stigma of obesity was a difficult task. Weight--excess weight in particular--is an exceedingly sensitive subject for most people, especially for women. Often, they are too embarrassed to talk about their experiences. As Rodin, Silberstein and Striegel-Moore (1984) note, the female subjects in Kinsey's landmark study on sexuality were more forthcoming about their experiences with masturbation and were more likely to divulge homosexual fantasies than they were about providing information concerning their weight. Knowing this, I did not feel I could approach strangers, explain the purpose of my study, and ask them for their participation.

In this era of weight obsession, as few as five unwanted pounds can be distressing. However, I must emphasize that I wanted to limit my sample to those people who are clinically obese; that is, they weigh more than 20 percent above their ideal weight (Cogan and Rothblum, 1992). I am aware that, even though some individuals are obese by clinical standards, they may not consider themselves fat and therefore resent the suggestion that they belong in research of this type. When one of my subjects attempted to recruit a friend of hers on my behalf, the friend reacted very negatively and expressed outrage at having been even considered appropriate. In a similar vein, I was in the middle of an interview with a woman who had readily agreed to speak to me, when she suddenly informed me that she resented it a great deal that I was calling her a "fat woman." When I pointed out that I had never referred to her in that way, she said that I must think she's fat or I wouldn't have asked her for an interview. She was so angry that she couldn't listen to my explanations. By mutual consent, the session was terminated. A pertinent footnote to this anecdote is the fact that she called a week later, apologizing for her outburst and explaining that the day

before our appointment, a stranger had approached her wanting to sell "natural" weight loss products to her. She was incensed over this incident and this spilled over into our encounter the following day. Since I still detected hostility on her part, I did not suggest that we recommence the interview.

### **Sample Recruitment**

Twenty people, 10 women and 10 men, participated in this study. Only three subjects were personally known to me at the beginning of the process. To recruit the other participants, I proceeded in a snowball manner, asking each interviewee if he or she knew someone in a similar position who might want to talk to me. I also asked friends, fellow students and professors if they knew any large person they could ask on my behalf. However, I cautioned them to only contact large people who had complained about their weight in the past or who had pursued weight loss measures at least once. The sole criterion for participation in the study was a 30 percent condition of obesity. This weight level was chosen because Rothblum et al. (1990) have determined that a large person begins experiencing discrimination at levels of 33 percent of obesity and higher.

I contacted the principals involved in a critically and commercially acclaimed National Film Board feature presentation about two Winnipeg men who, after experiencing significant weight prejudice, became crusaders in the size acceptance movement. These men both granted me an interview and one of them provided me with the names of four other men who were attending a support group for large men in Winnipeg. These men in turn told me about other people they knew who had expressed interest in participating in the project.

As well, I also approached the Toronto-based Eastern Canadian facilitator for the National Association to Advance Fat Acceptance and she agreed to an interview. (Facilitators serve as contact people in areas where there are no local chapters.)



I noted that when I asked if the prospective respondents could contact me if they were interested in participating in my study, no one did. When I changed tack and asked if I could telephone them to set up the interview, they readily agreed.

An obvious source for participants would be commercial weight loss programmes such as Weight Watchers or self-help groups such as Overeaters Anonymous (OA) and Take Off Pounds Sensibly (TOPS). I eschewed these avenues for a number of reasons, the primary reason being my strong conviction that to do so constituted a breach of privacy, especially in a supportive, semi-therapeutic setting such as OA.

The second reason was considerably more pragmatic: I did not want only to speak to individuals who were worried about their weight; I wanted to talk to at least some people for whom it wasn't a source of anguish. Participants in weight loss programmes presumably are convinced they have a problem, or else they would not be investing the necessary time and money these programmes demand. Five of my respondents had been drawn from a support group for large men, and I was reluctant to seek more participants from similar settings. Simply put, I did not want a homogeneous pool of subjects.

Lastly, since I am very critical of the dieting industry, I did not find it appropriate to recruit participants from its ranks.

### **Characteristics of the Sample**

The participants ranged in age from 21 to 57, with a mean age of 37 for the women and 40 for the men. The heights of the women ranged from 5 feet, 2 inches to 5 feet, 11 inches and their weights ranged from 180 pounds to 415 pounds, the average being 264 pounds. The heights of the men ranged from 5 feet, 2 inches to 6 feet and their weights ranged from 196 pounds to 550 pounds, the average being 314 pounds. The percentage of obesity was calculated from the 1983 Metropolitan Height

and Weight Tables, using the average figure for a large-framed person. The percentage of obesity varied from a low of 32% to a high of 177%, with a mean of 83% for the women and from 31% to 229% for the men, the mean being 92%. Six members of the sample were morbidly obese, or weighing 100% more than their ideal weight.

A substantial majority of the interviewees were unmarried: 70% of the respondents were single and 10% were divorced. Of the four interviewees who were married, their marriages ranged in duration from 9 years to 20 years, with a mean duration of 13.75 years.

A slight majority (eight, or 40%) of the respondents lived in Montreal at the time the interview was held. Various cities across Canada were represented: seven respondents were from Winnipeg; two were from Toronto; one was from Victoria; one was from Ottawa, and one lived in Calgary. As well, various ethnic backgrounds were represented: Jewish, Polish, Scottish, Irish, Ukrainian, French, and Italian.

One of the male respondents was blind, and another was homosexual. The blind man was included because I wanted to know the extent of his awareness of the stigma of obesity, even though he could not personally gauge others' opinions of his weight. The gay male was recruited because he had to deal with the stigma of homosexuality, as well as obesity. Since the literature indicates the gay community abhors fatness, I wanted to know if he experienced size prejudice and how he dealt with it.

### **Procedure**

Rather than relying on rigidly structured questionnaires, I chose a semi-structured, open-ended questioning format to allow my respondents the opportunity to provide detailed accounts of their experiences as obese people and to permit me the latitude to probe fruitful topics more deeply (sample included in Appendix). The

questions revolved around three core themes: the difficulties of being fat in a society that demands thinness of its inhabitants; the participants' own feelings about their weight and the impact it has had on their lives; and finally, the measures they may have undertaken to deal with the stigma of fatness, such as weight loss schemes and/or self defense against tormentors.

The interviews were conducted in the spring and summer of 1996. Before each session began, the nature and objectives of the research study were carefully explained, and each respondent signed a statement of informed consent. All the respondents were assured of anonymity and were then asked to choose a pseudonym. To my surprise, however, only three of the respondents chose this option. All the others insisted on using their real names, most of them claiming they had "nothing to be ashamed of." One woman mentioned that she thought "it was about time the world knew what was happening to us."

Seven interviewees agreed to hold the session at Concordia University. This site was chosen not only because of its convenient location, but because it offered accessibility to a private room. The latter aspect was imperative, given that obesity is often a painful, frustrating subject, and privacy was essential. Three of the respondents preferred meeting with me in their homes. The 10 remaining respondents all lived in other provinces and lack of financial resources precluded me from interviewing them personally. To overcome this obstacle, arrangements were made to interview them by telephone.

The interviews, which were tape recorded, averaged one and a half hours in length. All were conducted during one session. Each was later transcribed verbatim, and consistent with the qualitative research tradition, thoroughly reviewed for common patterns, themes and topics (Lofland and Lofland, 1984; Strauss, 1989; Strauss and Corbin, 1990).

The respondents were extremely generous, with their time and with their recollections. The sessions were often draining for them, and after the interviews ended, all but four of the respondents declared that it had been a cathartic experience. When asked about their childhood experiences and their relations with family members, much emotion and grief was expressed over the treatment they'd received. With the exception of the three size acceptance activists, all said this was the first time anyone had ever asked them about their specific experiences as obese people. Although they were admonished constantly by spouses, family members, physicians and superiors to lose weight, participating in this research constituted virtually the first time they had contact with a sympathetic person who was not blaming them for their difficulties. Many congratulated me on my research and encouraged me to continue my efforts in the domain of sizeism. One woman told me that what I was doing was important, that large people have suffered too long in silence.

For my part, I found the experience to be tremendously moving and illuminating. Perusal of the scholarly literature had alerted me to the fact that obese people at times suffer greatly as a result of their condition; despite this "advance notice," however, I was still not prepared for the stories of heartbreak and shame that were recounted to me.

I am buoyed by the fact that some of the respondents, of their own accord, have chosen to stay in contact with me. At least three of them are coming to Montreal to meet me in person, and I am looking forward to a long association with them.

Finally, what started off as a lively research topic has now become a crusade of sorts. Slowly I am becoming more involved in the nascent size acceptance movement in Canada and am excited at the prospect of aiding in making the world a kinder place for fat people. I am also considering an offer to form a support group for large women.

This is not to say that my research topic was met with universal acceptance, however. The six physicians whom I know personally all sneered when they heard the topic of my study and assured me that sizeism exists only in obese people's heads. Two of them told me, "They [the obese] do it to themselves." It was the opinion of a small number of people that I was wasting my time because fat "slobs" deserve the shabby treatment they get. One woman was quite eloquent: "If those slobs could just push themselves away from the table, they wouldn't have all these problems."

Perhaps the most visceral reaction was exhibited by a middle-aged woman on the subway who noticed I was reading a book entitled *Fat is not a Four-Letter Word* by Charles Schroeder. She slapped the book out of my hand and berated me for my interest in the subject. I decided not to involve myself in an altercation with this woman, figuring it was futile to do so, but I view her actions as a small indication of society's deeply entrenched hostility towards fat people.

### **Methodological Limitations**

I do not claim in any way to have a random or representative sample of the population studied, as this research was carried out to generate ideas for the future formulation of hypotheses to be tested. I studied a small number of individuals about whom I could receive the most data in terms of orientations toward stigma, as well as weight loss attempts. Since the percentages cited are based upon a non-representative and non-random sample consisting of a small number of persons, the conclusions drawn from this research cannot be generalized to the larger population.

Hence, this study should be regarded as exploratory. The objective was merely to provide a brief overview of the stigma of obesity by illuminating how it can have ramifications on many aspects of obese people's lives. Given the paucity of sociological research regarding the obese, more rigorous studies utilizing larger samples must be conducted. As well, obese men's experiences have been largely

neglected, and this oversight must be redressed in order to provide a more balanced view of sizeism. I appeal to other researchers to explore this under-studied domain.

## CHAPTER FIVE

### FINDINGS AND ANALYSIS I : OBESITY IN PUBLIC

The findings of this research are presented in this chapter, as well as the succeeding one. For the sake of clarity and organization, the results are divided along the public and private aspects of obesity. By virtue of its visibility, obesity is an exceedingly public condition. It is highly noticeable and often elicits a strong reaction from others. This chapter will focus on these public acknowledgements of the participants' weights: family, children, employers, significant others, physicians, and strangers. The next chapter will focus on a more personal feature of obesity: how the participants themselves feel about their weight and how they respond to the stigmatization of obesity.

The quotes culled from the interviews are lengthy and numerous; this was deliberately done so as to provide an opportunity for the participants to speak for themselves as much as possible. Reams of statistics on obesity have been bandied about *ad nauseum*; this qualitative research offers the chance for the obese to talk and for researchers to listen. The quotes may be viewed as a map, detailing the frustration and anguish of lives which are lived under intense scrutiny. Certain core themes consistently arose and these are featured as the section headings.

#### **GROWING UP OBESE**

##### **Childhood Victimization**

All but one of the respondents reported having close family members who were either obese or overweight, thereby adding credence to the theory that obesity involves genetic, as well as lifestyle, components. Vic, the lone respondent to claim he was the only large person in his family, is blind so he may not be actually aware if other family members are heavy.

Except for three people, all the respondents were fat as children, and they reported being tormented by their peers. They were all called "fatso," "fat slob," and various other

derogatory names. The women were more likely to recall these experiences with some pain, while the men were more likely to shrug name calling off as something that kids do to other kids. The women described their experiences vividly, while most of the men could barely remember these incidents.

It is important to point out that the subjects did not only suffer at the hands of other children; many of them reported that their schoolteachers also participated in the taunting. The men were more likely to experience insults from teachers, especially physical education teachers, who they claim were particularly sadistic toward fat boys. Coaches would always put overweight boys on shirtless teams in games featuring "shirts against the skins." Presumably this was done so the large boy would be forced to take off his shirt, thereby exposing his fat and suffer from the humiliation.

None of the respondents recalled their school years with any great degree of warmth and happiness.

*When I was a kid, I had a lot of friends. I was captain of the soccer team and I was very active. I was in the honours society at school. I had everything, yet there was always somebody there to shoot me down about being fat. They would always call me names like "fatso," "fat cow,"—everything that began with fat. When I would play with an elastic jumping rope, there was always somebody around to yell "Uh-oh! Earthquake alert!" Stupid comments like that. They always called me a bunch of names.*

- Gina, 21-year-old university student

*One fellow really got original and called me "fat tub of shit"....One time when I was 9, we had to go to the school nurse to be weighed. Once we were there the nurse gave me a tongue lashing in front of all the other students about my weight. There was a lot of snickering about that. Then when we got back to class, the teacher read our weights out loud, and of course, mine was the highest. I can't imagine why the teacher did that. Why did we have to know each other's weights? That wasn't relevant.*

- Mary Lou, 38-year-old executive secretary

*One really embarrassing moment came when I was about 11 and we had a substitute teacher for two days when our own teacher was sick. He didn't know our names, so he referred to me as "the fat girl in front." The whole class burst into laughter and then I*



*burst into tears. It was probably one of the most humiliating moments of my life, if not the most humiliating.*

- Loredana, 34-year-old medical secretary

*Even the teachers said I was fat. One boy in my class told the gym teacher that he'd better put a steel plate under me because I'd break the gym floor and the teacher laughed hysterically....Later on, in my teens, I dropped out of my school....The other kids always gave me a hard time. One reason I quit was that I couldn't stand the stress of the kids. They just kept at me and at me.*

- Rebecca, 37-year-old homemaker

*When I was in third grade, we were in the schoolyard and there was a teacher there. I don't remember what transpired between us but she said, "I suppose you'd rather stay home and eat cookies." I was very, very hurt and insulted.*

- Lidia, 43-year-old nurse

*I can remember an incident in junior high school, a young fellow was a particularly good cartoonist. He made up something called The Fat Boy Magazine and it was about me: "The Adventures of Don the Fat Boy." He used to make a different one every week and the kids thought it was just terrific.*

- Don, 50-year-old insurance worker

*The other boys I was playing with at the time, they were very cruel. They used to call me terrible names, all the time.*

- Alain, 46-year-old sales representative

The derision exhibited by young children towards their fat peers indicates that fat hatred starts at an early age. While young children's cruelty towards each other has often been remarked upon, it is revealing that when the respondents recounted incidents of childhood victimization, none of them indicated that an adult intervened to stop the bullying. Rather, the teachers often made sarcastic remarks to their overweight students. Further examples will illustrate that this finding may not be especially surprising, as fat hostility continues through until adulthood.

## Loneliness and Isolation

Ten sample members, five women and five men, indicated that the school victimization they experienced induced them to become very shy and uncertain of themselves as adolescents. Instead of spending their leisure time with friends, they preferred staying home and concentrating on school work or hobbies.

This isolation, they feel, has ramifying consequences in adulthood. It prevented them from developing social skills and rendered them very awkward in establishing relationships, both personal and professional. They reported feeling uncomfortable in groups, as a result of not having participated in them at a young age. One woman said she felt so mortified about her weight that, as an adult, she had difficulty leaving her house. Among the interviewees who did not mention feeling excluded, most said that they thought their weight was the first thing people noticed about them and that it imbued the relationship.

*I was very worried as a little girl that I wasn't popular—I would say I was in my early teens. I was fat. To me, the kids that were popular were physically beautiful. Thinking about it now, I realize I was probably my own worst enemy in that I felt that way, that I felt so insecure about my size and I made it worse. But I believed it at the time.*

- Brenda, 57-year-old market research consultant

*I basically stayed home...What I mean is that I didn't get involved in any after-school activities like yearbook or student council, although I would have liked to. I was just too ashamed. I had the impression that my weight was the first thing that people noticed about me and that they couldn't get past it. I know now, of course, that most of this was in my head, but adolescence is so hard to get through in the first place and being fat during that time really doesn't help.*

- Loredana

*During this period, I became very reclusive. I went to a very few school dances where nobody asked me to dance and I figured what the hell, I'm wasting my time here, I may as well stay home. For my whole teen years I didn't go anywhere except school and home....My school years just passed me by. I avoided everybody as much as I could. I was so envious of girls who were openly comfortable with boys. I was envious of the gangs of kids that hung out together after school. I've never been part of a group. I've always been on the outside looking in. Not surprisingly, I have very poor social skills. I*

*just don't know how to interact with people. I'm very self-conscious about my height and my weight.*

- Mary Lou

*I've been trapped. That's the thing: I have been trapped for many years inside my house where I wouldn't go anywhere, I wouldn't do anything. It was at the point where I couldn't do anything. I had to phone up organizations to ask them to take my little girl out because I couldn't do it. It's been like a prison. It's only now that I've taken off a few pounds that I've been experiencing a little of life.*

- Rebecca

*I wasn't a very secure person and I wasn't very happy....Part of it was being overweight and part of it was me not knowing how to interact with people properly because of the way I felt. I was an awkward young adolescent. I was a very awkward person in making friends and dealing with people.*

- Sebastian, 24-year-old computer technician

*The business of dating: I put it off because I had a very bad self-image and that kept me from going places with friends and dating and delayed a lot of things in my life.*

- Howard, 47-year-old teacher

*It caused me to be a very self-conscious kid...I didn't get involved in things but would just sit around and observe. That's all I ever did, was watch others. I wasn't included...I didn't have good social skills, despite having overly-developed verbal skills. I was very uncomfortable in groups because I was never part of them.*

- John, 40-year-old musician

*The perception you have of yourself, first formed around the age of 14, it's always there at the back of your mind. It doesn't help when it comes to building a relationship with other boys or girls. You don't have too many friends. I didn't have many friends at that time because of that....I think you grow up with this kind of feeling inside yourself and it's in you forever.*

- Alain

*I developed into a reclusive type of teenager. I was always at home and became a tremendously good guitarist because I practiced so much at home. I lived in a dream world for much of my teenage years. I avoided social contact; I practiced my guitar eight hours a day. My guitar and my earphones were my escape. I avoided anything like*

*carrying the girls' books home from school or walking home with the girls, getting to know women, getting to know how to talk to women. I just never went through that.*

- Don

### **Family Dynamics**

School may have been a hostile environment for fat children, but home was no haven either. For the most part, the interviewees found that family members did not exhibit a tendency to loyalty or protection of an overweight relative. All respondents received admonishment about their weight in one form or another as children and as adults. Many suspected their parents of harbouring notions that harsh criticism would serve as a motivator for the child to lose weight. Sometimes these urgings were generated by health concerns; however, it was interesting that only the men reported this. Moreover, none of the male respondents indicated that they had been told that "nobody loves a fat boy." On the other hand, a substantial number of the women were regularly assured by their mothers that "nobody loves a fat girl."

For the great majority of the women, family exhortations to lose weight turned into outright verbal abuse, even when they were children. Some of them were constantly told they were ugly and that their fat was offensive. Both genders described their fathers as the parent who was more likely to be intolerant of an overweight child, whether or not the father was overweight himself. Interestingly, none of the men indicated that their mothers had ever told them to lose weight.

Even in the case where the parents were loving and accepting, the respondents felt apart from others in the family. And parents were not the only ones to make offensive remarks about a respondent's weight: Siblings, uncles, and grandparents were also cited as relatives who made insensitive remarks. The subjects also reported that they were constantly compared unfavourably to their slimmer siblings and cousins.

*My mother spent most of her life yelling at me about my weight and I spent most of my life feeling bad. When I was little, she'd call me "fatso." My mother told me regularly that boys don't like fat girls.*

- Loredana

*My mother wants me to lose weight because she wants me to be like all my other friends. She thinks the more she tells me I'm overweight, the faster I'll lose the weight. She always tells me, "You're such a good person. Maybe one day somebody will see you like that, but..." I sense in her voice what she's not telling me. I think she thinks she's helping me by criticizing me so much.*

- Gina

*My father would tell me that I was fat and ugly for my own good so that I would be motivated to lose weight. I haven't spoken to my brother in a couple of years, he's said some pretty terrible things.*

- Helena, 47-year-old consultant

*Of course, along the way I was told things like "boys don't like fat girls." When I was in my late twenties, my father told me to do something with myself, that he couldn't stand to look at me....Then he said...I was too ugly to be a good prostitute. It was then I knew how much he hated me.*

- Mary Lou

*My grandmother used to give me a hard time about it, but she doesn't anymore. She used to constantly compare me to my first cousin, Mary Beth. She's two weeks younger than I am. My grandmother used to love to compare me to Mary Beth, how perfect my cousin was and how unperfect I was: "Oh, your cousin's so sliiiim." She'd say this and other kinds of things in front of other family members.*

- Shirley, 26-year-old cashier

*My grandparents were horrible. If anybody in my family really criticized me about my weight, they did. One auntie too. They would constantly compare me to my sister: "Why aren't you more like your sister? She's thin. She's good looking." I would put on make-up sometimes and they would say, "Why are you bothering putting on make-up? You've got to lose weight first and then try the make-up. Right now, you don't look good and make-up's not going to help." They were very cruel to me.*

- Rebecca

*Sometimes they [his parents] would use emotional blackmail: "Mommy will be awfully disappointed if you eat that" or "If you weren't so fat, you'd be awfully cute." Sometimes they'd just be cruel. I would just dissolve in tears.*

- John

*...I was the only fat child. So I didn't have the same status as the other children in the family, just because of that....Whenever we used to drive somewhere, they [his parents] used to say, "Okay, we'll put le gros [the fat one] with le maigre [the skinny one] in the back, because otherwise we wouldn't be able to put six people in the car." So there was a special space arrangement because of my size.*

- Alain

*My father, if I wanted to describe my father's attitude, he was ashamed about the fact that I was overweight and he wanted to portray to other people that boy, it sure wasn't because of his blessing that I was overweight. I remember him saying to me, "I've tried everything to get you to lose weight. I've spoken with you, I've humiliated you in public, I've done everything I can. What do I have to do to get you to lose weight?" That was his attitude towards me. He was very upset by this....My father was very upset by it, and I felt that I had let him down....He was not at all pleased that I wasn't keeping my weight down. He didn't know what to do about it....My father was ashamed and he gave me no support whatsoever. There is no safety at home. Your parents are equally in agreement with society, they just don't know what to do.*

- Don

It was noted that if both parents were overweight themselves, then they were more likely to be supportive of a fat child's struggles. As noted earlier, the fathers were more likely than the mothers to harass their children about their weight, regardless of their own weight. However, men whose wives were heavy tended to be sensitive to an overweight child's problems. In other words, it wasn't the father's weight that determined his intolerance; rather, it was his wife's. Presumably, if a man marries a large woman, then he does not have an aversion to fatness. In the parents' generation, a voluptuous woman was associated with maternity, generosity and abundant loving.

## **MISTREATMENT: PUBLIC, OCCUPATIONAL, PERSONAL AND MEDICAL**

### **Public Harassment**

Close to half the sample--5 men and 4 women--reported hurtful encounters with strangers on account of their size. The behaviour ranged from open stares, derisive laughter, finger pointing and verbal taunts. These incidents were more likely to happen to

the heavier men in the sample. However, the torment experienced by the males in the sample was more public; e.g., it took place in public areas such as malls and stores, with groups of people participating in the taunting. The women were more likely to report an encounter taking place with just one person. As well, the women were more likely to receive gratuitous advice about the consequences of overeating and fatness. The men, on the other hand, were routinely "teased" by strangers about their size.

It is somewhat difficult to explain why the men suffered more at the hands of strangers. As mentioned earlier, the men in the sample tended to be heavier. However, the women who were at the men's weights did not indicate they were aware of cynosure. Maybe they were too embarrassed to mention it. Another possible explanation lies in the fact that both genders reported that their tormentors were more often likely to be males, although adolescent girls were also singled out as offenders. It has been documented in the academic literature that both men and teenage girls are particularly affronted by fat bodies. Men may also be more openly scornful and contemptuous because they have not been socialized to be fearful of approaching strangers to the extent women have.

*If I dare stop my grocery cart in front of the baked goods section, someone will almost always tell me that cakes and cookies are fattening. On a few occasions, I've had people actually take stuff out of my grocery cart, telling me that I don't need the calories....One time I had gone in to Laura Secord to get an ice cream cone, and this kid behind the counter laughed in my face. He told his co-workers that I didn't need that, maybe some Slimfast would be a better idea, ha ha ha.*

- Mary Lou

*I was standing on the corner...when this asshole kid gunned his Camaro and yelled, "Do you hibernate in winter?"*

- Helena

*I was in a store one day and I was in the middle of an aisle getting ginger ale, when this guy says, "You fat slob, you're nothing but a fat slob," because I was in his way....The guy was only about a few years younger than I am, it's not like he was a kid. He was*

*really old enough to know better. But I was in his way and he thought it was perfectly okay to say that to me. I guess that must be how a black person feels when he gets called "nigger."*

- Lidia

*When my daughter was an infant and I was carrying her in a Snuggly, some people—total strangers—came up to me and told me I was suffocating my baby.*

- Loredana

*The looks, the comments....People everywhere were looking at me, in the classroom, in the street, people in the stores.*

- Alain

*Everywhere you go in a shopping mall or everywhere you go, people are snickering, especially children. Adolescents too: snickering, and hooting and hollering.*

- Ted, 43-year-old physician

*I ...was at a stop light—and I had a young girl, she was maybe 16 or 17, and she was standing at the bus stop that was there. I had my windows down which I always do when I'm driving. She looked down at me and said, "You big, fat pig." Just a total stranger! Often you get people laughing at you and pointing fingers at you. If you walk through a mall where there are young people—young people are bad...when they get together. They point a finger at me and laugh, especially if I'm wearing shorts or something.*

*I had a couple of black fellas driving in a 4-wheel-drive truck alongside of me on the highway the other day. They were just looking in my car and they were pointing at my stomach...They were laughing and laughing so hard and looking at my stomach and laughing. And I...made one of my lips turn up so it made my lips look like big. And I turned around and looked at them like that. They went ballistic. It's all right for them to stare at me and laugh at my stomach and that's what they were doing....When I did this thing with my lips, they just went nuts....It's cool for them to laugh at me because of my girth, but it's not acceptable for anyone to make fun of them. They totally took offense at the gesture that I made; that meant I'm prejudiced which I'm not, but I'm supposed to feel comfortable with people laughing at me.*

- Keith, 40-year-old produce clerk

*It's like, everybody has something to say. It's like you're getting a barrage from 50 people a day, day after day. Skinny people accuse fat people of being thin-skinned, and the only problem is they don't realize that some little, insignificant comment they made*



*during the day is only one of maybe 1,000 things that were said during the day....It's a daily occurrence. Sometimes I hear comments 10 to 15 times a day about my weight.*

- Don

*People feel very justified in humiliating fat people. I've had people coming up to me regularly to tell me about the latest diets. In the States, that seems to be more common. I don't know what kind of program it is, but the name of it is on posters on phone poles or whatever: "Are you fat? Do you want to get rid of this ugly fat?" Call such-and-such a number." People have yelled that phone number at me. People have yelled at me from a car, wanting to sell me whatever their latest thing is.*

- Rick, 47-year-old social worker

The experiences of public humiliation by almost half the sample validates the popular suspicion that fat people are fair game: It is perfectly acceptable to abuse a fat person because he or she is deserving of the treatment. As Ted said adamantly throughout his interview, fat hatred is the last socially acceptable prejudice.

It bears pointing out the experiences of Vic, the blind man in the study. Since he has small features and soft stubble and carries his weight in the front, he is often mistaken for a blind, pregnant woman. He said that people often come up to him to offer their services: "Excuse me ma'am, can I help you across the street?" "Do you need to get somewhere, miss?" One time when he was in an apartment building that had to be evacuated, an elderly woman helped him down the stairs, with encouraging words such as "that's okay, dear," and "go slowly, dear." It embarrasses him somewhat to be misidentified but he does recognize that people mean well. It would be interesting to learn, however, if a large, blind man who could not possibly be mistaken for a pregnant woman engenders this kind of public sympathy.

### **Not-so-Intimate Relationships**

*Dating and Sexuality.* The overwhelming majority of the sample was unmarried: Respondents were not only single, but went for long periods without being involved in a major relationship. They attributed their single status and difficulties in obtaining dates as

a direct consequence of their weight. The men indicated they had been frequently rejected by the women they asked out. The women reported that they were only rarely asked out by men; they were also not likely to be complimented by a man. Both men and women reported having many friendships with the opposite sex, but that these never progressed to a more intimate level.

*I've never really had a boyfriend. I've been close friends with some guys, we really get along. They come to me about their problems with other girls and we do fun stuff together but they never ask me out or never tell me I look good. They'll just tell me that I look cute. They never take it to another level....In a way I understand them. They don't want an overweight girlfriend because it makes them look bad....A guy would only go out with an overweight girl either because there's something wrong with him or he just wants sex. A guy can't genuinely like you for you if you're overweight. That's the messages I've been getting from everywhere around.*

- Gina

*I haven't had that many boyfriends. Weight is obviously a factor in this....I consider that my weight has been detrimental to me in a personal way. I don't think a lot of men are willing to overlook my size for who I am.*

- Shirley

*I can't say I've enjoyed much male admiration. I'm always some guy's best friend, the one who he'll talk to when he's having problems with another woman, but I'm not the kind they lust after. I've been told that I'm easy to talk to, that I have a great personality, that I'm fun to be with, but it never goes beyond that.*

- Mary Lou

*In my adult life, a couple of guys who've had drinks go to their heads have told me that they would take me out if I was more attractive and stuff like that....I've had a number of experiences where I've openly flirted with men and they've just walked away. And you get to a point after a while where that happens too often, where you get rejected too often you just stop, you don't try anymore. And I did, I stopped trying. I had so many cases where I was rejected.*

- Brenda

*I've only had two girlfriends in my life, and my last relationship ended five years ago.*

- Vic, 44-year-old unemployed musician

*My weight sure has been an issue when it comes to my self-confidence. I've admired women from afar. Occasionally I would ask a girl out on the phone and I'd get a response like "I'm washing my hair," that type of thing. That was a real put-down, and I stopped asking women out after that. I figured that was something for other men to enjoy, it was not something I would ever get....I just resigned myself to the fact that I would not have the white picket fence, the wife, the 2.3 children and the dog named Spot. It's just not in the cards for me.*

- Don

*I just don't meet women. When I say a family, I'm talking about children and it doesn't seem a possibility now. I don't rule anything out but it doesn't seem as though anything's going to happen....I feel lonely a lot. I feel, as a person, I have an awful lot to offer, but I don't have anybody to share it with.*

- Keith

*Fatness has caused devastating effects on my relationships, on my career, on the fact that I will never have the family I've always wanted—that's the one thing that I've wanted all my life. And I didn't get that.*

- Ted

*Weight as a Power Issue.* When the single interviewees, both male and female, were involved in major relationships, they reported being castigated about their weight. Of the six respondents who were either married or involved in a long-term relationship, four reported that their weight constituted a serious impediment in their relationships with their partners. Three of them complained that their spouses constantly made disparaging remarks about their weight, particularly in the heat of an argument. Sylvie, a 34-year-old homemaker, reported that her husband has threatened to leave her if she didn't lose weight.

The only two respondents to report unconditional love and acceptance from their partners were John and Elizabeth. John, who is gay, claims that the homosexual community is much more accepting of fatness and that a substantial proportion of gays actually prefer fat men and enjoy overfeeding them so they will put on even more weight.

Elizabeth is involved with an Iranian man, and she says that Middle Eastern men prefer large women.

*My weight has always been an issue between us. He [her husband] often tells me, "You're a beautiful woman, it's only your weight that's ruining you." The message is that I'm beautiful now but I'd be perfect if I lost the weight....He tells me that if I really loved him, I'd lose weight. Since I don't lose weight, therefore, I don't really love him. When something goes wrong and we fight, the first comment that comes out is about my weight....Sometimes he makes remarks about my weight on a daily basis.*

- Sylvie, 33-year-old homemaker

*There were some very special parts to our relationship but ultimately he treated me like dirt and I accepted it. I took some really big beatings as a woman. He wasn't nasty about me being bigger but he certainly wasn't happy about it. I remember one time when I had a pair of pants that made me look big, and he said, "Why don't you just buy a pair of pants that fit?" He would say other comments too.*

- Lidia

*My husband has been bothering me about my weight since he met me. I can't figure this out. He knew I was big when we met. I mean, I can't hide it....He makes the nastiest comments—you wouldn't believe it. One time when I fell on the ice, he went around telling everybody about how the ground shook. He really thought that story was hilarious. When I tried telling him how this hurt my feelings, he just brushed me off....He can be nice most of the time but he just can't stop nagging me about my weight. When we argue, he always makes reference to it, as though that's really the issue.*

- Loredana

*Later I found out in horrifying ways that my husband found me very unattractive even when he married me....I found this out later through a woman he had an affair with, the things that he'd said about me and this crushed me....I knew I probably didn't appeal to him but when I actually heard, word for word what he'd said about my body, including my legs and my arms and my breasts, it was just crushing.*

- Rebecca

*My wife is very straightforward. She told me the other day that I was not attractive to her anymore and to please take care of myself and do something about it.*

- Alain

*She [his wife] used to be very agitated when I used to ask her to prepare things in a certain manner and just as I was going on the diet she would say, "Well, what are you doing this for? You're just going to gain it back anyway." Or when I would ask her when she was preparing something to put a portion aside for me without dressing, she would dress it completely, like putting twice as much on, rather than as I had asked. That really used to rile me up.*

- Howard

*She [his ex-wife] would say, "You don't respect yourself, you're letting yourself go and therefore you don't respect me." You know, people have a way of saying things like, "If you loved your family, you wouldn't do this." It's the guilt and the blame, and it's often from people with good intentions and they're trying everything possible.*

- Rick

The participants who were either married or involved in a long-term relationship not only had to contend with a partner's unhappiness about their weight; many times, the partner's family or friends would jeer at them as well.

*My husband is a pain in the butt about my weight—so is his mother I might add...I remember one of the first few times I went to his house when I first started going out with him. She had some chips in a bowl on the coffee table and when I reached over to take some, she literally knocked them out of my hand. She said I was too fat and I didn't need any more calories....She's really big herself by the way....She also tries to embarrass me about my weight in front of other family members as much as she can, saying things like I look as though I've put on weight—she'll say that all the time. Or she'll waggle her finger and say things like "You've been eating too many brownies again, haven't you?"*

- Loredana

*In my wife's family culture, fat people are not attractive, period. That's the way they think, basically. They hate fat people....They hate themselves when they're 10 pounds overweight and they don't like an overweight person at all. They've made comments like "Oh, you've been letting your stomach grow," and things like that.*

- Alain

*My girlfriend, her family's very judgemental about overweight people. Not so much the immediate family, but the extended family is very judgemental about appearance. They'll always say, "Oh, you've gained a little weight." But they're very hypocritical also because one of her aunts, she's big and her uncle's three times the size of me. And she'll always come up to me and say, "Oh, you've gained weight, you've gained weight"—even if it's not true.*

- Mike, 23-year-old college student

*My husband's friends make a lot of really rude and insulting remarks to him because I'm overweight. I know this because he tells me. They tell him things like, "How can you sleep with your wife, she's so disgusting?" or make really bad jokes because I'm fat. When he sees someone he hasn't seen in a long time, he's always asked if he's still married to that fat woman.*

- Sylvie

It would appear then, that an overweight condition is a major obstacle in the establishing and maintaining of intimate relationships. The male respondents, in particular, seemed frustrated and bitter about their lack of success in the dating world. The female subjects, however, did not appear to be unduly surprised about their single status. Perhaps it is because they've heard for most of their lives that "nobody loves a fat girl," and therefore never really expected to meet a man and engage in a long-term relationship.

A lifetime of rejection has taken its toll among the older respondents: It was noted that the older the individual, the more resigned he or she was to never meeting anybody special, let alone marrying and raising a family.

### **Work-Related Discrimination**

Obesity is not a bonus in our appearance-oriented world, particularly in the employment realm where often one is hired for one's image as much as one's skills. In Western society, fatness is very often viewed as indicative of laziness and slovenliness, not ideal attributes desired by employers. It was not particularly surprising, therefore, to hear that the participants experienced various forms of discrimination in the course of their work. At times, it was subtle; more often it was blatant. Discrimination in this case not only refers to hiring bias, but to differential treatment.

Occupational mistreatment was not uniform, however. It largely depended on the job itself and whether a person's weight was viewed as an impediment in either impression management or job performance. As Shirley who is a cashier reminded me, "Don't forget

what I do. I stand there and put groceries in a bag. So as long as you have the back for it, they don't have a problem with it." The employees who were more likely to suffer were those who worked in jobs where image was an essential function of their work. For example, the four participants who worked in the medical profession were more conscious that they are perceived as being unhealthy themselves and therefore not appropriately representing the health profession. Ted, a physician, was denied entrance into the Royal College of Physicians on account of his weight. He was told by the Chief Examiner that "People just don't have to like the way you look in order to fail you." A recurring theme was the impression that employers feel that if fat people can't take care of themselves, then they certainly aren't capable of holding a demanding job.

More men than women complained of poisoned work environments involving superiors, colleagues and clients making scathing remarks about their size. None of the women reported being told by a boss that she should lose weight, although a substantial proportion of the men were admonished to do so. This may be because the men tended to be at higher weights than the women or maybe it is because employers are more careful what they say to women--either out of a sense of chivalry or out of fear of possible legislative rebuke. This is not to imply that obese women face less occupational discrimination: More women than men reported having difficulty being hired for a job in the first place.

*I've experienced years of discrimination. I had seen an ad for a position in medical equipment sales, so I called and talked to these head hunters and they said I sounded like the perfect person. Why didn't I come down and have a look-see? We'll just meet first. As soon as I walked in the room, they took one look at me and said that the job had been taken. That happened a number of times.*

*When I lived in Vancouver, I was turned down blatantly for a job because she told me I was too fat. I would not fit in between the beds in their ICU to work in that particular hospital--I had just been in there showing them how to use medical equipment. Yet in their letter of refusal they said sorry, we don't need any more staff--and yet they were advertising for staff that day....It was so humiliating.*

- Helena

*I know I have something to worry about because I've been told to my face that I'm "too heavy." My secretarial skills are unaffected by my weight but this is obviously irrelevant....I'd go on an interview and then only get a call back three or four months later. I would always find out that it was because they had hired someone else, but she didn't work out, so they made their way to me. It's been obvious to me that I've never been any employer's first choice. When they call me on the phone, they're really enthusiastic, but when they meet me in person it's a different story.*

*The boss I have right now is pretty much okay towards me, but when he meets with other executives, I've heard them laugh about me, saying things like "Wow, you've got yourself a handful there" and things like that. He doesn't defend me either.*

- Mary Lou

*One time I thought I might want to work for a dental practice so I interviewed for a job by a dentist. He was really enthusiastic about my skills on the telephone but his face fell when he met me in person. After the interview finished, he said he'd get back to me. A few weeks went by and then I called him to find out what was happening. He told me that the job had gone to someone else. I said, "Dr. So-and-So, tell me honestly, was my weight a factor in your decision not to hire me?"....Then he said that as a health professional, he could not hire an obviously very sick person to work for him because that would make him look bad. For a second I thought of explaining to him that I'm in excellent health and have gone for years without taking any sick days and then I figured why bother?*

- Loredana

*The discrimination makes me suffer: Having people be not nice to me because on some level they feel they have the right because I'm a "fat slob." I'm really feeling it on this job....I have two nurses I work with who are very discriminatory towards me and I know it's about my weight. It's just things like being not nice. They can be disrespectful in many, many ways if they don't like something I've done. Their tone of voice expresses disdain. One of them blames me for everything that goes wrong....I'm sure that they have an impression of a fat person and what they perceived about me are those things that validate that perception. It permeates most of their actions towards me. I don't think they're aware of it at all, by the way. I have to say that I'd be very afraid to go look for a job now at the weight that I am. I'd be very scared about how I'd be judged.*

*Another one is, because I'm a nurse and I counsel smokers, I'm sure there are some people who say, "How can she talk about health issues?"*

- Lidia



*I was working for Home Care, they look after elderly people, like making their meals or cleaning their houses. The elderly people would make some comments. Some of the women were quite thin. They'd say, "Why don't you do something about yourself?" or "This is terrible. You're too large to get down on your hands and knees and scrub my floor." They wanted their housework done, but they didn't mind hurting my feelings....They'd say, "Maybe you should go on a diet." Some of them would even tell me which diet to go on, like the Grapefruit Diet, and all the other diets.*

- Rebecca

*My weight has been brought up by various principals. I certainly did not take to it too well, quite frankly. I was offended, but what can you do? One of the principals told me that I was extremely overweight and that this was affecting my students, that it was affecting my teaching. And I replied that no, it did not. And that was that. But I was offended that it was brought up.*

- Howard

*I have to say, it's a double thing. I've gone to find work in places and they've said, "We want a broad, we don't want you" and "You're too fat." It's kind of an interesting position because if I fight this, why would I want a job there? They're obviously sexist and fatphobic. But I was really put out by that. And I know a few times when a bride and groom will come to the door, and I'll open the door, and they'll look at my stomach and not my face—this is probably how women feel when people talk to their breasts. ...Other times, people have said things like, "Soooo, do you own a tuxeeeedoooo?" as if they think they don't come in my size.*

- John

*Some years ago, before I got this job, I was trying to get into a specific department. It was somewhat difficult trying to get in there to begin with, without weight being an issue. An opening came up, I applied for it, I knew I was qualified for it and knew that the manager would have a hard time denying it to me....The manager happened to be sitting in the lunch room one day when I went in. He and I were the only ones in there. He said to me, sort of out of the sides of his mouth, "Don, I understand you're interested in that opening in my department. Well, I've a terrific problem. None of the women in my department want to work with you. You have such a terrible case of body odour that they don't want to have anything to do with you. They don't want you anywhere around. What am I going to do?" And I just about died. I wanted to flatten him. That was the first time, anywhere, ever, that anybody had ever said anything like that to me. I never heard anything about body odour ever before. And I realized, after a period of time, after thinking about the politics involved in getting a job, that this was their scam. That they were going to take advantage of the prejudice against overweight people.*

- Don

*I've experienced all types of discrimination in the workplace. I had a fellow just a couple of weeks ago, he was sitting down at the front and he was staring me down while I was working. And I ended up close to where he was sitting and he asked me how much food do I have to eat in the course of a day to get to be so fat. These kind of incidents take place every two weeks for sure. Like when I make a product suggestion, I get comments like, "Well I can see you didn't stay away from the strawberries and cream when you were growing up." It's people trying to be funny at the expense of my feelings.*

*Our district supervisor, in charge of all the people in the company, came in one time and walked through the produce with me and the store manager. This was two days before Christmas, or the day before Christmas and he came up to me and wished me Merry Christmas. Then he added that he'd like to see me lose weight in the New Year. This was a guy I had worked real hard for and he tells me he'd like to see me lose some weight in the New Year. If that is the attitude from the higher-ups—and that's as high as you can get—what filters down is that it's okay to make these kinds of comments.*

*I was having this discussion with my supervisor about how often I get discriminated against because of my weight. It was part of me not feeling comfortable with the group of guys there. They ignore me, they don't include me in their clique. Everything's cool, they all laugh together, they all have nicknames for each other, but I'm "Keith." I feel discriminated against about this and I was telling my supervisor about the weight thing. He doesn't see it, he doesn't understand it.*

- Keith

*Some people do give me a tough time due to my appearance. Nothing direct....it's nothing I could ever prove. At work, I know there's this one guy that really sees me as lazy. And I know that. Again, because there's this other circumstance where I went to repair a problem. It turned out the problem resurfaced and he went to repair the problem. A few days later my superior received a complaint from the company we have a contract with that a technician had gone there the night before, just checked things out, and left without fixing the problem. Well, in the establishment I was in, the proprietors were very nice and very friendly and I know the complaint didn't come from them. I know the complaint came from either the technician directly or the technician was a catalyst towards making the complaint.*

- Sebastian

*Most of them don't call me a fat slob, but some do. Most of them are horrible. I can think of a couple of superiors who refuse to return my calls and tell everyone who associates with me to just lay off. And that's happened in my old job, it's happened now.*

- Ted

These quotes vividly illustrate the vulnerability of fat employees. They are not protected in any way from mistreatment while they are working—anybody feels free to harass them and can do so with impunity. It may be harder for obese people to find a job for which they are qualified and then to exacerbate the situation, it may be also difficult to find a job where they are treated with respect. A mitigating factor is the depressed job market. As Mary Lou has observed, "Things may be tough all over, but it's much, much worse for fat people who are looking for a job."

One gets a sense that obese employees have to expend more effort in building careers as do their normal-weight counterparts. Not only do they have to execute their jobs properly, they have to compensate for their size. That is an arduous task in itself.

### **Insensitive Medical Profession**

Since obesity is so much associated with ill health, it was not surprising to hear that all the respondents had been advised by their doctors to lose weight. Very often, this counsel was given in a condescending, even contemptuous manner. Significantly more women than men expressed rancour towards the medical profession. They were more likely to feel that they had been treated with disgust and contempt and reported more caustic remarks. Both genders complained about being badly treated by physicians, but the males tended to complain about snideness and condescension on the part of doctors, whereas a substantial proportion of the women described having been berated and belittled by their doctors on numerous occasions. Two of the female respondents said that a doctor had warned them that fat was not attractive to men, whereas none of the male respondents reported similar admonishments.

The respondents also reported feelings of frustration and exasperation about the medical profession's tendency to dismiss all medical complaints as having originated from the patient's overweight condition. Many of the physicians consulted by the sample members did not bother to examine them or refer them for tests upon hearing their

symptoms. The automatic response was to tell them to lose weight, as though this were the panacea that would cure all ills. The gender or the weight of the doctor did not seem to make a difference in their attitudes towards their fat patients.

Ironically, surgeons specializing in weight loss surgery were singled out as being particularly malicious and uncaring.

*I don't have regular periods and he [family doctor] would say it was because of my weight. He didn't even examine me or send me for tests. He just said it was because I'm overweight. I know overweight women who get their periods on time. So there I was, worried about my periods, and he was no help. It was just one more thing for me to feel bad about...I hate my family doctor so much I'd rather go see a dentist any day. I refuse to go see him now. Every time I used to go, he would tell me the same thing since the age of 15. He's like a tape recorder: "Eat green vegetables." "You have to lose weight." Then he said something that offended me so much that I never went back. He said, "Don't you want to be beautiful like your friends?"*

- Gina

*They all launch into a big speech about my weight, as if I don't know I'm overweight, that they're telling me something new. They even hassle me about things that are not weight related. One time, I broke my arm in a car accident, and the doctor in the emergency room started bawling me out about my weight. I asked him exactly what he thought my weight had to do with a broken arm that happened in a car accident and he didn't have much to say. Another time, when I went to see my gynecologist, he asked me how many chairs I'd broken in his waiting room that day. I got infuriated and started telling him off. He genuinely looked surprised at my reaction and tried to explain he'd been making a joke, that I was taking it too personally. How else was I supposed to take a comment like that? One doctor even told me that I'd never get a man as long as I kept on gaining weight.*

- Mary Lou

*It's very difficult to find a fat-friendly doctor....Last year, I had a very bad nosebleed—it was a hemorrhage. There was so much blood it went into my inner ear and I developed what's called hemotympanum and this caused me to be dizzy....My doctor sent me to the hospital. This asshole comes into my room and without even saying "How do you do?" immediately says that he puts his obese patients on drug combinations of this, that and the other. I turned to him and said "How dare you. First of all, you are not my doctor. Secondly, I'm not here because I'm fat, I'm here because I'm dehydrated and how dare you impose your values on me." I really gave him holy hell.*

- Helena

*I was referred to this one doctor who did stomach stapling....So I went to see him and when I walked out, I was like a basket case. He told me to stand up--this was very unprofessional, there was no nurse there--he eyed me from head to toe. Then he told me, "Pull down your pants."...I did what he said and my stomach was exposed. He said, "Look at you, look at all that fat. Look at you! You're a lump of fat. I'm going to have to cut really deep to get in there. Pull your pants back up." I pulled my pants back up and by that time I was feeling really awful. I was devastated. He was explaining about the procedure and then I said, "You know, I feel really horrible that I would have to resort to something like this to keep the weight off." His response was, "Well you people just want to make pigs out of yourselves, so this is what's got to be. You're so worried about the mortality rates of this operation, but I'll tell you this, if you don't get the weight off, you're going to die anyway, so what's the difference?"*

- Rebecca

*A few years ago I was having a hormonal problem. My GP suggested that I go to Dr. \_\_\_\_\_, saying that she's a young doctor and was very competent. The first couple of times I was there she made a couple of comments about my weight, and she also suggested that I should lose weight....She prescribed high doses of estrogen and something else. It worked, but the side effect of it was that I was nauseous all the time because the hormone mixture imitated pregnancy. So I went back to her and said that I had to stop taking the hormone pills because they make me feel sick. They're making me nauseous. She looked at me and said, "Well, isn't that a good thing?" She was basically saying that because I was overweight it was a good thing for me to feel sick all the time because that way I would eat less. So I guess my feeling thin and more socially acceptable counts more than my feeling ill health.*

- Elizabeth, 34-year-old community worker

*When we decided we wanted a child, I couldn't get pregnant. After about a year of this, I went to see my gynecologist. He didn't question me about anything else, he just said that if I lost weight, I'd get pregnant. He said that heavy women often have a hard time conceiving. So I went on yet another diet and lost some weight, but I still wasn't conceiving. I went back to this doctor and he told me to lose another 20 pounds. I told this to my friend and she told me to get a second opinion. So I went to another gynecologist who checked both me and my husband out. The other fellow never bothered to do any tests. He just told me I was too fat to have kids, and that was it. Well, it turns out that my husband has a low sperm count and I had to get artificially inseminated with his sperm. It took a few tries and now we have our daughter. All my reproductive organs work just fine. If the first gynecologist had bothered to run tests on both me and my husband, it could have saved me a lot of worry and frustration. And we would have had our child sooner.*

- Loredana

*One of the things that became very clear to me was that the doctors in the field of obesity have no sympathy for the women they're treating. They're hustling, that's what these guys are doing. They're in it for the money. I think that 99 out of 100 doctors who are treating obesity don't give a damn about their obese patients and just treat them with disdain. The most pain I have ever felt in my adult life has come from doctors who have put me down and made me feel like it was something I should be ashamed of....I have just felt that in terms of trying to deal with obesity, in terms of treating it and overcoming it, I've had no help at all. No help—even from people who profess to want to help me.*

- Brenda

*I would say that the medical profession has treated it [his obesity] in the past, as in the last 10, 15, 20 years, almost with disgust or anger.*

- Howard

*You have chances of living longer if you are a little bit fat, than somebody who's considered a little underweight. You really don't hear about the benefits of being fat.*

- Rick

*One of the doctor says to me, "You're fat! Lose weight!" in a really contemptuous tone....I don't know if it was insulting as much as it was rudely said. You can tell people they have to lose weight in a nice, professional way. You don't have to be rude about it.*

- Mike

*I was humourously insulted by a female doctor once....I was having some stomach problems and she told me, "Oh my God, you look 10 months' pregnant. When is your baby due?"*

- Vic

*On many occasions doctors have been condescending to me because of my weight. I ask legitimate questions and often everything is explained by my weight. Just like, if you lose weight, everything would be fine, your life would be fine. Things that turned out to be something else have been quickly explained as, "If you would lose weight, it would help." Like dizziness and stuff like that was explained off as weight related when it wasn't. I found out through the specialist who's working on my back that a lot of it as due to a pinched nerve in my back. Family doctors would tell me that my problems were due to my weight, yet my blood pressure has always been normal. I wondered why I was dizzy if my blood pressure was normal. They just wouldn't look past the weight, they figured my life could be perfect if I lost the weight.*

- Keith

It would appear from the experiences of the sample members that the medical profession is as misinformed as the general public in thinking that obesity is intractable because of patient non-compliance. In any case, even if excess weight was entirely within an individual's control, physicians have no right to bully their patients.

### **DAILY HARDSHIPS**

The final section in this chapter can be considered to be a "grab-bag" of anecdotes about the difficulties of life as a large person in Canada. Large people in Canadian society are not only verbally punished for their transgression, but they are reminded in subtle, numerous ways that they don't fit in, and that the world will not accommodate their needs.

The participants complained about not being able to shop for decent clothing at affordable prices; the women in particular, were vocal about the lack of attractive clothing for large people. The subjects all lived in major Canadian cities, yet reported there were only an average of three clothing stores catering exclusively to the plus-size individual. Moreover, prices in specialty clothing stores tend to be considerably higher--another slight the large person must endure.

*It's not only because I'm embarrassed I have to go to a special store, but the whole thing is pretty lousy. There're only three stores and their stuff is really expensive. It's not fair. My friends can get something really nice for \$20, but I'd have to pay twice or three times the price for the same thing. I don't see why one store can't carry many sizes. Why should the 14-plus sizes be in another store? It's as if they're saying, "you're different."*

*When I go shopping with my best friend, it'll happen often that a salesperson will ignore me or be rude to me but be all nice to my friend. That's happened on at least two or three occasions. Last Boxing Day I was at Fairweather with my friend who was looking for a sweater. She was trying some on in the dressing room and I was looking for more sweaters to bring her. I saw a nice one and asked the saleswoman what size it was. She just said that it wouldn't fit me. I told her it wasn't for me, it was for my friend. She said, "Oh that's fine, then." It was even worse that the saleswoman was overweight herself.*

- Gina

*Just because I'm a larger woman, I hate shopping for clothes. They're either too expensive, polyester, or really, really ugly. Just because I'm a larger woman does not mean I do not have taste. I really hate shopping for clothes, just for that reason. The nice clothes that do exist tend to be expensive. I guess it's because there are so few places that there's really no competition. They know we're forced to go to them to buy clothes because there are no other places to go to.*

- Shirley

*If you have a lot of money, you can buy some mediocre stuff....There is this one place that's nice, it's new and resale stuff, but the prices are outrageously high, like \$100 for a blouse. The situation in the States is much better, even with duty and exchange. The clothing situation in Canada is absolutely ridiculous.*

- Helena

*If you go to a store and ask for size 22, you'll just get old ladies' clothes: polyester. It's hard to find nice things. I don't go to stores where they have only small sizes because I really don't feel comfortable. I went shopping with my friend who wears a size 5 and we were making our rounds of the sportswear stores...The saleswomen were giving me the eye, as if to say, "Nothing fits you here so why don't you stop wasting our time?"*

- Sylvie

*Clothing for large men is very hard to find in Montreal. In this city, there's not a whole lot.*

- Sebastian

*I went to the store to buy myself a pair of jeans. And I couldn't buy a normal pair of jeans, you know, with those nice threads and the metal studs on the pockets. I had to buy a plain pair of jeans, nothing special on them. They were a size 44, and I had to go to a special department to get them. That just killed me.*

- Alain

*The choice is very limited. There's only one place in town—there were a couple of other places too but they've gone out of business—the only place in town is \_\_\_\_, and they just rip people off. It costs me \$70 for a pair of trousers....It's hard to get clothes.*

- Keith

Some respondents described not being able to eat in restaurants with booth seating and not even being able to drive comfortably wearing a seatbelt. Ted points out that it is



perfectly legal for airlines to eject obese passengers without being required to state a reason for doing so. These are further indications that society sets certain norms and standards and its citizens are expected to mold themselves to these standards or suffer the consequences. It bears pointing out that overweight people now constitute a relatively significant proportion of the Canadian population, yet they continue to be treated as deviants.

*....I just got a minivan and although the seatbelt does extend all the way to finally shut, it presses down on my chest very hard, and I feel like I'm getting a heart attack if I have to drive more than four blocks. In many cars, the seatbelt doesn't go around me, and that's a problem.*

- Howard

*People don't like the way we look, that's the bottom line. There are a lot of people who'll flap and make all kinds of noise and ask what about our health. They couldn't give a fuck about my health. If they cared about my health, they'd have chairs in the doctor's office that would fit anybody. They would have oversize blood pressure cuffs--most doctors don't have oversize blood pressure cuffs, so you can't even have your blood pressure taken. Most doctors don't have a scale that goes over 320 pounds....I think the therapist that was in "Fat Chance" was right: It's like a piece of society's scenery is out of place....*

- Rick

## **CONCLUDING REMARKS**

This chapter has been mainly devoted to illustrating the stigma of obesity and how it can infiltrate every area of a person's life: family relationships, social skills, employment opportunities, marriageability, and access to health care, among others. When taken separately, each example of prejudice and discrimination could be survived, but the *cumulative* impact in every sector for their entire lives can be completely devastating.

So far, the respondents have chronicled in detail about how other people react to their weight. The next chapter will describe how they themselves feel about having been labeled obese and their efforts to deal with the stigma and marginalization it brings.

## **CHAPTER SIX**

### **FINDINGS AND ANALYSIS II: OBESITY IN PRIVATE**

This chapter will focus on the respondents' own feelings towards their fatness and the character flaws it implies. The subjects' responses largely indicate that their weight has placed enormous burdens on them, not only physically, but emotionally, as well. Emotions such as anger, bitterness and pain abounded when they discussed their mistreatment. Both genders viewed their weight as a major source of their troubles and were inclined to think that weight loss would solve most of their problems. All have tried diets of various sorts, and their "successes" and failures will be discussed.

All have devised their own styles of dealing with the harassment that often accompanies a highly visible blemish. Indeed, we can distinguish eight modes of response to the marginalization of, and discrimination against, the obese: These typologies, which are not mutually exclusive, include: (1) the Acceptors, who agree with the norms of the majority culture and constantly engage in weight loss attempts; (2) the Angry, who resent their mistreatment but accept it silently, therefore internalizing their pain; (3) the Verbally Assertive, who are quick with witty comebacks to insults; (4) the Physically Aggressive, who engage in acts of minimal violence when confronted by aggressors; (5) the Activists, who are spearheading Canada's fledgling size acceptance movement; (6) the Flamboyants, who boldly display themselves and revel in their originality; (7) the Serenes, who are happy with themselves as they are; and finally (8), the Converts, who after struggling with weight loss attempts for most of their lives, have achieved a large measure of self-acceptance after turning 40.

#### **THE PAIN OF OBESITY**

Not surprisingly, the participants expressed pain, anger, and bitterness over their designation as society's more repugnant citizens. They were quick to note that fat people serve as society's collective punching bag, that it's okay to pick on them because they

deserve it. As Rick cogently points out, "We're a society that's running out of people to kick around. It's politically incorrect to make comments about women or different races or whatever--and so it should be. But fat people are fair game." It was even more galling for those who had been thin throughout certain periods of their lives and felt they were treated in a markedly different manner as thin people. As Don who has lost large amounts of weight on four occasions quipped, "I've been skinny and I've been fat, and believe me, skinny is better because people treat you totally differently."

When asked to describe themselves and their experiences with sizeism, 16 members of the sample used negative adjectives that tended to be vivid and forceful. Equal numbers of men and women described their bodies in a pejorative manner: They referred to themselves as "deformed," "ugly," or "totally worthless." The hopelessness of their situation is depicted by the use of such words as "agony" and "pain." Ultimately, their lives have been "destroyed" and they are "trapped" in a "prison." What seemed to bring on the most despair was the popular view that obese people make a deliberate decision to look the way they do.

*You're looked at as somebody who has a physical defect, like a handicapped person who doesn't have an arm or a leg. Somebody who's deformed in some way.*

- Sylvie

*I have been thin, so I know that things are totally different. My life would be just so much better. I'd have a better man and I'd have a better job. I wouldn't have had to put up with all the shit that I've had to put up with.*

- Loredana

*It's been devastating because it's taken over my whole life. It's like living in a prison because there's nothing I can do to change it. I face the strong possibility of living the rest of my life like this, and I can't say I face the future with any hope.*

- Mary Lou

*My weight has controlled my whole life. It really has. It's stopped me from living my life the way I want to. My mind wants to live life just like everybody else—go to the beach, put on a bathing suit, go here, do that, but it's stopped me completely. I've been trapped.*

- Rebecca

*The worst part is the common assumption that I choose to look like this, that if I really wanted to do something about it, I would. I'm perceived as somebody who can't do her job properly, and that's not true. I hate the disrespect I get as a result of it. Most of all, I'm scared. I'm scared of putting on even more weight and suffering even more.*

- Lidia

*It [his fatness] has been devastating. It's destroyed it [his life], I'd say....What you don't see is the agony.*

- Ted

*I would say it's definitely had a negative impact. I've had to fight so many battles because of it. Yeah, it's definitely been a negative thing. It's made me at times wonder why am I fat, why have I been singled out like this?*

- Keith

*Fat has had a tremendous impact on my life. Before I turned 40 years old, it was hell. I couldn't look at myself in the mirror, even when I was not fat. I was still perceiving myself as being ugly. When I was looking at my image in the mirror, I couldn't find myself attractive. I was not a nice-looking boy or a nice-looking man.*

- Alain

*Sometimes fat people are the hardest people to convince because they're convinced that they're totally worthless. They have no value and they're unlovable and ugly. Somebody said, "I don't want to open my curtains because I don't want to know if it's a nice day out because I don't want to know what I'm missing. I won't leave the house because I've had all the pain I can take. I can't take another sideways glance; I can't take another chuckle or look." And there's this feeling of nobody caring.*

- Rick

Three of the male respondents could actually think of positive aspects of overweight, whereas Brenda was the only woman to point out any advantages to being fat.

*I do think that overweight has made me a better man. Sometimes you have to go through difficult things in life to become better. Being overweight has made me a better man because I'm now more sensitive, patient. I'm a good listener, I'm polite.*

- Alain

*Because of my life experiences, I look at other people in a different way. I'm very sensitive to other people's feelings. I see someone who's disfigured and I say, "Boy, good for you to go out in public and do the things you want to do." I wouldn't look at him in any strange way, I'd just smile or acknowledge him or something like that. I look at people in a whole different way. I don't have any kind of problem with looksism myself.*

- Keith

*In a way it's had a very positive impact. I stand out in a crowd, and I think that I like that. I have tried to use it to advantage in what I teach....I'm afraid of them because they're pretty tough kids....but in spite of the fact that I'm afraid of them, they don't realize that. They look at my physical size and regard me as an imposing man....There are so many people who remember me and I find that very gratifying and satisfying. When people see me, they don't forget me. And there are many, many people who remember me because of my size....And in some circumstances, because I am a person of substance, I find that it commands a bit of respect.*

- Howard

*I'm used to being different. You can parlay that into positive things; it doesn't necessarily have to be negative....I also have the feeling that, in a business sense, I have made inroads where other women couldn't. And I'm talking back in the sixties—I've been an executive since the mid-sixties—and at one point I was invariably the only woman at meetings. I think it was because I was non-threatening....but I have had cases where I know I have overwhelmed men. I can think of some cases where I've done it deliberately because I didn't like them and it was my way of keeping the power with me.*

- Brenda

Two of the respondents (both men) feel they are better people as a result of their experiences with overweight; they are more sensitive, tolerant and patient and less judgemental. Two other respondents (one man and one woman) refer to the merit of size as power—a very different orientation—but then success in their occupations involves establishing authority and instilling respect.

## **NOT FAT, NOR OBESE**

It was interesting to note the magnitude of the reaction that the label "fat" engendered in the respondents. Only the activists, Rick, Ted, and Helena, viewed the term merely as an adjective and promote its use as such. Elizabeth and Brenda were also sanguine, adopting a "so-what?" attitude. The other subjects, as a whole, rejected the term outright. Even Shirley, Sebastian and Mike who are comfortable with their present weight, strenuously refuse to refer to themselves as fat people. It was permissible to call them overweight or large—but not fat. Sylvie, when she was discussing the negative connotations of the term, said "If my kids came home and described somebody as fat, I'd tell them it's not a nice thing to say. They can describe somebody as overweight, that's okay; but fat is not acceptable. I don't know why." Rick explains that "We fuck with words, that's basically what we do. We take simple words, like "gay," or "fat," or whatever and screw around with them. Now with the word "fat," people fear it. It's like the new F-word."

As inflammatory as the word "fat" was, the word "obese" was even more provocative, especially if the respondent had ever been described as "morbidly obese" by a doctor. The male subjects in particular became enraged as they protested this classification. As Keith put it, "I've been described by many, many doctors as morbidly obese and this is really silly. Whether I'm 300 pounds or 500 pounds, I'm obese! These are just adjectives thrown in just to make it sound so disgusting. It's not necessary. Why do they have to add the word "morbidly?" How can you be a "light" 375?"

The participants were asked both what fatness meant to them and what they thought it meant to others. There was unanimity amongst them in that they all thought fat people are commonly viewed as lazy slobs who spend considerable amounts of time overeating. Sylvie was the sole respondent to say she thought fatness should be equated with sloppiness and gluttony. The others deplored the negative connotations of

overweight. As for the personal meanings of fatness, the responses reflect considerable variation among the sample.

*To me, it means never fitting in, never being accepted, always being treated differently.*

- Mary Lou

*To me, it means that people just see the overweight, they don't see the person inside.*

- Loredana

*It's a way of life, it's who I am. It's just a part of who I am. For me, fat is not pejorative. It's a part of the way I look.*

- Shirley

*To me, it's an adjective that describes my body size. So what? It's like black, it's like thin, it's like hairy, you know. It's not a dirty word. I don't mind people saying I'm fat. Yeah, I'm fat.*

- Elizabeth

*It's me. It's just been a part of my whole life. It has affected my life, it's a part of who I am. It's a part of everything I do. It's me. And it defines somebody more than just hair colour or eye colour. It defines your ability to do things or your ability to function. It's a part of me.*

- Sebastian

*What it means to me is anger. It's not about being hungry, it's about being hurt and angry and vulnerable.*

- John

*To me, fat is a four-letter word. I liken it to the word "nigger," that's the only way I can say it. It bothers me to say that word. It would be a big insult for me to be called a fat man.*

- Keith

*Fat is certainly something to be avoided. What does it mean to me? It's something I don't wish to be. What can I say? It's a very negative thing. I'm a product of society as much as everyone else. To me, overweight and fat is a sure way to end up lonely and old.*

- Don

There was a general sense among the respondents--whether or not they agreed with it--that fatness is deviant, fatness is freakish. Brenda pointed out that other physical deviants, such as extremely short people or people with big noses, are also targets of derision. Of course, other displeasing physical traits might be regarded as the consequence of an unkind God, while fatness is brought upon by oneself.

### **DIETS AND OTHER WEIGHT-LOSS SCHEMES**

*The Thrill of Thinness.* Although fatness was commonly viewed as a disadvantage, only three women and one man admitted to fantasizing about how different their lives would be if they were thin. Obesity may affect them in many significant ways, but their fantasies centred around receiving flattering attention from the opposite sex. The other members of the sample simply denied entertaining such fantasies. The most common explanation was that there was no point in doing so, since they can't imagine themselves as thin people.

*The Diet Trap.* The participants may have had difficulty in imagining themselves as thin people, but it wasn't through lack of trying to attain slenderness. All of them had engaged in some form of eating modification behaviour at least once. They had all lost weight, sometimes in very large amounts, but of the 20 respondents, only Alain was successful in maintaining the weight loss--and he's starting to see his weight creep back up.

Weight control attempts started at very young ages, most often at parental instigation. Some of the respondents were as young as eight or nine when they first began a diet. Their parents presumably meant well, but their actions precipitated a lifetime of weight cycling in their children--a trap from which most of them cannot break free.



The members of the sample who were over 45 vividly remember the era when amphetamines were the drug of choice in weight control. They were all prescribed amphetamines in their teens. Vast amounts of weight were lost rapidly, but then they became addicted to the drug. Once the doctors took them off it the weight rebounded.

Eight of the women and three of the men had enrolled in commercial weight loss programmes, approximating the figures reported in the literature. The male respondents who eschewed formal eating plans voiced a contempt for this method. They didn't think they should pay to lose weight when this was something they should be able to do on their own.

Another significant gender difference lay in the reasons cited for dieting. All the men claimed they wanted to lose weight for health reasons, whereas only two of the female participants cited health as their primary motivation for weight loss. The women's main concern was to improve their appearance by becoming thin.

The most popular programme was Weight Watchers, although the opinions of this *grande dame* of weight loss organizations varied. The women exhibited disgust and horror at Weight Watcher's method of using positive and negative reinforcement as a means of promoting weight loss. The three men who had enrolled in Weight Watchers, however, were eloquent in their praises for the organization.

The most common lament recounted by the frequent dieters was "I've tried everything, but nothing works." It was repeated so often that it became almost like a mantra. This was probably the most poignant part of the interview: The respondent is aware that he or she has a problem, yet the most popular solution to the problem either proves to be fruitless or exacerbates the situation.

*I have dieted myself to the point where I got scurvy. I have done everything. I've had my stomach stapled; I've had HCG injections. That was something they tried in the '70s, that was the big thing. What they did was give you daily injections of fluid that was a derivative from pregnant cows. What it did is created you a state of being pregnant on the theory that your adipose cells open up to feed the fetus when you're pregnant and you*

*go down to a diet of 400 calories a day and just feed off the fat of your body....After nine months I had to come off because I was getting jaundiced. The minute I came off the injections, no matter what I ate, I gained weight. It came right back. Not long after that, HCG was taken off the market.*

*I also had my stomach stapled in my forties and I lost an awful lot of weight with that, but it ruined my whole digestive system. I throw up if I eat too rapidly or if I eat certain foods. I can't eat meat. It just won't stay down. I have constant problems with heartburn. And the weight came back.*

- Brenda

*I can remember, even as a kid, like at the age of 7, 8, 9 years old being put on diets and denied food and sneaking into the kitchen in the middle of the night because I was so hungry....I remember being hospitalized on a 27-calorie a day diet for two weeks when I was a teenager. I was also given diet pills as a kid. And Pritikin and diet camp and TOPS and Weight Watchers and Stillman—just about everything.*

- Helena

*I went to Weight Watchers when I was 14, but I didn't stay there long because it didn't work....It's not for everybody. When you lose weight, everybody claps. When you don't lose weight or put on some pounds, they don't give you a hard time, but nobody claps.*

- Sylvie

*When I get tired of Weight Watchers, I buy what looks like a good diet book. There's usually a new one every year. I've tried the Scarsdale Diet, the T-Factor Diet, Fit for Life, the Hilton Head Diet—you name it, I've tried it. As you can see, I haven't been very successful. I don't know if it's my imagination but it seems as though I gain weight soon after every diet. I really think the dieting itself is making me fatter.*

- Mary Lou

*I ended up with Nutri-Systeme and that worked—or so I thought. I spent about \$1,200 on their packaged food and their counselling sessions....The food was gross beyond belief. It's all dehydrated stuff that you add water to and then stick in the microwave. It's really, really disgusting. But I was desperate and stuck to it for nine months. I lost over 90 pounds....Then I started getting these really bad pains on the right side of my body. I went to the doctor when it got unbearable and he told me I had gallstones....The doctor explained to me that I had lost weight too rapidly and that these cholesterol deposits formed in my gallbladder. Eventually I had to have it taken out because it caused me so much pain. I heard that a lot of Nutri/Systeme clients have gallbladder disease from their eating plan and that there's a class action suit pending in the U.S....What a scam! I've lost \$1,200 and my gallbladder and I still have a weight problem.*

- Loredana

*I've been to a dietitian, but I've never been to Weight Watchers. I regard it as kind of a female thing.*

- Sebastian

*I have tried liquid protein—that was extremely successful for 3½ months. That's probably because I didn't eat any food. I just took some powders 3 times a day and I lost over 100 pounds and was maybe within 5 or 7 pounds within my goal weight. At that time I spoke to the doctor and explained that I just could not go on not eating...and so I started going back to the food. And I started to lose control because I didn't know how to handle food. I wasn't able to cope with it too well when I went back on it. I asked for some psychological help and the doctor refused, saying that he had made this bargain with me. And he did, he made me agree that the minute I started gaining weight, he would throw me out of the programme....I did start to gain weight when I had about 5 pounds to lose, and he threw me out of the programme.*

- Howard

*I was on Dr. Atkins' diet, my gums were bleeding, my teeth were loose, and I had breath like a diabetic—very, very sweet because of the ketones. The weight just drained from my body. I was losing two to three pounds a day.*

- John

*The first thing that helped me were diet pills. I was given amphetamines and was high on speed. God, these things are terribly addictive. My metabolism was racing a million miles an hour. I can remember losing 63 pounds in 90 days....After nine months, the doctor took me off the drugs and I proceeded in the next three, four, and five years to put all the weight back on.*

- Don

*You interview anybody that has what they consider a considerable amount of weight and they'll all have a pretty extensive diet history. And it's always the same old story: I lost the weight and then I regained a little bit more. It's like we send people to the poisoned well to get them to drink and then we wonder why they're sick.*

- Rick

All together, the respondents have experimented with just about every weight-loss scheme imaginable. They couldn't beat the 95 percent odds of failure, however. The lost

weight just crept right back up, even when the original "successful" method was tried again and again. The frequent dieters are still fat and carry the added burden of shame, failure and low self-esteem over their seeming inability to lose weight.

Weight loss may not be a serious possibility, but the spectre of weight gain looms large. The female respondents expressed terror at the possibility of gaining yet more weight. Sylvie, who has struggled with yo-yo dieting for 20 years, describes immense weight gain as the greatest misfortune that could befall her. "The worst thing that could happen to me would be getting an incurable thyroid problem and gaining tons of weight, getting really obese and having no control over it. If I had to live the rest of my life like that, being really big, it would destroy me."

This sentiment was not echoed by all members of the sample, however. Both Brenda and John were thin for a number of years before realizing that they weren't happy as slender people. Brenda, who lost 150 pounds on three occasions, found her physical transformation to be profoundly unsettling. She experienced identity crises each time she lost the weight and explained that she "didn't like looking like everybody else." John, who lost a large amount of weight in his mid-twenties, was also discomfited by the experience. He recalls walking through a shopping mall and not recognizing his reflection in store windows. He thought his body looked weak and realized that he was not happy being thin. He refers to this moment as his "epiphany," meaning that was when he decided he was more comfortable being a large man.

## **CONFRONTING SIZEISM**

### **Fighting Back**

The purpose of this research is to document the agony of fatphobia and sizeism. As noted in the introduction, fat people's stories have been overlooked in discussions of weight preoccupation and the stigma of obesity. However, this work is not intended to portray fat people as a passive, miserable, downtrodden lot who accept their mistreatment

meekly. Not a single member of this sample indicated sizeism is justified and that it should be condoned. As a whole, they were appalled that weight prejudice is not uniformly condemned.

While no respondent had ever been involved in a legal battle with reference to their weight, the juridical route is not the only means of dealing with weight prejudice. For instance, as much as obesity was an impediment in establishing romantic relationships, none of the sample members would date someone who demands that they lose weight first. As Sebastian emphasized, "If a woman told me that, I'd show her the door." Elizabeth insists that, "I make it a condition that my weight cannot ever be an issue. Period. Or else I'm history." When Brenda is told by men that they'd take her out if only she wasn't so fat, she replies "Who'd want to go out with you?" As for the men who make comments to her such as "Gee, you're big," she notes that there's nothing wrong with their eyesight anyway and is there anything else they can do?

As well, of those who have been in relationships where their weight was an issue, verbal abuse was simply not tolerated. Either the partner stopped making inappropriate remarks or the relationship terminated. The married women in the sample, Sylvie and Loredana, both report that their husbands no longer insult them about their weight since they were told to leave if they didn't like it. Some participants have warned significant others such as family members to stop making cutting comments or face the penalty of banishment.

*I haven't let someone make a comment about my weight without repercussion for at least six or seven years and that includes my family. That includes my parents. Most of all, the message I have for my mother is that, I don't have a problem with my weight, you have a problem with my weight. That's something she'll have to deal with. So my weight is an off-limits conversation.*

- Elizabeth

*I found a social worker who I could at least talk to about my feelings. She helped me a lot. She helped me understand that not even my father has the right to insult me like that,*

*that my family had no right to harass me constantly about my weight. I went back home for Christmas and told them that my weight was off limits. They couldn't talk about it. Then the drinking started—my uncles drink too—and the so-called teasing started. I left abruptly and basically have lost contact with the family.*

- Mary Lou

*When my husband and I have arguments, he hauls off and calls me names. I tell him that I don't call him names whenever we have discussions and he shouldn't do the same thing to me. Everything he says these days, I call him on it. He's afraid to open his mouth now. For many years he used to call me his "fat buffalo" in Punjabi. He says that he said it with love, as an endearment. It only occurred to me 15 years down the road that this is pretty goddamn horrendous and I've told him to cut it out.*

- Sylvie

*When my girlfriend's aunt and uncle who are three times the size of me make comments about my weight, I'll answer right back. I say "yeah, yeah, you should talk" or "have you looked in the mirror lately?"*

- Mike

Many of the participants recounted stories of effectively defending themselves against tormentors—not with their fists but with their own satisfying methods. Mary Lou and Keith committed minor acts of vandalism to make a point. Mary Lou, whose story about a Laura Secord clerk who remarked that she needed Slimfast rather than ice cream was recounted earlier, waited until the clerk handed her the ice cream cone and then splattered it all over the counter. She then walked away without paying.

Keith is the most combative member of the sample: Although he has not engaged in a direct assault against an individual himself or herself, he does not hesitate to deface the property of the bullies who take great enjoyment in humiliating him.

*I'm quite famous for throwing chocolate milk at people. I've had a couple of incidents where people have given me the blowfish cheeks while I'm driving, stuff like that. I just gopped chocolate milk at their car while I was driving. One time as a fella was passing me, he called me a big, fat slob and making the blowfish cheeks. He had his window rolled down while he was driving alongside me and I tossed a big gulp of chocolate milk in his car.*

*I remember another incident that was very noteworthy. It was at the 7-11 late at night. I had my shorts on and these four punks roar up in their car and giving me the looks....laughing at my shorts and thinking they were all so cool. I went outside to get into my car and I noticed their car was right alongside mine. I had a 2-litre chocolate milk, so I just opened up the spout and poured the whole thing on their two front seats.... I think that in the last 8 years, these gulps with the chocolate milk have happened maybe 15 times.*

- Keith

Given the prevalence of aggravation to which the respondents are subjected—most often it takes place on a daily basis—it may be surprising that stories involving acts of physical assault against tormentors were not recounted. While the sample members were angry and frustrated about weight bigotry, none revealed a desire to hit aggressors. This reluctance to get involved in fisticuffs may stem from their childhoods, when their parents counseled them to "just ignore" the children who were teasing them. As well, the more intimidating incidents of taunting and jeering tend to occur when groups of people gather together. The fat person is outnumbered and finds it easier to walk away from the scene of intimidation. Moreover, although a large size may imply strength and aggressiveness, it may actually hinder the large individual who finds himself or herself in a physical confrontation. Keith, who weighs 400 pounds, is uncertain about his ability to defend himself should he ever get involved in a fight: "Now I'm worried about defending myself if I had to because I've gotten so big....If somebody ever decides to put a licking on me, I might take a licking. My only concern is about getting knocked down because if I get knocked down, I might have a hard time getting back up." Finally, and most importantly, a lifetime of persecution and hardship does not easily inspire a person to defend himself or herself, especially when the message "fat is bad" is propounded from all sides.

This is not to say that the respondents were content to seethe inwardly. Instead of physical comebacks, most of them relied on caustic rejoinders to put tormentors in their place. Brenda does not tolerate insults from women any more than she does from men.

On the occasions when women make snide remarks to her about her weight, she is quick to reassure them that they are not intimidating her.

*...There are women who try to put me down by telling me that I really must lose weight, that I simply cannot be a professional person and be heavy. And my reaction to that is to simply laugh at them and say, "Well, that's not going to work, lovey. I'm perfectly comfortable with my size. If you're not, that's your problem, not mine."*

- Brenda

Elizabeth does not believe in resorting to violence as a means of settling disputes, feeling that it is morally wrong, but no comment about her weight goes unanswered.

*...I think I was just fed up with these people making my life miserable, so I decided to talk back to them. I have a very quick wit...there was this one time when I was in the CEGEP [college] library and someone...made some snide remark about what I was wearing or something. I just looked up and said, "Oh, I just love how you dyed your roots brown. How did you do that?"*

John describes himself as being "very well versed in the fine art of verbal self-defense." He maintains that he would never tolerate mistreatment and has stood up to aggressors. However, he has developed his own non-verbal counter-attack which makes his point very effectively:

*I always kind of figured that I may still be the fattest person in the room, but I'm the fattest person in the room with the best wardrobe, the best haircut, and looking the best I can. They're going to remember me. And I'd rather they remember me for having a diamond-studded waistband as opposed to a 60-inch waist. I dye my hair fla-a-a-ming red. It's red like fire engine paint. People will comment on that and I explain that I'm in the entertainment business, I have to stand out from the crowd. And I don't want it to be because I'm big. I want it to be because I'm flamboyant and larger than life. I'm living large here.*

The sample members who are the most vocal in defending the rights of fat people are Rick, Ted, and Helena--activists who have devoted their lives to fighting fatphobia and making the world a kinder place for fat people. The three of them are active members of the National Association to Advance Fat Acceptance. They lecture widely and write extensively on the need for education and sensitization about the problems fat people face.



Helena has recently launched *Canada Wyde*, a magazine devoted to addressing the needs and concerns of fat Canadians.

Rick and Helena are both optimistic that fatphobia can be successfully eradicated. Rick points out that, "All these people, they say you can't stop it from happening, but what if we'd taken the same view with racism or sexism?" Elizabeth, an activist by nature who wants to organize a fat rights lobby group in Canada, points out that 15 years ago cruelty-free cosmetic and environmentally-friendly products were virtually unheard of. She is optimistic that size acceptance can eventually become a civil rights issue. Her philosophy is, "The point is, that for every person who doesn't make the effort, things just get that much worse. You have to be a beacon of light in this world; otherwise, what's the point?"

Ted, however, is more cautious with his optimism regarding the fate of the size acceptance movement in Canada. He fears that, although he is a relatively young man, he will not witness fat acceptance in his lifetime. He worries about the stranglehold of the diet industry and the extent to which fat prejudice is entrenched in our society. As he puts it, "It's the one prejudice that passes every gender barrier, and every race and every ethnic group. It doesn't matter if you're French, Jewish, Italian, if you're a man or a woman, or black or white. You still get the hatred. It's the one prejudice that's socially acceptable."

### **The Serenity of Self-Acceptance**

Verbal and physical defense, as well as political lobbying, may constitute obvious means of dealing with weight prejudice but these gestures alone are ineffective. The most salient resource a person can rely on in the fight against sizeism is an unconditional acceptance of oneself. As repugnant as weight prejudice is, its most pernicious aspect is not opprobrium, but the internalization of fat oppression and accepting it as rightful and justified. This internalization inevitably leads to feelings of self-loathing, shame and entry into the vicious circle of weight cycling.

The members of the sample who seemed to suffer the least from sizeism were not the lowest-weight members but those who were the most secure within themselves and with what they had to offer as people. Mike, Sebastian, Shirley and Elizabeth have strong egos and a secure sense of self and shrug off weight prejudice as the fatphobic's problem, rather than their own. They are successful in their jobs and in their relationships with intimates. Although they indicate they would not brook shoddy treatment, it is interesting--perhaps revealing--that they complained the least about experiences of sizeism. Nor did they display the marked anger and bitterness that was so prevalent amongst the other sample members. This is not to say that they claimed they were happy being fat, but their contentment illustrates that fatness need not plunge one into the Dantean inferno.

Explaining their inner peace is somewhat difficult, but it was noted that Sebastian, Mike, and Elizabeth describe themselves as spiritual people who espouse values of acceptance of themselves and of others--regardless of their appearance and beliefs. These three participants take great care not to be judgmental and to be open minded as much as possible. Both Mike and Sebastian spoke at length about the importance of loving oneself in order to be loved by someone else. Mike explains his philosophy: "I think if someone loves themselves, are happy with themselves and proud of who they are, then they should not have a problem. They should not have a problem whatsoever."

The members of the sample who are over the age of 40, also exhibited a high degree of self-acceptance. Their fortieth birthday seems to have been a milestone in terms of accepting themselves as they are, rather than the people they are going to be.

*I have come to terms with my weight to the extent that I can. I actually made a conscious effort to do that when I was about 40. I finally gave up waiting for the rest of my life to start. That was a theme that ran through my life: I was always dieting and I was always thinking about how things were going to be. At 40, I said I'm not doing that any more. I'm going to get on with my life. I'm going to accept myself as I am.*

- Brenda

*From the time I was 11 to the time I was 40, I would say weight and obesity has probably consumed 70 percent of my day-to-day thinking....Now, basically, I'm a 50-year-old man who looks back at all the attempts, all the yo-yoing back and forth, and basically I've resigned myself to always being a big guy....I'm not suffering so much about my weight as I did in the past. I can live with the fact that I'm a heavy man. I think overweight has done its number on me and it's went its way.*

- Don

Howard, who is 47, feels that as he's getting older, he's coming to accept himself as a large man.

*I've just seen the movie "Fat Chance" and I've been tremendously inspired by it. I'm slowly coming to realize that self-acceptance would be the best thing for me because nothing else has worked. I've even been thinking about becoming a member of NAAFA.*

Brenda, Don and Howard are outspoken and eloquent about the difficulties of being fat in a society that idealizes thinness; in other words, unlike Mike, Sebastian, Elizabeth and Brenda, they genuinely feel their weight poses a problem. It may not be appropriate to refer to them as at peace with themselves, but they have achieved a high level of self-acceptance and just want to get on with their lives.

The younger participants, however, strongly resisted any suggestion that their lives would be easier if they accepted themselves--and liked themselves--as fat people. The women, in particular, exhibited horror at the very idea. Just possibly, when these respondents turn 40, they too will acquire the serenity that often comes with age. However, it is unfortunate that many fat people must waste half their lives before they stop chafing under the burden of weight.

## **CONCLUDING REMARKS**

We have therefore seen eight different sorts of responses to the stigmatization and marginalization of the obese: All sample members have been Acceptors at some points of their lives; Gina, Sylvie, Alain, and Vic are the sample's most obvious Acceptors. They are unhappy being large people and still dream of the day when they will lose weight.

As well, all of the participants expressed anger over the frequent castigation of obesity, but while most express their anger either physically or verbally, Lidia, Rebecca, and Loredana fit the profile of the Angry obese person because they have a tendency to seethe internally rather than defend themselves against aggressors. Again, most of the sample members asserted themselves on frequent occasions, but in particular, Mike, John, Elizabeth and Brenda are Verbal Assertives. No abusive remark about their weight goes unchallenged. Keith and Mary Lou are considered to be Physically Aggressives because they have responded overtly to taunts by causing minor property damage. Brenda and John are Flamboyants who do not hesitate to draw attention to themselves: They display themselves flagrantly by wearing splashy clothing and dye their hair in garish colours.

Ted, Helena, and Rick are Activists, actively crusading for the civil rights of fat people. Mike, Shirley, Elizabeth and Sebastian are considered Serenes because they are happy with themselves as they are and refuse to accept the norms of the majority culture. Finally, Don, Howard, and Brenda are Converts: They have reached a certain level of self-acceptance after turning 40 and no longer imagine how wonderful their lives will be after they lose weight.

These typologies should not be regarded as mutually exclusive, since even the most placid respondents have verbally defended themselves on various occasions, while the more outspoken sample members have remained silent in some instances.

The last two chapters have, in minute detail, chronicled the experiences of large people in contemporary Canadian society. Sizeism is very much a fact of fat people's lives and its abolition promises to be a long, difficult process--if it ever comes to pass. Diets don't work. So what then is the best course of action for fat people? Ted has this advice:

*For the vast majority of fat people who will never be thin, I want them to be as healthy as they can be and then get on with their lives. That's what I want. I don't want them to stay awake every night hating themselves; waking up in the morning starving themselves; bingeing themselves to pieces and then feeling guilty by the afternoon and hating themselves at night again. I want them to stop that silly nonsense and get on with life.*

*It's that simple. That's what I want. I want them to feel good about themselves as much as they can and to get on with living.*

## CONCLUSION

### SUMMARY OF FINDINGS

The 20 people who participated in this study spoke eloquently and provided vivid details about their lives as large people in a society that demands thinness of its inhabitants. Their experiences lead one to realize that obesity indelibly colours all aspects of one's life. In particular, the enmity surrounding this condition is astonishing.

The family is the setting where most of the participants first learned they were deviant. Most of them were harangued by their parents and other family members when they were children, with the adults believing that this kind of negative reinforcement would motivate them to lose weight. The parents also urged their children to follow diets at young ages. Neither method worked: the respondents merely became fatter, unhappier children who experienced bullying from inside and outside the home. They had to suffer their parents' shame and embarrassment and were burdened with the knowledge that there was something unacceptably different about them.

As the fat children became fat adolescents, their problems intensified. They had trouble finding fashionable clothes, were excluded from group activities, and had difficulty forming relationships with the opposite sex. They experienced more mockery and more derision. Many of them, in an effort to escape the taunts of their peers, rarely left their homes and became solitary and reclusive.

Adulthood has not assuaged the pain of obesity. The scorn and contempt continue to be expressed and now has more ramifying consequences than hurt feelings and poor social skills. It was noted that the heavier the respondent, the likelier he or she experienced difficulty in finding employment. The majority of respondents indicated that they were harassed by both superiors and colleagues. Furthermore, excess weight may play a negative role in marriageability, as the overwhelming majority of the sample is

unmarried. The four subjects who are married reported caustic, often cruel, remarks from their spouses.

Even though doctors are touted as the professionals most qualified to treat matters of overweight, the experiences of those who were interviewed here cast doubt on the helpfulness of physicians in dealing with the issue. The majority of the respondents experienced lectures and ridiculing from the physicians they consulted. There is a certain irony in that the obese condition has been medicalized and viewed as a long-term illness, yet physicians subject their fat patients to lower standards of medical care.

In summary, these findings show that the obese indeed constitute a minority group as defined by Wirth (1945:347): They are identifiable by physically distinguishable characteristics; they are clearly treated differently from the non-obese in terms of the opportunities made available to them; and lastly, they display a particularly negative group consciousness by seeking to avoid identification as obese or constantly attempting to lose weight.

We could take Wirth's analysis further and add how obese people respond to their state of oppression. This research has identified eight types of coping mechanisms: Acceptance; Anger; Verbal Assertion; Physical Aggression; Flamboyance; Activism; Serenity; and Conversion.

Furthermore, the males in the sample were as unhappy about their stigmatization and marginalization as were the females. They experienced as many taunts and insults and were as anxious to lose weight. The only difference that was detected was that the women were subjected to harsher treatment from their family members and life partners. Sizeism, then, is not just a "female" problem.

Why are blatant instances of sizeism tolerated and encouraged, while other "-isms" are roundly condemned? Undeniably, fat people are cosmetically out of step in a society that worships aesthetics; yet, I am not convinced that an unappealing appearance in itself is the most satisfactory explanation of fat aversion. Nor am I persuaded that

sizeist actions are motivated by health concerns. A heavy smoker may be chastised about the repercussions of the habit, but he or she does not nearly inspire the same degree of loathing that the sight of a fat person so often does.

My research findings have led me to conclude that the taboo against obesity stems from the perception that large people are viewed as breaking rules held dear by the rest of society. Every culture imposes severe penalties for the failure or refusal of its citizens to conform to its values; these values include ideas about what makes a body "right." In North America, the best body is the slender body. Slimness is a valued commodity, one that is greatly sought after by the majority of the population, who are willing to expend effort and experience deprivation in order to attain it. Fat people, on the other hand, apparently do not need to follow the rules that so many others feel compelled to obey. They wantonly consume much more than their allotment of resources, while thin people dutifully practice self-denial.

The suggestion, then, that obese people experience oppression is an outrage to the individual who is under the impression that they already have too much in terms of food, physical space and health care expenditures. The person who blatantly thumbs his or her nose at the system certainly is not entitled to equitable treatment from those who feel they already bear the brunt of that person's hedonism and depravity.

What it comes down to is, fatness is perceived as a matter of choice. Anybody could get fat if they ate vast amounts of food and did not engage in physical activity. Since fat people are considered to have gotten themselves into their predicament, they are therefore deserving of retribution. The simplistic misconception that obesity is a direct consequence of poor eating and exercise habits is the most pernicious and powerful aspect of sizeism. As we have seen, excess fatness is *not* a matter of choice, but a complex, intractable phenomenon often determined by factors beyond an individual's control.



## **RECOMMENDATIONS**

Despite our extraordinary preoccupation with weight, we in North America are losing the battle of the bulge. We are fat and getting fatter. Even though we now consume 1,000 fewer calories than our forebears a century ago, we are steadily gaining weight. After a century of refinement and readjustment, weight control techniques continue to boast failure rates of 95 percent.

Our collective girth may be expanding, but our tolerance for excess fatness is not increasing. Fat people continue to be victimized, often on a daily basis. Although the extraordinary social stigma that exists against the obese has been described at length by psychologists, this popular form of discrimination has been virtually ignored by sociologists, particularly in Canada. Moreover, there is a dearth of first-hand accounts of the dynamics of obesity and its impact on obese individuals. Size bigotry can only be truly highlighted by providing its victims with an opportunity to voice their experiences and describe their treatment at the hands of an intolerant society that is becoming increasingly fanatical about appearance standards.

In view of the fact that fat aversion is so firmly entrenched in North America and given that it is culturally sanctioned, any effort aimed at confronting it will require legislative intervention. My research findings, combined with an exhaustive review of the literature on the stigmatization of obesity, prompt me to suggest the recommendations outlined below.

### **Regulation of the Weight Loss Industry**

The primary reason the weight loss industry has managed to evolve into such a juggernaut is that until recently, it was allowed to make deceptive and unsubstantiated claims with impunity. The effectiveness of its products and programmes was grossly misrepresented, while its hoodwinked customers relentlessly blame themselves for their failure to lose weight. These halcyon days came to an abrupt end in the United States in

1990 when a congressman from Oregon spearheaded a federal investigation into the weight-loss industry. As a result of these hearings, the Federal Trade Commission launched a three-year investigation that ended with charging five of the nation's largest commercial diet programmes with deceptive advertising practices. Among other recommendations is the warning that weight loss is temporary for many dieters. Another government body suggests that the weight-loss industry should be forced to disclose the abysmally low rates of weight loss programs and that weight loss facilities should be accredited (Poulton, 1996).

Regrettably, no comparable measures have been put in place in Canada.

### **Including Obesity in Protective Legislation**

Age, gender, race, physical disability, religion, and creed are all qualities which receive protection under the law. Weight, however, is not a protected class in civil rights legislation, although the existence of size discrimination has been well established. In theory, fat litigants are covered by handicap laws, but this has proved to be a double-edged sword. If the obese accept the protection of the American Disability Act, or any future human rights legislation in Canada based on disability, this implies a tacit acceptance of the definition "disabled." While there is nothing shameful about disability, the truth is, except in extremely rare circumstances, excess weight is not disabling. Fat people are not handicapped by their weight, they are handicapped by society's ignorance and intolerance.

To date, Santa Cruz, in the state of California, is the only American city that has endowed its large-size residents with legal protection (Chapter 9.83). In the city of New York, legislation making it illegal to discriminate against size has been tabled, but it has not been passed. Michigan remains the only American state which specifically includes weight as a protected class (Allon, 1982).

The fact remains that in Canada and virtually the entire United States, the obese are fundamentally on their own to fight their legal battles. This is a deplorable situation, as civil and human rights should not be contingent on size. No society that prohibits participation of a group defined by characteristics not amenable to individual control can consider itself truly progressive.

Obviously, other arenas of intervention are possible. I have restricted myself to legal intervention on the ground that historically, this has proved to be the most effective in limiting racism, sexism and discrimination of all sorts; furthermore, it provides the benchmark by which changes in values, cultural norms, the media, the diet industry, and so on may assess their performance.

Finally, I would like to make the following point: Despite the intense pressure to do so, individuals have not been able to reshape their bodies to fit social ideals. Accordingly, perhaps these ideals can be reshaped to accommodate the shapes and sizes of the individuals who make up society. As the Baby Boomers put on the weight that accompanies age and realize the futility of weight loss attempts, perhaps the next generation will be aware that it is not our bodies that need changing, but our values.

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**INTERVIEW QUESTIONS**

**NAME:**

**AGE:**

**OCCUPATION:**

**MARITAL STATUS:**

**HEIGHT:**

**WEIGHT:**

**CITY:**

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**Weight Issues**

1. How long have you been overweight?
2. Are other family members overweight?
3. Do you feel you've been discriminated against because of your weight, as a child and as an adult?
  - by your family
  - by your partner
  - in your job
  - by the medical profession

**Dieting Behavior**

1. Have you ever dieted?
2. How old were you when you first went on a diet?
3. Approximately how many diets have you undertaken?
4. What do you hope to achieve by losing weight?

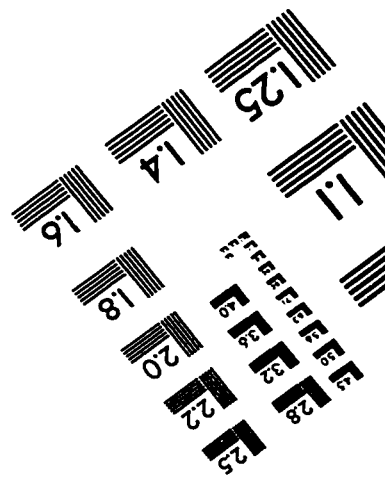
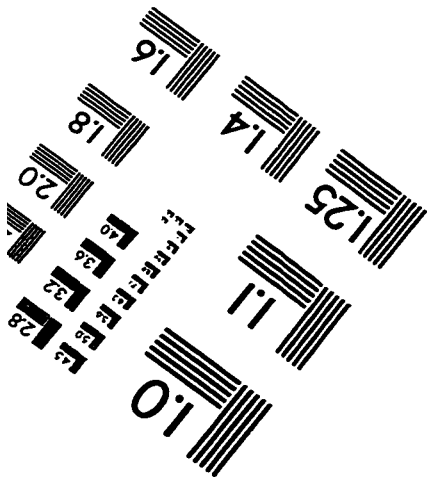
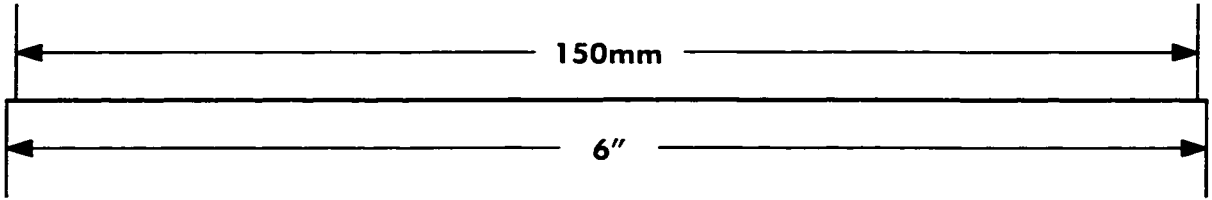
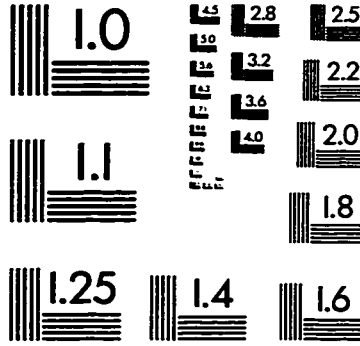
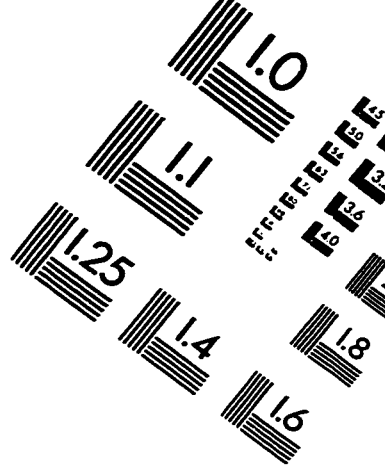
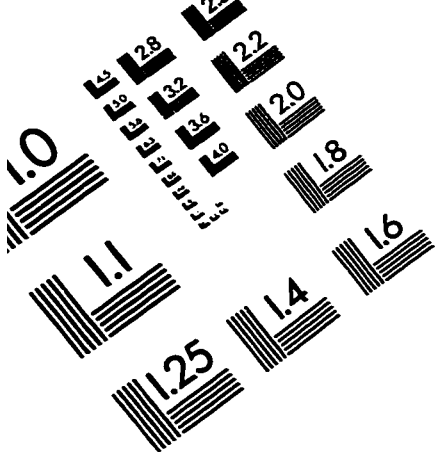
### **Fantasies**

1. If you could lose weight, would you stay with your present partner?
2. Have you ever fantasized about how different your life would be if you were thin?

### **Feelings About Fatness**

1. What does fat mean to you?
2. What do you think it means to others?
3. Overall, how has fatness made an impact on your life?

# TEST TARGET (QA-3)



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