

Fatty Fatty Two-By-Four, Can't Get Through The Bathroom Door:

A Feminist Analysis of the Discourse on Fat  
and the Strategies Used to Challenge Fatphobia

by

Suzanne Louise Tepperman

B.A., The University of Western Ontario, 1993

THESIS SUBMITTED IN PARTIAL FULFILMENT OF

THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

GENDER STUDIES

UNIVERSITY OF NORTHERN  
BRITISH COLUMBIA  
LIBRARY  
Prince George, BC

© Suzanne Louise Tepperman, 2000

THE UNIVERSITY OF NORTHERN BRITISH COLUMBIA

April 2000

All rights reserved. This work may not be  
Reproduced in whole or in part, by photocopy  
Or other means, without permission of the author

## Abstract

Within our society, size is used as a measuring stick to determine which bodies are deemed acceptable and which are unacceptable. Fatter people have come to fill the space of the unacceptable. However, because of pressures to conform, both thinner and fatter people are oppressed by this condition. Young people need tools to be able to critique the messages that the medical profession, mass media, their family, and their peers are sending them; and within this thesis, a language is needed to theoretically explore the politics of size.

To solve the first problem, I engaged in group interviews, using a semi-structured interview format to help me determine how youth interpret societal messages about fat. I used the information from these interviews to develop a workshop that is designed to help youth develop positive body image. It is my contention that if young people can grow up being comfortable in their bodies, regardless of size, than society's fatphobic tendency will wither away.

To solve the second problem, the theories developed by Michel Foucault in *Discipline & Punish: The Birth of the Prison* and *The History of Sexuality: An Introduction, Volume One* are used as a springboard to examine fatphobia, weight-loss discourse and strategies of resistance. From *Discipline & Punish*, Foucault's thoughts on Bentham's Panopticon, systems of normalisation, and methods of discipline are explored.

From *The History of Sexuality*, this thesis examines Foucault's four categories of discourse (the hysterical woman, the masturbating child, the Malthusian couple, and the Perverse Adult) that he offers to demonstrate that sex was not repressed during the Victorian era. In turn, four categories of discourse (the anorexic woman, the chubby



child, the health conscious couple, and the obese adult) are offered to both draw attention to the existence of weight-loss discourse in society and to demonstrate that these categories of discourse, which have been created to help people lose weight, are in fact contributing to more people getting fatter.

This thesis also looks at the role that the Fat Liberation Movement has played in recent history. Over the last 30 years, those involved in this movement have been steadily working towards ending fat oppression. From *The History of Sexuality*, Foucault's notion of reverse discourse is taken as a point of departure to highlight the various strategies that have been used by participants in the Fat Liberation Movement to subvert fatphobic dogma.

Though society still exhibits fatphobic tendencies after 30 years of activism, it is not indicative of failure on the part of those participating in the Fat Liberation Movement. The fact that this thesis focuses on fatphobia serves to illustrate that progress is being made. The strategies adopted by these activists are being used to create a new definition of fat: one that eliminates the negative stigma.

# Table Of Contents

Approval	.....	ii
Abstract	.....	iii
Table Of Contents	.....	v
List of Figures	.....	vii
Acknowledgement	.....	viii
Chapter One	Introduction.....	1
Chapter Two	Fat and Foucault.....	10
	Discipline and Punish.....	12
	History of Sexuality.....	26
	Conclusion.....	39
Chapter Three	Fat Herstories.....	40
	Fat Women's Experiences.....	41
	Fat Liberation Movement.....	45
	Strategies of Resistance.....	53
	Discussion.....	63
	Conclusion.....	67
Chapter Four	Body Pride.....	68
	Analysis of interviews.....	70
	Research.....	76
	Workshop.....	80
	Recommendations.....	90
Chapter Five	Conclusion.....	91
Bibliography	.....	95
Appendix 1	Starving Stars.....	101
Appendix 2	Before and After.....	105
Appendix 3	Initial Letter to Principal.....	107
Appendix 4	Initial Letter to Parents.....	108

Appendix 5	Principal's Acceptance Letter.....	109
Appendix 6	UNBC Ethics Approval.....	110
Appendix 7	Consent Form.....	111
Appendix 8	Interview Questions — February 2, 1999.....	112
Appendix 9	Results of Air Diet Exercise .....	113
Appendix 10	Letter to Parents .....	114
Appendix 11	Fortune Game .....	115

## List of Figures

Figure 1: Mister Boffo, comic strip by Joe Martin, <i>The Free Press</i> [Prince George]	
21 Nov. 1999. ....	5
Figure 2: Betty, comic strip by Delaine and Rasmussen, <i>The Free Press</i> [Prince George]	
24 Oct. 1999. ....	14
Figure 3: Navel, greeting card by Anne Geddes. ....	30
Figure 4: Advertisement for <i>Safe Fat Reducer</i> , reprinted in Schwartz's <i>Never Satisfied: A Cultural History of Diets, Fantasies and Fat</i> . ....	36
Figure 5: Whale, oil painting by Rachel Field, "Broadening Out." <i>Trouble and Strife</i> 23 Spring (1992): 23. ....	59
Figure 6: Domestic Scene, oil Painting by Rachel Field, "Broadening Out." <i>Trouble and Strife</i> 23 Spring (1992): 19. ....	60
Figure 7: Hand, photograph by Sabrina Ovesen, "Artist's Statement." <i>Sabrina Ovesen, Self-Portraits</i> . Prince George: Prince George Art Gallery, 1999. ....	60
Figure 8: Waves, photograph by Sabrina Ovesen, "Artist's Statement." <i>Sabrina Ovesen, Self-Portraits</i> . Prince George: Prince George Art Gallery, 1999. ....	61

## Acknowledgement

First and foremost, I would like to thank my advisor, Julia Emberley for her support and guidance during this process. I would like to extend a special thanks to Barbara Herringer, my second advisor, for stepping in when Julia was out of the country. I would also like to thank the rest of the committee, Mary-Ellen Kelm and Kate Lawson for their input and encouragement.

I would also like to thank Jo-Anne Fiske and Marianne Ainley, present and past chairs of the Gender Studies program, for the pep talks and advice that they gave throughout my tenure at UNBC.

Without the support and friendship that I enjoyed with the women who participated in Body Pride over the three years that I facilitated it, I would not have found the courage to take some of the steps that I have taken while at UNBC.

I would also like to thank the principal and the teacher at the school where my interviews took place, the children whom I interviewed and who were guinea pigs for my workshop and their parents or guardians.

A huge thanks goes out to Pat and Charlie Grove for their generosity, both with their time and their encouragement. I am very grateful to my good friend Gina Marucci for a variety of things, but mostly just for being there.

Finally, I would be remiss in not sending a special thanks to my partner, Amy Louise Green, for the many different ways in which she has supported me on this journey. Her love and guidance have kept me strong.



## Chapter One Introduction

Historically within Western society, the 'body' has always been a source of conflict. The development of the mind/body dichotomy, which can be traced back to Ancient Greece and the philosophy of Plato serves as evidence to this conflict. According to Grosz, Plato believed that "[t]he body is a betrayal of and a prison for the soul, reason, or mind" (Grosz 5). Woman's ability to reproduce placed her in the category of body. Because of this association, all negative characteristics usually attributed with the body became synonymous with 'woman' and so began the pathologisation of the female body. This does not mean women's bodies are diseased in any way. Rather, women's bodies and by extension women's minds are *perceived* as diseased and that there is a *history* involved in this perception.

The pathologisation of the female body, or the 'female malady' as referred to by Elaine Showalter<sup>1</sup> is perpetuated in a variety of domains in society such as psychiatry, literature and politics. Psychiatric discourse between 1870 and World War I (though not limited to this specific period) focused primarily on hysteria. It was a condition "...that was linked with the essence of the 'feminine'...it seemed elusive and enigmatic, resistant to the powers of masculine rationality" (Showalter 129-30). As hysteria was linked to female reproductive organs, women's bodies became the primary targets of hysteria. Therefore, the emphasis on hysteria in the field of psychiatry illustrates the medical support of the pathologisation of the female body.

---

<sup>1</sup> See Showalter 1-20.

Within literature, authors have also used female protagonists to reinforce the pathologisation of the female body. Showalter illustrates that such representations as the suicidal Ophelia, the sentimental Crazy Jane, and the violent Lucia, "established female sexuality and feminine nature as the source of the female malady, but each also stood for a different interpretation of women's madness and man's relation to it" (Showalter 10). These examples all stand to reinforce the notion that women were considered less than huMAN.

Because of an ongoing pathologisation of the female body, women within western society were and are generally considered second-class citizens. The glass ceiling in the workplace, the medical model based on the male body, the wage difference between women and men for like work, and the trivialisation of the work performed in the home by women illustrate women's lower rank. Nevertheless, like a carrot dangling in front of a donkey, the myth of the ideal woman has always been used to tempt many women into believing that if they could just transform themselves into 'that woman' they will improve their status.

This thesis will examine the myth of the ideal woman. More specifically, within this myth I will focus on the *politics of size* in western society in an attempt to demonstrate the following two points: one, that women's position in western society will continue to be subordinate to men's position if fatphobia is not addressed; and two, that women, men and children will all continue to be oppressed by current fatphobic

discourse if fatphobia<sup>2</sup> is not addressed.

Historically, elements of the ideal woman have included being a perfect daughter, (house)wife, and mother. While the nineteenth-century European premise of the ideal woman remains strong, in that the traditional roles still exist, the subtleties that compose the myth are ever-changing. We can see that in the nineteenth century, hysteria was a primary pathology associated with women's bodies. Today we could substitute hysteria with anorexia. In any event, a primary component of today's myth of the ideal woman centres on *body image*, and more specifically *body size*. Although this study will focus on North America, there is a growing trend globally for women to be concerned with their body—the look of their body, the size of their body, and what they can do to change their body. Who can blame them when one considers how the mass media bombards us with images of young, thin models and actresses?

For some, a preoccupation with body size has led to the development of eating disorders like anorexia nervosa or bulimia nervosa<sup>3</sup>. Eating disorders have reached epidemic proportions without many public outcries. In fact, "... [t]here are 150 times more women on this continent who suffer from eating disorders as there are female AIDS patients" (Poulton 37). While this statistic is not meant to take away from the

---

<sup>2</sup> For me, 'fatphobia' incorporates the notion of a fear or dislike of fat or fat people as well as the fear of becoming too fat or being too fat. Fatphobia is directly connected to questions of power and oppression.

<sup>3</sup> As described in the *Diagnostic and Statistical Manual of Mental Disorders*, "[t]he essential features of Anorexia Nervosa are that the individual refuses to maintain a minimally normal body weight, is intensely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape or size of his or her body....The essential features of Bulimia Nervosa are binge eating and inappropriate compensatory methods to prevent weight gain...[I]nappropriate compensatory behaviors must occur, on average, at least twice a week for three months" (539-545). These are, of course, clinical definitions of eating disorders. For a feminist exploration on this topic, see Bordo, Chernin, Fallon et al and Wolf.

severity of AIDS and how AIDS affects women's lives, as Terry Poulton writes in *No Fat Chicks: How Women Are Brainwashed to Hate Their Bodies and Spend Their Money*, "...no coloured ribbons are worn to call attention to, or express compassion for, those who have been felled by the edict that *all women must be thin*" (Poulton 37: my emphasis).

The quest to be thin has not stopped with diets and over-exercising. Plastic surgery, such as *liposculpturing*, has become a viable method of producing the 'perfect' body. Interestingly, "[p]lastic surgery is the fastest growing medical specialty" (McCabe 36). It has even become so popular "that sales and discount days are being advertised (Poulton 100); and a surgeon has even written a special guide for *teenagers* (McCabe 37). In today's society, many women feel obligated to change themselves physically through diets, exercise, and plastic surgery, in an attempt to transform themselves into "that woman." This fact both reinforces the myth of the ideal woman and directly contributes to, if not already constituted by, the pathologisation of the female form. In other words, the myth of the ideal woman does not just exist, it is being constantly reinvented.

The message being sent to women is that it is possible to permanently lose weight. Weight-loss programs sell themselves by trumpeting the personal triumphs of their clients; fitness magazines do exposés of their readers' success stories. However, while it is possible to lose weight, "National Institutes of Health and other studies show that 98% of people who lose weight gain it back within five years. And 90% of those gain back *more* weight than they lost" (NAAFA *Weight Loss*). How is a woman supposed to feel if she loses weight and then slowly gains it back only to end up weighing more than when she started, while all the messages around her are telling her that it is

possible keep off the weight? And how is a woman supposed to feel when the only time people tell her she looks great is when she has lost weight?

This creates a situation in which, for most of these women, they will be figuratively (if not literally) stuck on a treadmill chasing a carrot that will forever be out of their reach. Although there seems to be an increase in the number of public images of women who do not conform to accepted body image standards, (for example, Rosie O'Donnell<sup>4</sup>, Camryn Manheim<sup>5</sup>, Lea Delaria<sup>6</sup> and Jann Arden<sup>7</sup>) these role models are few and far between. FATphobia is rampant in western society. Within mass media alone it is impossible to watch television or movies without hearing fat jokes. Figure 1 provides



Figure 1: Mister Boffo, comic strip by Joe Martin, *The Free Press* [Prince George] 21 Nov. 1999.

one example of an accepted fat joke. Another example is from the movie 54. Early on in the film one of the main characters, who is an aspiring musician, told another main character that she placed a picture of a female musician she admired on the wall for

---

<sup>4</sup> Rosie O'Donnell is an American comedian who is currently the host of her own talk show *The Rosie O'Donnell Show*.

<sup>5</sup> Camryn Manheim is an American actor who is currently starring in the television show *The Practice*. She is the author of *Wake Up, I'm Fat!*, a book that chronicles her experience trying to make it in Hollywood as a fat woman.

<sup>6</sup> Lea Delaria is an American lesbian comedian.

<sup>7</sup> Jann Arden is a Canadian singer.



inspiration and proceeded to explain that it was like putting a picture of a fat person on the fridge. Alternatively, how many times have women in television sitcoms who have been treated poorly by their male associates or friends asked their girlfriends if it was because the outfit they were wearing made them look fat? What is inherently wrong with being fat and who decided that being fat was so bad?

Unless we make some drastic changes regarding our perception of what it means to be fat and how these perceptions affect 'fat' and 'thin' people, children will inherit the same body image issues that previous generations have inherited. In fact, on the web page for *Health Bites*, a magazine put out for the National Institute of Nutrition (NIN), "[i]t is reported that over 80% of girls have dieted before age 18, and an alarming 40% of 9-year-old girls have already dieted" (NIN: my emphasis). It would seem that some girls are already chasing the carrot.

While I do not expect the myth of the ideal woman to vanish overnight, we can give children the proper tools to deal with society's present edict of the ideal body. With this in mind, as part of my research, I have developed an interactive workshop designed to foster positive body image in children with the intention of helping them to grow up happy in their body—whatever size it may be.

Gender was the focus of this project with the intent of developing a new discourse on the body; a discourse that celebrates both thinner and fatter bodies. The politics of size, however, intersects many analytical categories including race, class, gender, sexuality, and (dis)ability. Unfortunately, the scope of this project is not broad enough to provide an effective analysis of the many different intersections. They each warrant their own thesis and I did not want to make token gestures by including a

skeletal analysis. This is the beginning of a long-term project. Therefore, while this project does not provide an in-depth analysis of the intersections of size with race, class, sexuality, and (dis)ability, it does provide a solid foundation upon which I can build. Future works could explore how race, class, sexuality, and (dis)ability individually and collectively act to filter the many messages about size.

For example, in North America, do certain cultures' perspectives on bodies act as a shield against dominant fatphobic discourse? For example, in the movie *The Nutty Professor*, the main character, who is black and very fat, develops a formula to make himself lean and muscular. However, the formula has short-term effects. Until he develops a formula with permanent effects, the character's body oscillates between the two body types. In the future, this movie could be used as a point of departure to explore how issues of race, masculinity and body politics intersect.

Regarding sexuality, are there any differences between hetero- and homosexual communities with respect to fatphobia? Do lesbians and gay men accept current discourse on bodies in the same way or not? Does being 'in' or 'out' of the closet factor into a person's perspective? How do age and location factor into the politics of size? What are the different issues for younger and older women and men? What effect does living in a rural environment versus an urban environment have on one's perception of one's body and the bodies of those around them? The answers to these and other questions would positively contribute to an alternative discourse on the body.

What follows in this thesis is an analysis of my research on fatphobia. Three primary texts are used in Chapter Two to theoretically examine body politics in western society. They include Michel Foucault's *Discipline & Punish: The Birth of the Prison*, The

*History of Sexuality: An Introduction, Volume One* and *The Foucault Reader*, edited by Paul Rabinow. From *Discipline & Punish*, I explore Bentham's panopticon and systems of normalisation. From *The History of Sexuality* I explore Foucault's four categories of discourse which he uses to disprove the idea that sexuality was repressed in the Victorian era. I use these categories as a springboard to examine current weight-loss discourse. Finally, I turn to Rabinow's text in *The Foucault Reader* to further emphasise the function of fat politics in our society. At this point in time, the last form of acceptable discrimination and ridicule is perpetrated on the fat body, both inside and outside of feminist circles. Therefore, this chapter contributes to feminist and cultural studies through the exploration of discourse pertaining to fatphobia.

Chapter Three provides a historical perspective on what is now recognised as the Fat Liberation Movement. In this chapter, I define, explore, and locate myself with this movement. What led to the development of the Fat Liberation Movement? How has the movement evolved? What has the movement accomplished? Given the climate of fatphobia in which we live, how does one not feel defeated before even entering the movement? What strategies are used by those involved in the Movement? These questions will be explored in Chapter Three. This chapter will make a scholarly contribution to historical studies.

In Chapter Four, I provide an analysis of my interviews with a grade six class that focused on body image and I give an account of the journey that I went on to develop my workshop. I also present a synopsis of my research that focuses on body image issues and educational workshops. This chapter asks the following questions: how have grade school children been influenced by western society's edicts about ideal

bodies?; what roles do the media, peers and family play in children's perceptions of their bodies and the bodies of those around them?; what tools are available to help children deconstruct harmful messages about bodies?

While the content of this thesis will make a theoretical contribution within academia, I felt that it was also important to make a practical contribution to society. The development of the body image workshop fulfils this criterion. It is important to note, however, that without the opportunity to theoretically explore issues surrounding fatphobia, I could not have effectively completed this aspect of my thesis. My research provided a solid ground upon which I could move forward. My hope is that this body of work will take us a step closer towards embracing the fat body and considering other forms of discourse and representations possible for the fat body.

## Chapter Two     Fat and Foucault

In the spring of 1998, before moving from Montreal to Prince George in order to continue my graduate work at UNBC, my partner and I travelled to Toronto to visit my family one last time. During this visit, my mother managed to find a private moment to sit me down so she could express her concerns about my recent weight gain. Over a cup of tea and a cookie, she proceeded to inform me that she thought that I should lose some weight. And then, with a concerned voice, she continued by informing me that John Candy was only 42 when he died.

A few years before this experience, during another family visit, a young female relative and I were driving to the restaurant where my family was getting together for Sunday brunch. During the drive, I proceeded to ask her the usual questions about school, her friends and her siblings. She happily rambled on about what she was doing in her favourite classes and gave me the latest gossip about her friends. At some point during the drive she casually squeezed the fold of skin in between her underarm and chest and proceeded to tell me with a wrinkled nose, indicating her strict disapproval, that she was fat.

In the winter of 1998, a few friends got together to talk. We shared a bonding moment as the conversation turned toward awkward childhood experiences. One friend began to recount an event that occurred at her weekly Weight Watchers meeting when she was *ten* years old. She proceeded to tell us how excited she was about telling the group that she had prepared this low-fat spaghetti recipe. However, her excitement was quickly dampened as the circle of women seated around her gasped in horror. Almost immediately, she was reprimanded for preparing a meal with pasta because, as



she recounted, in the seventies, when one was on a diet pasta was not on the menu, regardless of how it was prepared. Following that story, another friend began to recount that by the age of twelve she had been put on her first diet—a trend that continued throughout her adolescence. Another friend began to recount how during her adolescence she and a close friend would compulsively exercise and starve themselves between one and three days at a stretch.

The thread that binds these stories together is the idea that being fat is unwanted and that one should do anything at any age and at any cost to rid oneself of it. Why did my mother link my weight gain to John Candy's death? Why was my young relative disgusted at the fold of skin between her underarm and chest? Why were my friends, when they were children, put on restrictive diets by their parents? And, why did they starve themselves and compulsively exercise as adolescents?

Are the stories that I have recounted anomalies or are they representative of a prevailing attitude within western society which dictates that bodies, more specifically women's bodies, should be fat free? While the answer may be obvious, four questions remain: how has society internalised the message that it is a sin to be fat; why has western society internalised this message; how has this internalisation affected our relationship with food; and what does all this mean for the fat body?

What follows is an analysis of two of Michel Foucault's influential texts—*Discipline & Punish: The Birth of the Prison* and *The History of Sexuality: An Introduction, Volume One*—as they relate to the politics of fat in the twentieth century. First, I will explore the relationship between Bentham's panopticon, as described in *Discipline & Punish*, and western society's present fatphobic nature. Second, I will explore systems of

normalisation pertaining to body maintenance that exists in our panoptic society. I will then argue that these systems of normalisation are accepted within our society because of two damaging myths: that it is possible to permanently lose weight and that it is unhealthy to be fat.

The remainder of the chapter will explore *The History of Sexuality*. Specifically, I will examine the four categories of discourse (the Hysterical Woman, the Masturbating Child, the Malthusian Couple, and the Perverse Adult) that Foucault cites as evidence to disprove the notion that sexuality was repressed in the Victorian era. I will then map four corresponding categories of weight loss discourse present in the twentieth century. Finally, I turn to Rabinow and *The Foucault Reader*. Rabinow, in "Right of Death and Power Over Life," provides an analysis of Foucault's position on the production of sex. I offer a possible rewriting of this passage to illustrate the importance fat politics plays in western society.

### ***Discipline and Punish***

Foucault, in *Discipline & Punish: The Birth of the Prison*, provides some answers to the questions posed above. He writes "[w]henver one is dealing with a multiplicity of individuals on whom a task or a particular form of behaviour must be imposed, the panoptic schema may be used. It is—necessary modifications apart—applicable 'to all establishments whatsoever, in which, within a space not too large to be covered or commanded by buildings, a number of persons are meant to be kept under inspection...' (205-206). Therefore, while the panopticon serves as a literal design for a prison, it can also be used metaphorically to explain relationships of power within society.

Bentham's panopticon, as described by Michel Foucault in *Discipline and Punish* is an architectural design of a prison. The physical structure is a circular building with a tower in the centre. The top of the tower is encircled with windows. The building is divided into cells that extend the width of the building. Each cell has a window at either end. The exterior window allows the cell to be backlit which then fully exposes the inmates to the supervisor.

The effect of this design is multi-purpose. First, for the inmates this configuration lends itself to self-regulating behaviour. Because they cannot see the guard, they never know if they are being watched. Therefore, they must be on their best behaviour at all times. Second, the inmates are completely isolated from each other, visible to the guard yet invisible to each other. "And this invisibility is a guarantee of order...there is no danger of a plot, an attempt at collective escape, the planning of new crimes for the future, bad reciprocal influences..." (Foucault, *Discipline* 200). Finally, through hierarchical observation, "[t]hose who occupy the central position in the panopticon are themselves thoroughly enmeshed in a localization and ordering of their own behaviour" (Rabinow 19).

### The Panopticon and Western Society

To explore the relationship between the panopticon and western society's present fatphobic nature, I would like to draw on two common venues within our society: the fitness centre and the restaurant. While exercising at a gym does not replicate the isolating condition of a prison cell, the fitness centre does embody certain panoptic features. Most gyms are covered with mirrors from ceiling to floor. It is these mirrors which simulate the tower and the cell of a traditional panopticon. The mirrors allow the

'guard' to have an encompassing view of the gym. The guard could be anywhere in the room and still maintain constant supervision. Therefore, as an inmate, you are forced to peddle that much faster, lift weights that are that much heavier, and exercise that much longer to look like you are seriously trying to burn those calories, raise your metabolism, and define your muscles.

While eating at a restaurant one also enters a panoptic structure. The order from the tower is that we will *get* fat if we eat too much, if we eat foods that are high in fat and if we eat foods that are high in calories. Consequently, if we even eat at restaurants, we must regulate the foods we order to prevent this from happening. How many calories are in the serving? What is the fat content of the food? How is the food cooked? Can I get the dressing on the side? Is it made with a cream- or a tomato-based sauce? While dining out, these are all questions that people ask themselves that act as self-regulating behaviour. As a society, we are so concerned about not getting fat or not wanting to stay fat that much of the sensual pleasure is being leached out of the dining experience. The comic in Figure 2 provides an example of this.

In both cases, who sits in the tower? In the gym it could be the fitness instructors or possibly other gym members. In the restaurant, it could be the server or it



Figure 2: Betty, comic strip by Delainey and Rasmussen, *The Free Press* [Prince George] 24 Oct. 1999.

could be people seated at other tables. However, as Spitzack argues in *Confessing Excess*:

*Women and the Politics of Body Reduction*, "[i]n Foucaultian terms, a woman must identify herself as the principle of her own subjection, playing the roles of tower guard and prisoner simultaneously" (44-45). In other words, the self-regulating behaviour that arises out of the panoptic schema negates any need for the guard. If you don't know who is watching you, you can't 'let your guard down'.

## Normalisation

As Foucault illustrates, the self-monitoring behaviour that occurs because of the panopticon also lends itself to a system of normalisation. "By 'normalization,' Foucault means a system of finely gradated and measurable intervals in which individuals can be distributed around a norm—a norm which both organizes and is the result of this controlled distribution" (Rabinow 20). These "gradated and measurable intervals" evolved out of medical, psychiatric and social science discourse in the nineteenth century with observation as the primary tool used to create the discourse.

While Foucault is speaking metaphorically with respect to "gradated and measurable intervals," within the twentieth century, one can turn to tools that *literally* provide gradated and measurable intervals which distribute individuals around a norm. Examples of normalisation techniques include weight scales, Body Mass Index (BMI), and skinfold calipers. While most people are familiar with the use of scales as a form of weight measurement, the BMI (weight in kilograms divided by the square of your height) attempts to provide a less arbitrary and a more scientific method of measuring what constitutes a healthy weight because it incorporates height into the equation. Essentially, the BMI is an attempt at widening the margin of what is



considered a normal or healthy weight. With the BMI we do not *all* have to weigh 120 lbs. to be considered healthy.

Unfortunately, the package may be prettier but the message is still the same. The BMI is still focused around a norm. A person's BMI must fall within a specific range to be considered normal or healthy. Interestingly, in June of 1998, the National Institutes of Health (NIH) in the United States lowered the bar on what it considered a healthy BMI. For seemingly arbitrary reasons a healthy BMI changed from 27 to 25. As quoted in Laura Fraser's article "Fit Today Fat Tomorrow" F. Xavier Pi-Sunyer, who led the NIH guideline changes admitted that "...the scientific literature doesn't prove that people with BMIs of 25 will have shorter lives...Nevertheless, the task force decided to label people overweight at BMI 25 as a '*preventative measure*'" (Fraser 51: my emphasis) leading us to conclude that Pi-Sunyer is using the technique of calling someone fat to help them lose weight.

The use of skinfold calipers is another technique used within the twentieth century which assists in the normalisation process. Skinfold calipers are used to measure a person's fat content. They clamp on to various body parts and the width at which they are forced to expand is used to determine how much fat a person has on their body. After measuring each area, the total number maps onto a corresponding chart and a person's fat content is deemed either too high, too low, or just right. However, going through this process can be an unnerving experience. I remember having to learn how to use these calipers in one of my undergraduate courses in Physical Education. I can still remember the anxiety I felt as my partner clamped my various body parts. *Where was I going to fall on the chart? How embarrassing it would be if*

*my content was too high! What if my reading is higher than my partner?* These thoughts and more were running through my head throughout the exercise. While I may have been graded on my ability to use the calipers, I felt like the real test was where my body placed on the chart with respect to fat.

These measurement techniques are flawed. Grogan, in *Body Image: Understanding Body Dissatisfaction in Men, Women and Children*, reveals that both the BMI and the skinfold calipers do not account for weight gain that occurs 'naturally' with age (10-11). Therefore, one can almost guarantee a 'misdiagnosis' with older people because the same chart is applied to both a 25-year-old and 50-year-old. Furthermore, neither weight scales, the BMI, or the skinfold calipers take lifestyle into account. Muscle weighs more than fat. Therefore, when applying these measurement techniques, fatter people with increased muscle mass (due to an active lifestyle) are guaranteed to be considered unhealthy because their weight will fall outside of what is considered 'healthy'. Alternatively, thinner people are automatically considered healthy just because they fall into the acceptable range.

One does not have to rely solely on these 'technical' mechanisms as evidence to normalisation practices within society. They are all around us. Susan Bordo in *Unbearable Weight: Feminism, Western Culture, and the Body* writes:

Through the pursuit of an ever-changing, homogenizing, elusive ideal of femininity—a pursuit without a terminus, requiring that women constantly attend to minute and often whimsical changes in fashion—female bodies become docile bodies—bodies whose forces and energies are habituated to external regulation, subjection, transformation, 'improvement.' Through the exacting and normalizing disciplines of diet, makeup, and dress—central organizing principles of time and space in the day of many women—we are rendered less socially oriented and more centripetally focused on self-modification. (166)

As Bordo indicates, we are surrounded by normalising disciplines that attempt to dictate who we should be and what we should look like. Advertisements for gyms, such as the one for *24-Hour Fitness*, a fitness chain in the United States, exemplify this fact.

The *24-Hour Fitness* billboard simply had pictures of aliens on it with text that read "When the Aliens Come, They'll Eat The Fat Ones First." An image of a lean muscular body, glistening with perspiration, is not needed to sell *24 Hour Fitness's* product. In this advertisement, *24-Hour Fitness* simultaneously reprimands fatter people for merely existing and warns thinner people about what will happen to them if they get fat—that their bodies will be publicly scrutinised. The advertisement is extremely clever. It both reinforces and supports the myth of the ideal body. By not providing an actual image of a thin person, we do not know where to draw the line. Who defines how fat you need to be before the aliens will eat you? How much fat is too much fat?

Low- and no-fat food products that have taken over grocery stores, weight-loss groups such as Weight Watchers, Jenny Craig or TOPS (take off pounds sensibly) as well as the signs that get put up on hydro polls that read *Diet Magic—562-3078* also serve as evidence to normalising techniques that surround us. By extension, these techniques play an important role "...in the systematic creation, classification, and control of 'anomalies' in the social body" (Rabinow 21).

The fat body has come to fill this place. "The child whose build is socially 'deviant' comes, early in life, to be regarded by others as responsible for his/her 'condition', and deserving of social disapproval, and, sooner or later, is subjected to pressures to restrict food intake in order to 'correct' his/her condition. Failure to do so is seen as 'weakness', 'wanting to be fat', or even as a masochistic desire for rejection"

(Wooley, Wooley, and Dyrenforth 82). As this quotation demonstrates, even some of the psychiatric discourse around fat confirms Rabinow's concept of how anomalies occupy the space outside of the bounds of what is assigned to 'normal'. Furthermore, Wooley, Wooley, and Dyrenforth show how the classifications of 'normal' and 'deviant' ('anomaly') introduce discipline: if the category of 'deviant' did not exist, there would be no reason to impose sanctions to force a return to 'normal'. Failure to conform to these sanctions only serves to escalate these disciplinary actions and strengthens the divide between normalcy and deviance.

## Discipline

Because of self-regulating and normalising techniques, a group of fat women going to a restaurant and ordering the most decadent items on the menu could be interpreted as a political act. It would appear that these women, because of what they look like and what they are ordering, are not engaging in self-disciplining actions. Otherwise, their food order would be anything but decadent. Their actions make them anomalies within our society—because they are fat and because they are not regulating what they eat in an attempt to get thin. Given the panoptic environment in which we live, one can conclude that because these women are not conforming to normalisation techniques and not engaging in methods of self-regulation, they are in need of discipline.

These disciplines exist and they are waiting to impose themselves on these fat women who dare to eat what they choose. However, for the most part, these disciplines do not exist as overt, barbaric actions. Rather, they "... reflect a wider societal emphasis on *rational* procedures as the most effective way of inducing certain bodily effects"

(McHoul and Grace 68: original emphasis). Indeed, within western culture, these *rational* procedures exist. They exist in the form of job discrimination and inadequate health-care services; by making fat women pay twice as much for clothing which can only be purchased through catalogues and a select number of retail outlets; to the provision of small seats in public venues so activities like attending classes at school, flying or going to the movies becomes inconvenient or uncomfortable; and by sending fat children to Weight Watchers. These situations serve as examples of rational procedures because of two misguided perceptions: first, that it is possible to *permanently* lose weight; and second, that it is *unhealthy* to be fat. These two myths are perpetuated by medical, consumer market and media discourse which focuses on the evils of fatness and the benefits of weight loss.

### **Myth One—Permanent Weight Loss**

Essentially, two reasons make it *impossible* to permanently lose weight—genetics and metabolism (Koras-Bain 33). There are parts of us that are genetically predetermined, such as eye, skin, and hair colour. Most people do not know that our weight is also predetermined. This does not mean that it is possible to predict exactly how much a child will weigh once they stop growing; however, it does mean that a person is predetermined to be either fatter or thinner (Kater 72). One only needs to look at family portraits from different generations to see the role genetics plays in determining body size.

Metabolism is another important factor in determining a person's thinness or fatness. Metabolism is "...the rate at which calories are used in the body" (Kater 84). Each person has a different rate or speed at which calories are burned ranging from

slow to fast with a sizeable variation in between. Food that is not used or metabolised by the body is stored as fat and is saved as reserve energy. Consequently, someone with a faster metabolism will store less fat and have less reserve energy than someone with a slower metabolism (Kater 85). However, "[h]unger is not affected by the rate of metabolism or the amount of fat stored. Soon after our stomach empties, we naturally feel hungry. There is no basis for the common belief that fatter people should be less hungry" (Kater 85) and accordingly eat less.

The body interprets caloric restriction as a period of starvation and responds by slowing down its metabolism "...in order to conserve energy (calories), and sends messages to the dieter that it needs more food. When the dieter goes off her diet, her body converts extra calories consumed as fat, in anticipation of the next period of starvation, resulting in weight gain greater than the amount lost" (Koras-Bain 33). This also illustrates why permanent weight loss is impossible. It is ironic to note that in some parts of the world, dieters may resent the body for its inability to differentiate between a diet and a period of starvation while elsewhere, this metabolic strategy can be essential to survival.

Set Theory of Natural Weight also exposes this myth. Marion Crook in *The Body Image Trap* writes: "[e]ach person has a natural weight that her body prefers. It may be thin, it may be heavy, but it is the weight her body hovers near when she eats three meals a day and exercises normally" (56). In other words, an individual's natural body weight seems to fall on a continuum from thinner to fatter. One can conclude that society, not biology, is dictating that all women must be thin. Crook also notes that "[t]here is some evidence to indicate that the body's natural weight is the weight at



which the individual is biologically most healthy and that the reason the body defends itself from losing or gaining is to protect health (57). This theory helps explain why, when one is on a diet, it becomes increasingly more difficult to lose weight as the diet continues.

Other than women suffering from anorexia nervosa, only a tiny fraction of the population (approximately 2%) has been on a diet and permanently kept off a significant amount of weight (see the discussion on page 4 of Chapter One). Most dieters have spent the majority of their time yo-yo dieting—losing weight, only to slowly gain it back plus a few extra pounds, then onto to the next diet that is guaranteed to work. Are all these dieters failures or is it possible that the problem resides somewhere else?

It is understandable why many people believe the myth that it is possible to permanently lose weight. Our society is bombarded with messages from health care professionals, pharmaceutical companies, weight management groups, and mass media about the latest diets, drugs, and cures for weight loss that are *guaranteed* to work. We believe that they will work; we pray that they will work because of the advertising and marketing strategy of the diet industry. This strategy "...is based on the creation and perpetuation of fear, biases, and stereotypes. Fat people are portrayed as unhealthy, unattractive, asexual, weak-willed, lazy, and gluttonous" (NAAFA *Dieting*).

This type of marketing has catapulted the diet industry's profit from \$10 billion to \$40 billion dollars in the last thirty years (Poulton 78). With this much money at stake, it is obvious why these companies have maintained a selling strategy that promotes insecurity and fear. Fat or thin, if we are all anxious about our bodies, we will

grow to depend on their products, whether they work or not. In Foucaultian terms, the marketing strategies used by the diet industry create insecurities and fears in people that systematically reinforce normalising principles and discipline docile bodies.

### **Myth Two—Being Fat is Unhealthy**

Obesity is usually touted as the cause of heart disease and diabetes. However, Wooley and Wooley report that a "[s]tudy of a community with a high incidence of overweight but in which obesity was socially acceptable found levels of heart disease and diabetes below the average for slender Americans" (74). Given this fact, it is possible that the stress of being stigmatised as lazy, dirty, stupid, ugly, cheaters, liars, mean, sloppy, and dishonest (Olson et al., 888; Wooley *Theoretical* 18), is the *cause* of health problems for fat women as opposed to fat.

Shanewood provides a sobering counter-argument to the hypothesis that fat causes health problems. At three *weeks* old, Lynn McAfee's parents began to worry about her size. By age *six*, her doctor is prescribing amphetamines to help her lose weight. By fifteen, after trying every diet on the market and developing a tolerance to amphetamines, McAfee switches to Adipex. "McAfee's doctor knows she's taking much more than the recommended dose, but he reassures her that they'll worry about the side effects when she gets thin" (Shanewood).

While McAfee's experience may be an extreme case, many fat women have spent their childhood, adolescence and adulthood being on and off diets only to get fatter and fatter. As Wooley and Wooley indicate, "[i]t seems possible that the loss of 5 lbs. may virtually insure the later gain of 6 so that dieting—the major *treatment* for obesity may also be a major *cause* of obesity" (73: original emphasis).



Also, it is not inconceivable that fatter women put off going to the doctor until it is too late, due to a fear of potential reprimand about their weight based on previous negative experiences. "At fourteen, near-tragedy strikes again for McAfee when she almost dies from a ruptured appendix, undiagnosed until almost too late because she's afraid to visit the family doctor about the pain. On her last visit before her appendix burst, he said to her, 'Look at you. You look like a G-d gorilla. Look at your thighs. Look at your belly'" (Shanewood).

Research by Olson et al. supports this theory concurring that McAfee's experience is not anomalous. Their study concludes that "[o]bese patients often perceive that physicians are biased against them" and that "[t]he most common reason women gave for delaying a physician visit was embarrassment about their weight. Another large group [of women] planned to lose weight before they saw the physician" (888-889). Scoldings by medical professionals contribute to the disciplining of the fat body. They also reinforce the self-monitoring behaviour characterised by our panoptic environment. The fact that these women put off seeking necessary medical attention until they had lost weight serves as evidence to this point.

Given our fatphobic culture, if fatter women do not get to the doctor until it is *too* late, it is not unrealistic to conclude that their death would be automatically linked to their size instead of the social climate or their true condition. In this instance, when women die and their size is reported—either overtly or subvertly—as the cause of their death, the wheels of normalisation are once again kept in motion.

We live in an androcentric society; therefore, as feminist researchers we cannot assume that women's perspectives are incorporated into research. We also live in a

heterosexist society; therefore, as feminist researchers we cannot assume that homosexual perspectives are being incorporated into research. We can also extend this argument to include race and class. One must conclude that because we live in a fatphobic society, as feminist researchers, we cannot assume that fat perspectives are being incorporated into research. Western society's repulsion with fat directly influences research about fat. This results in research that is biased against fat and fat people; therefore, we cannot truly know if there are any health risks that are associated with being too fat.

Esther Rothblum in "Women and Weight: Fad and Fiction" notes that in surveys done by Dwyer and Mayer in the 1950s and 1960s, 14 percent of women were on diets at the time of the survey, over 60 percent of high school students had at one time been on a diet, and 30 percent were dieting at the time of the survey. Rothblum continues by noting that "[t]wenty years after these surveys, the rate of dieting has doubled for females in the United States" (13). Do we really know if being fat is unhealthy? It appears that in the last 50 years generations of women have grown up dieting, robbing their bodies of essential nutrients.

Considering that our obsession with thinness has only become worse over the years, obesity research is most likely being done on chronic dieters. For that reason, "[e]ven if correlations are found between weight and certain diseases, this is not, of course, evidence of a causal connection...some factor associated with overweight—such as frequent weight loss and gain—may be the actual cause of disease" (Wooley and Wooley 74). One can therefore conclude that the health risks commonly associated with being too fat can also be associated with a lifetime of dieting.

These two myths—that it is possible to permanently lose weight and that it is unhealthy to be fat—create a society where it is acceptable to blame *everything* on the fat body. When a woman goes to the doctor because she has a sore throat, the remedy should not be weight loss. If a fat woman is single, it might just be because she chooses to be, not because she cannot *get* a partner. Nevertheless, the roles that genetics and lifestyle play in the creation of the fat body is inconsequential. A person should have the choice to be as fat as they want without being subjected to disciplinary and discriminatory treatment.

Because fat has become vilified, one could conclude that rational procedures, rather than appearing as discriminatory actions, are perceived as incentives. Why should society supply supportive health care, nice clothes, and wider seats to its fatter members? These two myths (the possibility of permanent weight loss and being fat is unhealthy) make it easy for many to believe that if people with fat bodies had more self-control, they could slim down. Accordingly, society uses this normalisation to rationalise why it does not tailor itself to these specialised (anomalous) bodies.

### ***History of Sexuality***

There is a common perception that "...with the advent of a Victorian regime sexuality was regulated, confined, and censored..." (Smart 95). In *The History of Sexuality* Foucault labels this as the repressive hypothesis and proceeds to discard it. First, he rejects it because it is based on the notion that sex had become prohibited and this prohibition just needed to be lifted for sexuality to become emancipated. Second, he disputes the connection of the repressive hypothesis to the rise of capitalism and the

need of the bourgeoisie to control the working class. Instead, Foucault believes that the creation of sexuality was in fact constructed by the bourgeoisie for the bourgeoisie.

Following in the footsteps of the aristocracy and the notion of *blue blood*, the bourgeoisie's deployment of sexuality had more to do with "...what the 'cultivation' of its own body could represent politically, economically, and historically for the present and the future" (Foucault *Sexuality* 125). In other words, the bourgeoisie used sexuality (primarily procreation) as a way to enhance its own position.

In arriving at this conclusion, Foucault asks, "[b]y what spiral did we come to affirm that sex is negated? What led us to show, ostentatiously, that sex is something we hide, to say it is something we silence?" (*Sexuality* 9). He challenges this hypothesis by illustrating the extensive amount of discourse that was being produced in the eighteenth and nineteenth centuries concerning sexuality. He cites four predominant categories of discourse in which sexuality was produced: "the hysterical woman, the masturbating child, the Malthusian couple, and the perverse adult" (*Sexuality* 105).

I find these categories of particular interest with respect to the creation of discourse on weight loss in the twentieth century. In fact, it is possible to map the weight-loss discourse categories onto Foucault's four categories. The examples of discourse that Foucault uses to prove that sexuality flourished were ironically created to control sexuality. Similarly, the categories of discourse that were created to eliminate the fat body have actually played a primary role in creating the fat body—as some researchers have concluded, dieting may be the *cause* of obesity, not the *cure* (see page 23). What will follow is a brief description of each of Foucault's categories corresponding to equivalent categories of discourse that evolved this century. They

include the anorexic woman, the chubby child, the health-conscious couple, and the obese adult.

### The Hysterical Woman vs. the Anorexic Woman

Foucault explains the concept of the hysterical woman in the following passage from *The History of Sexuality*:

...a threefold process whereby the feminine body was analysed—qualified and disqualified—as being thoroughly saturated with sexuality; where it was integrated into the sphere of medical practices, by reason of a pathology intrinsic to it; whereby finally, it was placed in organic communication with the social body...the family space...and the life of children. (104)

The corresponding category to Foucault's hysterical woman is the anorexic woman. Western society expects women to maintain thin bodies. However, if she becomes anorexic she crosses the line between what is deemed to be acceptable and what is unacceptable. Her body becomes pathologised. In this state, like the hysterical woman, her body is analysed, qualified and disqualified. Current psychological discourse that is produced on the anorexic body provides evidence to this point<sup>8</sup>.

Moreover, a woman does not even have to *be* anorexic, she just has to *look* anorexic to produce controversy. Calista Flockhart (star of the television show *Ally McBeal*) provides an example of what happens to women if they cross the line and become *too* thin. With the exception of a select few, Hollywood's leading ladies, at least in the last few decades, have become increasingly thinner. Unfortunately, for women in Hollywood, "[n]ot only is talent put to the test, so is dress size" (Lee D11). However, it

---

<sup>8</sup> See Epling and Pierce, Duker and Slade, and Vandereycken and Van Deth.

would appear that not until Flockhart have people officially been offended by this condition.

Since the Emmy Awards show in September 1998, to which Flockhart wore a revealing dress, her body has been scrutinised by the media (see Appendix 1). She has come to epitomise what is wrong with Hollywood and by extension what is wrong with society's expectations on women. Unfortunately, given society's hypocritical stance on how women's bodies should look—thin but not too thin—women who have crossed this arbitrary line will have to bare the brunt of this scrutiny.

### The Masturbating Child vs. the Chubby Child

Discourse surrounding the masturbating child centred around the control and surveillance of the child. Based on "a double assertion that practically all children indulge or are prone to indulge in sexual activity; and that, being unwarranted, at the same time 'natural' and 'contrary to nature,' this sexual activity posed physical and moral, individual and collective dangers..." (Foucault, *Sexuality* 104). A desire to regulate children's development led to medical, pedagogical, and psychological discourse about children's sexuality because they were perceived to occupy a perilous space—simultaneously being natural and contrary to nature, pure and corruptible.

Once again, the discourse surrounding the chubby child centres around the control and surveillance of the child. Many children are chubby. As infants and toddlers, this quality is revered. In the presence of a chubby infant, it is not uncommon to hear adults directly link a baby's cuteness to her or his chubbiness. We find images like Figure 3 endearing; however, because of normalisation practices that create a fatphobic society, there is a fear that the chubby child may become a fat adult.

This fear is created and reinforced by the following: medical discourse that equates a healthy and fit body with a thin body; media discourse focusing on exercise (for example a Participaction commercial showing elementary school children in gym class with a voice-over stating that obesity is on the rise and that exercise contributes to healthy living); femininity discourse which dictates that



Figure 3: Navel, greeting card by Anne Geddes.

when girls become women their happiness is directly related to, among other things, how thin they are.

The child's body thus becomes simultaneously thought of as both natural and contrary to nature. The end result is that the food intake and exercise output of the child is controlled and surveyed, to the point that many are put on weight-loss programs. The testimony of a friend as noted the introduction of this chapter illustrates this point. Moreover, Marion Crook in *The Body Image Trap* reports that "[i]n 1965, 'experts' advocated dieting at 13, dieting at 5, even at birth, and some even demanded that mothers prevent obesity *in utero*" (34: original emphasis). Crook notes that even in the early 1990s, on a visit to a public library one could retrieve books like *Keep Your Kids Thin*, *Help the Overweight Child*, *How to Improve Your Child's Behavior Through Diet*, and *Kids' Slimming Book* (34).



## The Malthusian Couple vs. the Health Conscious Couple

The socialisation of the couple created the third form of discourse. In the eighteenth century, governments became focused on population rather than subjects or people. Governments began to view population "... as an economic and political problem: population as wealth, population as manpower or labor capacity, population balanced between its own growth and the resources it commanded" (*Sexuality* 25). The understanding of sex was a means to an end—a way to comprehend the economic and political problems. Sex was therefore deconstructed such that birth rates, marriages, legitimacy of children, frequency of sexual relations and methods of inducing fertility or sterility for example became a primary concern of the state. (*Sexuality* 25).

It was this transition, from people to population, that led to the creation of the Malthusian Couple. "[E]conomic socialization via all the incitements and restrictions...a political socialization achieved through the 'responsibilization' of couples with regard to the social body as a whole...and a medical socialization carried out by attributing a pathogenic value...to birth-control practices" (*Sexuality* 104-105) played a primary role in this creation because they helped the government to police the population.

The health-conscious couple is the third category of discourse focused on weight loss. The notion of healthy living is at the forefront of this discourse. Economic socialisation occurs through incitements and restrictions on those who do not conform to an 'ideal' weight. A survey on employment discrimination done by NAAFA on NAAFA members reported that, "[o]ver 40% of fat men and 60% of fat women stated that they had not been hired for a job in the past because of their weight...Over 30% of fat men and women indicated that they had been denied promotions or raises, and over



25% indicated that they had been denied benefits (such as health or life insurance) because of their weight (*Employment 93*)<sup>9</sup>. Fat people are economically disadvantaged in other ways including having to pay more for clothes, having to buy two airline tickets or fly first class when travelling by air, or spending money on obesity 'cures' such as diet drugs or various surgeries.

Political socialisation is used to create a moral society. It is reinforced through the belief that proper exercise and eating habits will create healthy bodies. These bodies will in turn create healthy couples, who will in turn produce healthy children. The question is, what are the consequences for those who do not conform to this model? One can turn to the Marlene Corrigan trial to add to this discussion.

Ms. Corrigan, from California, was originally charged with felony child endangerment in November 1996, though convicted of misdemeanour child neglect (a lesser charge) in January 1998 following the death of her thirteen-year-old daughter Christina. Christina weighed 680 lbs. at the time of her death. Who do you blame for Christina's death? The mother who let her daughter get that fat, the daughter for not being able to control herself, or the medical professionals who were so biased, they could not see past their fatphobia to think of reasons other than over-eating as the cause of her obesity. Diets were the only *treatments* Christina received from the doctors she visited, despite the fact that repetitive weight gain was the only outcome of her

---

<sup>9</sup> The figures on discrimination that I have quoted are in fact most likely higher. As the authors note, "...respondents wrote that they suspected job discrimination but couldn't prove it...Thus the results on the frequency of job discrimination may actually be underestimating the true incidence" (*Employment 93*).

dieting (Campbell and Levesque 70).

Marlene was a scapegoat. She was punished as a way to show other parents, specifically mothers, what will happen to them if they do not produce healthy (i.e., thin) children. The media and the justice system were the conduits through which this occurred. The media constantly ignored the facts of the trial. Rather than question why medical professionals did nothing to help Marlene and Christina, they chose to paint Marlene as "passive and overwrought" and Christina as a "stubborn, willful, [and] somewhat unlikeable girl" (Campbell and Levesque 70).

Essentially, "[t]he press coverage of the Corrigan case functioned to censure not only Marlene, but all mothers who do not meet societal expectation of ideal mothering." (Campbell and Levesque 72). The justice system, by *actually* finding Marlene guilty drove the final nail in the coffin. The lesson to be learned? Not only will mothers receive a public thrashing for a failure to control their children, they will be held criminally responsible. I wonder what would have happened to Marlene if Christina had died from anorexia instead?

Medical socialisation is carried out by attributing a pathogenic value to the fat body. In the United States, insurance companies can deny health insurance to those applicants who do not adhere to their 'ideal' weight. Ideal weights have been determined through height/weight charts developed by Louis Dublin, an insurance executive at Metropolitan Life Company; they are currently being used by most insurance companies. Unfortunately, "[t]he charts are a statistical report created...in 1959 and only slightly revised in 1979. The research was not based on medical studies,

mostly included white males, and was economically biased" (NAAFA *Weight Loss*)<sup>10</sup>.

Therefore, the creation of the height/weight charts and lowering the bar on other normalising techniques such as the BMI strictly for *preventive measures* have tangible effects that can negatively impact a person's life. While those who conform to weight guidelines are rewarded—with proper health care, economic stability, and public acceptance—those who do not conform are penalised. These incitements and restrictions produce a sadomasochistic socialisation that dictates: conform or suffer the consequences. This mirrors Foucault's panopticon, which forces self-regulation (masochism) or, failing that, discipline (sadism) imposed by society.

### The Perverse Adult vs. the Obese Adult

The perverse adult serves as the fourth discourse that Foucault emphasises. Through psychiatric discourse a normalisation and pathologisation of sexual behaviour is created. In response to pathological anomalies, corrective technology was developed. (*Sexuality* 105).

The obese adult is the contemporary category to Foucault's perverse adult. "Culturally, obesity is constructed not only as an affront to aesthetic sensibilities, but as an indicator of overall character deficiencies. A curious mix of science, aesthetic, and character judgement ..." (Spitzack 10). Ideals of acceptable and pathologised bodies are

---

<sup>10</sup> In *Fat! So* Marilyn Wann reveals that Dublin's first analysis of the data revealed that "[a] person's weight could vary by thirty or forty pounds, without being associated with any greater risk of dying" However, "Dublin didn't like the idea of people feeling comfortable with a weight gain of thirty or forty pounds, so he invented frame size to reduce that range. For each frame size, small, medium, or large, there would only be a ten- or fifteen-pound range recommended. That way, Dublin reasoned, people would start to worry if they gained five pounds" (51).

created and reinforced through a variety of discourse including psychology, mass media, and consumer market. All three reinforce the concept of normal bodies through their tragic portrayal of life as the obese person.

Within psychiatric discourse one can turn to Albert Stunkard's *The Pain of Obesity* as evidence of this point. Aside from the title, the following excerpt from the introduction of Stunkard's book provides a poignant example of how fatter bodies have been pathologised within society:

This is a book about troubled people—those troubled by the modern American obsession with overweight and obesity. It tells something about the way they eat, how they feel about themselves and their bodies, and a good bit about how they cope with the preoccupation that dominates their lives—losing weight. (1)

We have such a hatred and fear of fat that it is impossible for many to believe that one could be 'obese' and enjoy a high quality of life, not to mention enjoy a life that did not centre on losing weight.

Within mass media one could turn to the talk show *Jerry Springer* on NBC and its portrayal of the host's 'heroic' attempt to save the life of man who weighed close to 1000 pounds. Viewers watched as workers chain-sawed the front wall of this man's apartment so he could be transported to the hospital to lose weight; unfortunately, the man eventually died. Springer's 'selflessness' was even recognised by the popular show *Entertainment Tonight* as they aired an exposé of Springer's involvement with this man. The media coverage of the Corrigan trial also illustrates how the media uses the sensationalistic 'tragedy' of obesity as disincentive.

The advertisement in Figure 4 (Schwartz 238) illustrates this point with the juxtaposition of the mournful fat woman beside the smug thin woman. "Don't Cry Because You Are Fat" the thin woman tells her friend, "Send To Prof. Kellogg and He Will Reduce You As He Did Me." A pill to cure all ills, in this case (faulty) digestion and assimilation of food, which comprise the root of fat people's affliction, as the advertisement indicates. "My treatment is prepared scientifically. It does not stop or

# Don't Stay Fat

## \$1.00 Box

## Free



Don't Cry Because You Are Fat. Send To  
Prof. Kellogg and He Will Reduce You  
As He Did Me.

Free, positively free, a \$1.00 box of Kellogg's Safe Fat Reducer, to every sufferer from fat, just to prove that it actually reduces you to normal, does it safely, and builds up your health at the same time. I want to send you without a cent of expense on your part this \$1.00 package of what I am free to call a really wonderful fat reducer.

My treatment is prepared scientifically. It does not stop or hinder digestion; on the contrary, it promotes proper digestion and assimilation of food, which 99 fat people in a hundred haven't got, and that's why they are fat.

### \$1.00 FREE PACKAGE COUPON.

This coupon is good for a \$1.00 package of Kellogg's Safe Fat Reducer and a book of Photographs and testimonials. Fill in your name and address on the blank lines below and enclose 10 cents in silver or stamps as an evidence of good faith and to help cover postage and packing, and by return mail you will receive a \$1.00 package prepaid.

F. J. Kellogg, 3158 Kellogg Bldg.,  
Battle Creek, Mich.

Name .....

Street No. ....

City and State .....

*From Woman Beautiful (1910). Frank J. Kellogg's Rengo obesity cure and Safe Fat Reducer ads drew some 135,000 replies by 1914. Courtesy of the Library of Congress*

Figure 4: Advertisement for *Safe Fat Reducer*, reprinted in Schwartz's *Never Satisfied: A Cultural History of Diets, Fantasies and Fat*.

hinder digestion; on the contrary, it promotes proper digestion and assimilation of food,

which 99 fat people in a hundred haven't got, and that's why they are fat." What Kellogg is implicitly saying here is that a fat body isn't just fat; it is diseased; there is something wrong with it.

Just as corrective technology was developed to change the sexual deviant, one cannot forget the corrective technology that has been devised as a way to 'save' the obese body. Here, we can turn not only to the medical profession and the use of procedures like stomach stapling, liposuction and pharmaceuticals like Redux and Fen/phen, but also to consumer market discourse. For example, Susan Powter's *Stop the Insanity* and exercise guru Richard Simmons's programs. Both individuals became famous for their high energy infomercials. Powter with her cropped platinum hair and Simmons with his tank top and striped shorts, both equated weight loss to a happier and healthier life.

The discourse that was created around sexuality was intended to control it, to conceal it. However, as Foucault demonstrates, the opposite occurred. Sexuality was not repressed, it flourished. What about the discourse around weight loss? Has it been effective? According to National Institutes of Health (NIH), "...the number of overweight [adult] Americans increased from 25 to 33 percent between 1980 and 1991" and "...11 percent of children and adolescents are overweight, up from approximately 5 percent in the 1960s and 70s" (NIH). Interestingly, with all the discourse that was created to eliminate fat bodies, western society has entered the new millennium with a greater number of fatter people than ever before.



To provide a synopsis of Foucault's theories about sexuality and their relationships to fat politics, we can turn to Rabinow and his analysis of Foucault's position on the production of sex.

Sex...was employed as a standard for the disciplines and as a basis for regulations. This is why in the nineteenth century sexuality was sought out in the smallest details of individual existences...it was suspected of underlying the least follies...But one also sees it becoming the theme of political operations, economic interventions (through incitements to or curbs on procreation), and ideological campaigns for raising standards of morality and responsibility: it was put forward as the index of a society's strength, revealing of both its political energy and its biological vigor (267-68).

I offer a rewriting of this passage to illustrate the importance that fat politics plays in our society.

[Fat] is employed as a standard for the disciplines and as a basis for regulations. This is why in the [twentieth century fat is] sought out in the smallest details of individual existences...it [is] suspected of underlying the least follies. But one also sees it becoming the theme of political operations, economic interventions (through incitements to or curbs on [obesity]), and ideological campaigns for raising standards of morality and responsibility: it is put forward as the index of a society's [weakness], revealing of both its political energy and its biological [deficiency].

If weight-loss discourse is going to succeed at making people thin, understanding the minutiae of everyone's relationships with food and exercise is crucial (for example, creating a wealth of research on food psychoses and on exercise workouts). Fat is considered to be the root of all evil. Consequently, being fat becomes the problem for everything and getting thin becomes the solution for everything. Weight loss has become the theme of political operations through the production of discourse on the responsibility of couples to the social body, as the Corrigan trial illustrates. Finally, ideological campaigns for raising the standards of morality also exist. Self-control has



become a predominant issue within weight-loss discourse and there is a direct link between self-control and morality.

### ***Conclusion***

The fat body has been created because of the categories of discourse that focus on weight loss in our society. These categories have built the metaphorical panopticon in which we live. Today, we are told that an acceptable body is always a thin body, and maintaining (or attaining) this ideal forces us to police our own behaviour through a constant obsession with counting calories and fat grams, and compulsive exercise. If fat bodies can be used to block the exterior window (and therefore the source of backlighting in the panopticon), surveillance would be impossible. Therefore, the instrument of oppression, the panopticon, is appropriated by the oppressed to fight their oppression in the same way that the fat activists have been steadily reclaiming the right to be fat over the past three decades.

## Chapter Three Fat Herstories

Sharon writes about her experience at a *Family Synergy* meeting, an organisation for the study and practise of inner emotional growth, extended families, and communal living. She explains how participants would have to answer rounds of questions that became increasingly more personal. At one point, they were told to "tell each member of the group something you don't like about them" (Schoenfielder and Wieser 136). Sharon recounts that the first woman to speak turned directly to her and said "Sharon, I'd like to tell you that your body is *repulsive*, and it's especially repulsive to me because you have such a nice face" (Schoenfielder and Wieser 136: my emphasis). With the variety of comments this woman could have made, why was it that she felt compelled to comment on Sharon's size? If Sharon had been a lesbian, would the woman have commented that she found her sexuality repulsive? If she had been a woman of colour, would the woman have told her to lighten her skin tone because she felt her skin was too dark? If she had had a large nose, would the woman have told her to get rhinoplasty if she found her nose offensive? (Schoenfielder and Wieser 136).

There is no question that fat has been demonised in Western Society. As a result, many women have been trying to control their weight. From diets to protein powders, tapeworms, cellulite creams, excessive exercising, intestinal bypass surgeries, stomach stapling, liposuction, jaw wiring, super saunas, and magic little pills, women have been trying to lose weight or prevent weight gain by these and other drastic methods. Perhaps these measures are logical responses that result from living in a society that attempts to render women powerless. If they have no control in their life, at least they can *attempt* to control their weight. However, a consequence of adhering to such a

lifestyle is that women who cannot lose the weight or women who *choose* not to lose the weight become subject to discriminatory treatment, as Sharon's experience illustrates.

In the last thirty years, certain activist groups have been formed to combat the discriminatory treatment imposed on fat people in our society. These groups are collectively known as the Fat Liberation Movement. The following chapter will highlight the path of the Fat Liberation Movement, from its inception in the late sixties in the United States to a movement that is present in many countries around the world. First, I will provide examples of fat women's experiences. Second, I will highlight the events that led to the development of the feminist Fat Liberation Movement. Third, I will examine the publications, politics and activities of the Fat Underground, the first women's organisation to come out of the Fat Liberation Movement. I will then illustrate the growth of the movement by providing examples from current publications and of current organisations. This section will demonstrate some of the different strategies that members of the Fat Liberation Movement have adopted to fight fatphobia. Finally I will conclude with a discussion on fat politics and how I locate myself within it.

### ***Fat Women's Experiences***

The Fat Liberation movement evolved from a strong reaction to a society that oppresses people because they are fat. One might be tempted to trivialise this situation with a few time-honoured myths. For example: *A fat woman could lose the weight if she wanted. Or: She's just not trying hard enough.* Another one is: *Maybe she's too lazy, or she just has no self control.* Unfortunately, these and other myths about fat people, including the notions that fat people are unhealthy, sexually undesirable, unfit, and eat more than thin people, all contribute to the oppression of fat women. Mass media, the consumer

market, medical research and 'loving' families who just want the best for their children perpetuate these myths.

I challenge anyone to watch a night of television and not laugh at the many fat jokes that are peppered throughout all of the shows. If there are fat female characters, are they the lead roles? Do they have any love interests? Have they ever passionately kissed anyone? Are they intelligent characters with something to say? Or, are they the butt of jokes, filmed always eating, perpetually jovial, or concerned with their weight? The popular sitcom *The Nanny* is a perfect example of this. A recurring character in the show is the mother of the female lead. She is fat, she is always eating, and she is always complaining about wanting to lose weight. Meanwhile, all the other characters, who are thin, make fun of her eating habits and her size<sup>11</sup>.

It is easy to talk about the stereotypes of fat people. I believe, however, that it is more enlightening to stray from these stereotypes and listen to the voices of the women who have directly suffered because of them. To understand the repercussions of these myths and stereotypes one can turn to *Shadow on a Tightrope: Writings by Women on Fat Oppression*. The content of this book "...represent the first ten years of the feminist Fat Liberation Movement" (Schoenfielder and Wieser X) and is one of the most important texts to come from out of the Fat Liberation Movement. These women speak passionately and eloquently about the ramifications of being fat in a world that

---

<sup>11</sup> This example from *The Nanny* exemplifies the standard representation; however, there are a handful of women on television who do not conform to this stereotype. For example, one can turn to Camryn Manheim on *The Practice*, and Rosie O'Donnell and Roseanne on their own talk shows. Although these actresses are actively countering the stereotypes of fat women, it is still the case that the negative representations far outweigh the positive ones.

demands women be thin. I have highlighted four categories—education, family, medical, and employment—to demonstrate fatphobia's reach within our society.

The following example illustrates one woman's experience within the education system. In one interview, a 15-year-old girl recounts how one of her teachers in public school would call her Sherman, as in Sherman the tank and how later on in school, another teacher mumbled to her as she was walking out of the class room to go to the bathroom— "[I]f you can set your fat ass on the toilet" (Schoenfielder and Wieser 75). In the same interview, the girl recounted how her grandmother and aunts would say things like "Why don't you lose weight so you could look real good and have boyfriends?" (Schoenfielder and Wieser 76).

Within the pages of *Shadow on a Tightrope*, there are also examples that demonstrate how family members treat their fat children and the effect that this treatment has on them. Nancy describes how she was put on her first diet when she was "...maybe a sophomore or junior in high school" because "...my mother thought I needed to go on Weight Watchers..." (Schoenfielder and Wieser 173). Later, Nancy described how her mother would make comments to her like "...if I didn't quit eating and gaining weight, then they were going to have to roll me away to school" (Schoenfielder and Wieser 174). Nancy developed bulimirexia.<sup>12</sup>

Family can have a devastating effect on a person's self esteem. A woman who calls herself *thunder* recounts:

i began to gain really noticeable weight when i reached puberty.  
my mother's reaction was a blend of disavowal and  
acknowledgement; she would not accommodate my weight gain by

---

<sup>12</sup> Bulimirexia is an eating disorder that combines the characteristics of both bulimia and anorexia.

allowing me to get larger-sized clothes when/as i needed them, but she encouraged/pressured me to join weight watchers...when i was 15, my mother encouraged/pressured me to go to a diet doctor. The regimen this time consisted of a 500-calories-a day diet supplemented by daily shots of some chemical vitamin compound which my mother administered. (Schoenfielder and Wieser 210-211)

What effect did this have on *thunder*? She continues:

i can intellectually understand *why* she did these things, but i have always hated *that* she did them. I know that she was acting out of love and caring for me, but i felt then that she must not have *really* loved me, since she was so intent on changing me, and since it was apparently so easy for her to subject me to what i considered gross indignities (and still do). (Schoenfielder and Wieser 211: original emphasis).

From a medical perspective women have also been under attack. Doris, in her essay, explains how during her second pregnancy her doctor told her not to gain any more weight because she was about 15 pounds 'overweight.' He was concerned that she would have a weight 'problem' after she delivered. In fear of future reprimand, Doris would starve herself prior to doctor's appointments. When she gained a few pounds, she recounted how the doctor "blew up at me. He threw the chart down. He kept shaking his head and telling me how disgusted he was with me...He finally said, 'I don't give a damn about you. But I *do* care about that baby. I'll get rid of that weight'" (Schoenfielder and Wieser 114: original emphasis). The doctor admitted Doris to the hospital and put her on a 700 calorie a day diet. When Doris still hadn't lost any weight he asked her "'Who's slipping you candy?'" (Schoenfielder and Wieser 114. ). He refused to believe that she wasn't cheating and cut her diet to 500 calories a day. At the end of one week, when Doris had only lost one pound, her doctor said "'Well, you surprise me,

I guess it is hard for you to lose weight, isn't it?" The woman never saw that doctor again.

Regarding employment experiences, Deb, in an interview, explains that after filling out an application form to be a telephone operator, the employer asked if she was lying about her weight on the application. The employer continued by letting her know that they had a scale at their disposal and stated that "...I think you weigh more and if you do we can't hire you because you're overweight" (Schoenfielder and Wieser 17). When the woman questioned what difference her weight made, the employer stated "Well, because fat people tend to be sick more than thin people" (Schoenfielder and Wieser 17).

### ***Fat Liberation Movement***

The Fat Liberation Movement began in the late sixties and it was the negative experiences of women like those just mentioned that led these women to organise. A number of other events also occurred in the late sixties that set the scene for this movement. In "Fat Feminist Herstory—A Memoir" Karen Stimson notes that:

In the U.S., a number of events occurred which, along with ongoing social currents, helped codify the personality, politics and philosophy of a generation and would have a profound influence on later decades. Among these were: the Woodstock music festival; the Second Wave of feminism; the Stonewall Rebellion; and the founding of NAAFA (originally the National Association to Aid Fat Americans, later changed to National Association to Advance Fat Acceptance) (Stimson 1).

Moreover, Vivian Mayer writes in the Foreword of *Shadow On a Tightrope*, that there were, in fact, two predominant influences on the fat women's liberation movement in Los Angeles, "radical feminism and radical therapy" (Schoenfielder and Wieser X).



Radical Feminism was created by women for women, with an understanding that women's oppression was a direct result of patriarchal power. "Radical Feminism has stressed women's control of our bodies as essential to liberation. The issue has been dealt with in three primary ways: through the Women's Health Movement; through an analysis of the body as a primary site of women's oppression; and through a discussion of sexuality" (Rowland and Renate 285). Fat oppression may not have been apart of the immediate agenda of Radical Feminism as it was more gynaecologically based; however, with its analysis of women's bodies, it did create a space for fat women to theoretically examine and practically react to fat oppression.

Radical therapy is the antithesis of traditional psychiatric therapy. Hogie Wyckoff in "Radical Psychiatry For Women" explains that:

As radical feminist psychiatrists, we believe that psychiatry is a political activity. Psychiatrists cannot be neutral; they insert their personal values, either blatantly or passively. By not taking a clear stand they support the *status quo* through what Marcuse (1965) termed 'repressive tolerance.' Therefore, at this point in history we feel that men, particularly professional, elitist, and sexist men, cannot help free women...We refuse to 'diagnose' 'patients' as 'sick,' label them with such terms as 'schizophrenic,' or 'treat' them with 'medicines.' We are convinced that people are basically good and powerful and, given the right conditions, can live cooperatively together. Therefore, when people are troubled, they are oppressed rather sick (Wyckoff 370-371: original emphasis).

Therefore, radical therapy with its analysis on social oppression creates a space for fat women to examine why they have been deemed second-class citizens because of their size.

Essentially, Radical Feminism and Radical Therapy provided the stage for the women's Fat Liberation Movement to take place, because they turned society's opprobrium of fat on its head. They did this by insisting that it was patriarchal society

that was the oppressor, rather than the fat person's individual shortcomings or illness that posed an affront to society.

### The Fat Underground

The first women's organisation to come out of the Fat Liberation Movement, called the Fat Underground, originated in Los Angeles, California in 1973. It is not surprising, given the obsession with the thin body in the home of Hollywood that the Fat Underground was born there. In 1971, leading up to its inception, the originators, Judy Freespirit and Vivian Mayer, had become involved in developing a radical feminist therapy collective. With the aid of *Fat Power* by Llewellyn Louderback, Vivian Mayer was able to develop the concept of fat liberation. The backbone of fat liberation included the radical notions that:

1. Biology, not eating habits, is the main cause of fat.
2. Health problems of fat people are not inherently due to fat, but are the result of stress, self—hatred, and chronic dieting.
3. Weight-loss efforts damage health, almost never 'succeed' except temporarily, and should not be used.
4. Food binges are a natural response to chronic dieting.

The role of a radical therapist is to help fat women feel good about themselves and stop trying to lose weight. To accomplish this, radical therapists should learn and teach accurate information about fat women's health and nutrition. They should provide emotional support for women on binges to continue eating and stop feeling guilty! (Schoenfielder and Wieser XII).

In 1972, a chapter of NAAFA was forming in Los Angeles. Both Judy and Vivian became members. However, in 1973 as Mayer wrote, "[w]hen NAAFA refused to go as far as we wanted to go in confronting the health professions, we broke from NAAFA and formed the Fat Underground" (Schoenfielder and Wieser XII), a collective of women linked to the radical therapy, lesbian, and feminist communities (Stimson 1).

The first of many publications to come from the fat underground was *The Fat Liberation Manifesto*. Building on the concepts that Mayer brought to fat liberation in 1972, this document poignantly articulates the ideology of the Fat Underground. The manifesto outlines the entitlement of fat people to respect, equal rights, and equal access; it aligns itself with other oppressed groups; it singles out 'reducing industries' as the enemy and it repudiates science practices. (Schoenfielder and Wieser 52-53).

The publishing of position papers and monthly articles for *Sister*, a Los Angeles feminist newspaper, the facilitation of consciousness-raising and support groups, actively engaging with the media, and attempts at educating women's health clinics made 1974 a very busy year for the Fat Underground. (Stimson 2). However, the death of Cass Elliot of *The Mamas and the Papas* in the summer of 1974 increased their attack on the war against fat. "Things really took off when Cass Elliot died," Judy Freespirit recounted in an interview with Andrea Hernandez. "When she died, the news media thought it was really funny and they put that she died choking on a ham sandwich. It made us very angry and we got very pissed" (Hernandez 1).

The media, by reporting that she died choking on a ham sandwich, relied on fat stereotypes to eulogise her, essentially trivialising her death. In the *New York Times* the

day after her death, John Rockwell reported that "[h]er physician said the singer probably choked on a ham sandwich" (36). However, much of the blame lies with the doctor who made such a delinquent comment. Unfortunately, today many people still believe that she died choking on a ham sandwich and this misinformation is periodically repeated, as in the movie *Austin Powers*. If it was not so tragic, one might interpret a follow-up article by the *New York Times* as amusing.

On August 6, nine days after her death, the paper put an end to the rumour concerning the manner in which she died. The anonymous author writes: "Dr. Keith Simpson, a British pathologist, and Gavin Thurston, a London coroner, issued a report...that ruled out the theory that "Mama" Cass Elliot choked to death on a ham sandwich. Rather, they said, the 35<sup>13</sup>-year-old singer...succumbed to a heart attack brought on by being overweight" (*Notes*). The gluttonous stereotype of a fat person makes it easy for many not to question the popularised theory about her death. Moreover, this stereotype forces the media to enlighten its readers. She didn't really die while eating, but what she did die of, being fat, is just as bad.

In reporting Elliot's death, Rockwell writes that she "...stood up to 5 feet 5 inches tall and weighed 250 pounds, pursued a variety of crash diets, and at one time *claimed* to have lost 120 pounds. *But she retained her earthy image until the end*" (36: my emphasis). The implication of Rockwell's statement is clear. His use of the word *claim* while describing her weight loss serves to illustrate his belief in another stereotype about fat people—that they have a poor character. He does not even believe that she could have

---

<sup>13</sup> The author erred in reporting the correct age that Ms. Elliot died. She was, in fact, 33 years old.

lost that much weight.

By writing that she retained her earthy image until the end, he attempts to describe Elliott in a positive light; however, he merely swings from one stereotype to another. While a comparison to Mother Nature may seem more favourable than descriptive comments that rely on fat stereotypes, he is still idealising her image. Whether he relies on negative or positive stereotypes to describe her, Rockwell reproduces femininity discourse that dichotomises the female form.

In looking for answers to explain the untimely death of Cass Elliot, the Fat Underground took a different path than both the media and the medical profession. Straying from the popular use of fat stereotypes, they turned to dieting rather than obesity (Stimson) for answers to their questions. Cass Elliot had spent a lifetime of yo-yo dieting. In fact, she "...had been on a severe diet and had just lost 80 pounds at the time of her death" (Hernandez), and yet everyone but the Fat Underground linked her death to her size.

It would seem that the Fat Underground was using a wider lens to examine the situation. Their personal experiences in conjunction with a critique of health politics (provided by Lynn Mabel-Lois, a core member of the Fat Underground whose knowledge as a medical librarian greatly influenced this situation [Schoenfielder and Wieser XIII]) helped members of the Fat Underground develop a feminist critique of fat stereotypes that took the emphasis off obesity and placed it on dieting. This redirection is a strong example of a reverse discourse within the Fat Liberation Movement. This will be discussed in more detail at the conclusion of this chapter.

The Fat Underground's first reaction to the media's sensationalisation of Elliot's death was to speak at the Women's Equality Day celebration in Los Angeles. This event occurred a few weeks after her death. The annual gathering that year was attended by over a thousand women. "...[M]embers and fat friends of the Fat Underground and Fat Women's Problem-Solving Group<sup>14</sup> marched onto the speakers' platform wearing black armbands and carrying candles" (Schoenfielder and Wieser XIII-XIV). Lynn Mabel-Lois spoke on behalf of the groups. Essentially, she made a speech "...denouncing the medical profession as murderers of fat women" (Schoenfielder and Wieser XIII-XIV). As Vivian Mayer explains in the forward of *Shadow on a Tightrope*, this event was an important part of the history of the Fat Underground because "[they] had finally taken the irreversible, inevitable public step" (Schoenfielder and Wieser XIV). Just as the Stonewall Rebellion fuelled the fire that developed the Gay Liberation Movement (Duberman xvii), the death of Mama Cass Elliot acted as a catalyst for the Fat Liberation Movement.

By the mid seventies, the Fat Underground adopted new tactics in activism. While they had been primarily engaging in a scholarly battle against the medical industry and heavily involved in Radical Therapy, they began to adopt a more confrontational style of activism. Sara Fishman (also known as Aldebaran and Vivian Mayer) in "Life In The Fat Underground," writes:

---

<sup>14</sup> The Fat Women's Problem Solving Group was an organisation designed to "...help members stop dieting and build self-esteem" (Fishman 7). This organisation was a stepping stone for women to get involved in the Fat Underground." Although they did not feel bold enough to join the Fat Underground, [they] recognized that Fat Liberation had something valuable to say to them and they wanted to be connected with it" (Fishman 7).



Around 1975, we began a new type of activity: harassing local weight-loss institutions. In a typical action, we would attend a 'free introductory lecture,' pretending to be shopping for a diet cure. But when the lecturer would ask questions, we would attack the program's medical theory and success rate. Our goal was to shake the lecturer's confidence and turn away customers (Fishman 9).

Other activities, such as disrupting behaviour modification seminars and speaking on panels kept the women of the Fat Underground busy. An especially triumphant event occurred when "...Lynn Mabel-Lois was a featured speaker at a city-wide women's rally protesting crimes against women." Fishman recounts how "[Lynn], denounced weight-loss surgery as mystified oppression<sup>15</sup>" and that "[p]rocedures such as intestinal bypass and jaw-wiring are considered healing rather than barbaric and dangerous mutilations...*only* because fat is seen as a woman's problem" (Fishman 9: my emphasis). The Fat Underground was riding a wave. They were theoretical, political and active.

By 1976, due to political and interpersonal problems, the Fat Underground began to disband. But, it was the death of one of its core members in 1983 to Breast Cancer that caused the ultimate dissolution of the Fat Underground (Fishman 9). However, this did not happen before members began putting together *Shadow on a Tightrope*<sup>16</sup>, an anthology of texts by the many women involved in the Fat Liberation Movement. In this book, these women questioned why mainstream feminism embraced fatphobia,

---

<sup>15</sup> Mystified oppression is an expression coined by Radical Therapy and refers to the idea that the true reason for oppression is concealed. "An example would be the practice of 'protecting' women from sexual harassment by denying them access to education or employment in predominantly male fields" (Fishman 2).

<sup>16</sup> It is interesting to note that it took six years to publish *Shadow on a Tightrope*. The publishing difficulty arose due to a perception of a lack of audience.



how the medical profession linked being fat to being unhealthy, and how patriarchy demanded thinness of women. Once again, these activities illustrate a reverse discourse within the Fat Liberation Movement.

Lynn Mabel-Lois and Aldebaran question whether "...high blood pressure, the cholesteroled arteries, the heart disease, the kidney failures [are] due to being fat; or are they due to the stresses of living a persecuted, hated life, and undergoing frequent and prolonged periods of starvation?" (Mabel-Lois and Aldebaran 56). They also question whether "[f]at in women is considered especially reprehensible because it suggests that the fat woman is more interested in indulging *her* appetites than in indulging a man's" (Mabel-Lois and Aldebaran 56).

In Joan Dickenson's article she writes "[w]hether or not I choose to be fat, I *am*. Choice doesn't make it legitimate to torment me...No feminist suggests that blacks bleach their skin, or that lesbians try to love men, so why should we insist that fat women aim for thinness?" (Dickenson 42). The combination of the personal accounts of their experiences and the insightful political analysis of fat oppression makes *Shadow on a Tightrope* one of the most important and lasting contributions the Fat Underground could have given the Fat Liberation Movement.

### ***Strategies of Resistance***

Since the Fat Underground, fat activists have been uniting not only in Los Angeles but around the world. They have united to lend support to each other, work towards ending fat oppression and to have fun. However, with the immense production of discourse on weight loss, as described in the previous chapter, one might feel like we are doomed to live in a society that attempts to discipline and control our

bodies. At this point, we can return to Foucault. He provides some insight as to why we need not feel disillusioned with the situation.

Foucault writes, "[d]iscourse transmits and produces power; it reinforces it, but it also undermines and exposes it, renders it fragile and makes it possible to thwart it" (*Sexuality* 101). Foucault does not perceive power as negative because it has the potential to provide emancipatory moments. He introduces the idea of *reverse discourse* and cites homosexuality as his example of how these moments can occur. Through reverse discourse, "[h]omosexuality began to demand that its legitimacy or 'naturalness' be acknowledged, often using the same vocabulary, using the same categories by which it was medically disqualified". (*Sexuality* 101).

Discourse centring on weight loss has created the idea that fat is undesirable, unhealthy and unhygienic; that being fat leads to an emotional state of unhappiness; and, that one is immoral because one cannot control one's weight. Essentially the fat body, like the homosexual body, was a by-product of discourse. Given Foucault's notion of reverse discourse, has a space been created for an alternative discourse on the body? One can turn to the Fat Liberation Movement to answer this question.

Documents produced by NAAFA, a major force in the Fat Liberation Movement, provide evidence of a reverse discourse. These documents expose biases and conflicts of interest within obesity and weight-loss research. An example of this can be provided by the HTML brochure "NAAFA Policy on Obesity Research." The authors note that:

Xavier Pi-Sunyer, who is a researcher and has a weight loss clinic at St. Luke's-Roosevelt Hospital, sits on the advisory council of the American Obesity Association. (The AOA touts itself as a consumer advocacy group, but its primary goal is to lobby Congress to pass legislation mandating that insurance companies pay for weight loss attempts.) Pi-Sunyer is also a member of the Weight Risk

Investigation Study Council, which was created by Knoll Pharmaceuticals to provide research grants. He also sits on the advisory board of American Hove Products, Wyeth-Ayerst Labs and Knoll Pharmaceuticals. He was also a consultant to Hoffman-LaRoche, Knoll, Genentech, Eli Lilly, and Weight Watchers International (2).

Readers may recall Pi-Sunyer. I made reference to him in the previous chapter while exploring the BMI. Strictly for preventative measures, he fought to have the marker, which determined if a person was overweight, lowered from 27 to 25.

However, when it comes to conflict of interest, Pi-Sunyer is not alone. Thomas Moore, as quoted in the NAAFA Policy on Obesity Research, writes that "[m]ost leading obesity researchers are either consultants to diet or pharmaceutical companies, conduct research for these companies, presenting their results at conferences sponsored by these companies, or sometimes all three" (*Obesity* 2). By discussing the biases and conflicts of interest that exist within obesity research, NAAFA uses reverse discourse. They accomplish this by shifting the focus away from fat.

High blood pressure is commonly associated with fat people and is a valued motive for weight loss by physicians. However, in the NAAFA HTML brochure "Facts About Hypertension and the Fat Person," the authors cite three reasons that may lead to a skewed blood pressure reading: cuff size, the *white coat syndrome*, and medication.

First, the authors note that standard cuff size is not guaranteed to properly fit around a fatter person's arm. If the fit is too tight it can, "... produce a very high blood pressure reading when the actual blood pressure is normal or even below normal" (*Facts*). Larger cuffs, "...designed for use on the leg of an average size person...can be used on the larger arm" (*Facts*). They conclude by informing the reader that "[i]f a large cuff isn't available, or if the arm is too large for a thigh cuff, blood pressure can be

measured by placing the cuff over the forearm, rather than the upper arm, and listening to the pulse at the wrist" (*Facts*).

Second, they inform the reader that the white coat syndrome can also produce a skewed blood pressure reading. "The treatment of hypertension [high blood pressure] is based on the accurate measure of blood pressure in a resulting, relaxed state. A visit to the doctor is typically stressful for a fat person, particularly if a stern lecture on dieting is anticipated. If the fat patient is experiencing fear, anger, or anxiety as her/his blood pressure is being taken, the reading cannot serve as a guide for treatment" (*Facts*).

Finally, the authors note that certain medications, both prescription and over-the-counter, can produce a side effect that elevates blood pressure. If fatphobic doctors do not thoroughly inquire about a patient's current drug intake, she or he may recommend inappropriate action (*Facts*). Once again, NAAFA adopts reverse discourse as strategy to combat fatphobia. Their use of medical discourse provides theories that weaken the causal connection between hypertension and fat.

It is my assertion that Foucault would place the popular medical opinion regarding obesity as well as the NAAFA counterpoint along a continuum of discourse on fat in our society. "To be more precise" as Foucault says, "we must not imagine a world of discourse divided between accepted discourse and excluded discourse, or between the dominant discourse and the dominated one; but as a multiplicity of discursive elements that can come into play in various strategies" (*Sexuality* 100). Therefore, I offer the information provided by NAAFA as an example of a competing medical discourse. When the only questions that are being asked by the medical

profession centre on how to make fat people thin, there is plenty of room left for reverse discourse.

Moreover, if we are to envision a "multiplicity of discursive elements" rather than discourse that is "divided between accepted discourse and excluded discourse," the information provided by both the medical profession and NAAFA can be simultaneously interpreted as true and false. For example, chronic dieters need to be able to justify the time and money they expend on diets, so they have to believe that diets work and that weight loss is necessary for good health. Even when presented with the NAAFA contention that it is the diets that are failures, not the dieters, chronic dieters still strongly believe that the result of dieting is weight loss, rather than weight gain (i.e., reverse discourse is inaccurate) and that they are improving their state of health by trying to lose weight (i.e., medical discourse is accurate).

On the other hand, fat activists have to believe that the reverse discourse is true while the medical discourse is false because they need to be able to justify their position that being fat is itself not unhealthy and that fatphobia is unjustifiable prejudice. If fat is not a health hazard, then fatphobia becomes just another prejudice like sexism, classism, or homophobia, rather than an expression of concern over quality of living. To support this position, they assert that diets don't work (i.e., reverse discourse is accurate) and that attempts at weight loss are ill-advised (i.e., medical discourse is inaccurate).

Over the last three decades, groups such as the Fat Lesbian Action Brigade (FLAB), the feminist caucus of NAAFA, the Canadian Association for Size Acceptance (CASA) and the London Fat Women's Group have organised. Largesse, the Network for

Size Esteem has also formed. It "maintains a library of archival material on fat liberation...as well as a computer database cataloguing resources in dozens of categories" (Airborne 54). The Council on Size and Weight Discrimination (CSWD) also works to "...influence public opinion and policy on behalf of larger individuals through public testimony, letter-writing campaigns, and participation in national task forces and committees" (Shanewood 4).

Lynn McAfee (also known as Lynn Mabel-Lois), is a founding member of CSWD and is the director of their Medical Advocacy Project. This position gives her the opportunity to interact with a variety of organisations that have a direct influence on the research about fat people. She is involved with the National Institutes of Health (NIH) Task Force on Obesity Prevention and Treatment and she attends conventions held by the North American Association for the Study of Obesity (NAASO) and the American Society for Clinical Nutrition. She is also a co-instructor for a seminar for the employees of Knoll pharmaceuticals on size acceptance, published articles on the negative experiences that fat people have with health care 'professionals', and she has sat on the Federal Trade Commission (FTC) committee "...to develop voluntary business guidelines for weight-loss programs such as Weight Watchers and Jenny Craig" (Shanewood 6). McAfee's involvement with the Fat Underground started her off on a path that has kept her personally, politically and professionally involved in the Fat Liberation Movement.

Professional organisations, like those just mentioned, are not the only ones involved in the battle against fatphobia; theatre and swimming groups also exist. Furthermore, these groups provide evidence of additional strategies used by the Fat



Liberation Movement. The Fat LIP Readers Theatre group illustrates the use of the theatre strategy. Their mission statement is to "... end fat oppression and promote size acceptance through education and theatrical performance" (Airborne 52).

Another strategy involves the use of exposure. Swimming groups such as Making Waves, Water Women and Ample Opportunity have embraced this strategy. Exposure, as a strategy, is effective because it helps both to counteract the stereotype of the lazy fat person and to expose observers to a diversity of body types not normally in evidence. These swimming groups also give women an opportunity to have some fun and get some exercise. The involvement of women in these types of groups is particularly commendable given the paradox that exists within our society that fat people are expected to exercise in order to get fit and lose weight, and yet it is extremely difficult to find proper workout clothes. It is practically impossible to find swim suits larger than size 30. Additionally, as the size increases the option for styles and colours decreases.

Women artists, like Rachel Field and Sabrina Ovesen, are also involved in this struggle. They have adopted visual arts as a strategy to challenge fatphobia. Rachel Field

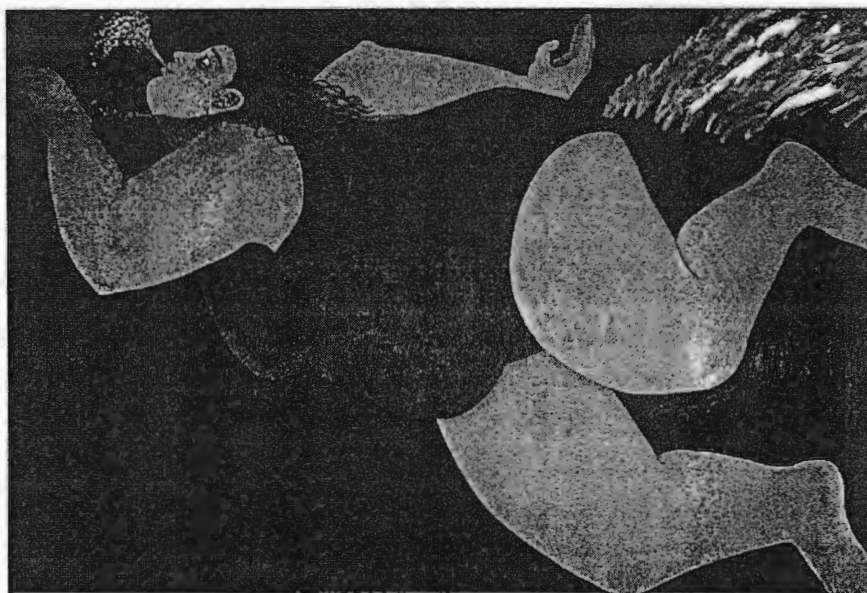


Figure 5: Whale, oil painting by Rachel Field, "Broadening Out." *Trouble and Strife* 23 Spring (1992): 23.

(Figure 5 and Figure 6), who identifies as a fat lesbian artist from England uses "big oil



paintings based around the figure of a fat lesbian women, using herself as the model" (*Broadening* 19). When talking about her work, she is quoted as saying "'It's about demanding space, about taking space; allowing myself to get bigger within the work and saying 'Hey, look at me! I'm lovely!'. It's about being proud—and not so proud; about wanting to wear sequins—and about popping out of your shirt'" (*Broadening* 18).



Figure 6: Domestic Scene, oil Painting by Rachel Field, "Broadening Out." *Trouble and Strife* 23 Spring (1992): 19.



Figure 7: Hand, photograph by Sabrina Ovesen, "Artist's Statement." *Sabrina Ovesen, Self-Portraits*. Prince George: Prince George Art Gallery, 1999.

A little closer to home, Sabrina

Ovesen recently had her first solo show at the Prince George Art Gallery. In *Sabrina Ovesen—Self Portraits*, using the medium of photography, she has taken nude self-portraits (Figure 7 and Figure 8). Her work is important to the Fat Liberation Movement because she is a fat woman. Today, fat women are supposed to be ashamed of their bodies. They are expected to be hiding their 'imperfect' form, not putting it on display. However, as Sabrina

writes in her Artist's Statement, "[t]he aging, imperfect body can be associated with corruption, loss of sexuality and decay.

Through this exhibition of photographic self-portraits I want to encourage pleasure in viewing a woman's body that is not a limited icon of masculine heterosexual desire" (Ovesen 25).

On a literary front, for the latest rants and analysis on fat oppression and acceptance, one could also turn to books such as *Journeys to Self-Acceptance: FAT WOMEN SPEAK*, *Adiós, Barbie: Young Women Write About Body Image and*

*Identity*, *FAT!SO?: Because You Don't Have To Apologise For Your Size!*, or the fall 1999 issue of *Fireweed* appropriately titled *FAT*. Although they are a bit harder to find, magazines specialising in fat issues have also begun to be published. The growing list includes: *Radiance: The Magazine For Large Women*, *Fat Girl: A Zine for Fat Dykes and the Women Who Want Them*, or *Canada Wyde: The lifestyle magazine for large Canadians and their admirers*. Finally, in the genre of fashion magazines, *MODE* magazine caters to plus-size women.

Within literature, the use of parody<sup>17</sup> is another example of a strategy used by



Figure 8: Waves, photograph by Sabrina Ovesen, "Artist's Statement." *Sabrina Ovesen, Self-Portraits*. Prince George: Prince George Art Gallery, 1999.

---

<sup>17</sup> For a discussion on the use of parody as a feminist literary strategy, see Hutcheon.

authors to challenge fatphobia. We can turn to *Fat!So?* by Marilyn Wann to illustrate the use of this strategy. The book is part action-hero comic book, part influential text, part body image workbook. She combines humour and information to produce a book designed to arouse fat pride in its readers. In one section, she recounts her experience of looking through a mail-order catalogue. She discovers that for the price of \$24.95, one could purchase a one-pound blob of fake fat which is to be used as an incentive to dieters. In response to her discovery, she writes "[j]ust think. Let's say I weigh 270 pounds and I'm about 50 percent fat. What am I worth? A cool \$3,368.25 at the very least. Of course, I'd never be willing to sell, but I find it quite amusing to think of people who are so desperate for a few extra pounds that they'll lay down twenty-five bucks for a shoddy look-alike" (26: original emphasis). Fat is supposed to be our nemesis with shame and disgust as its side kicks. Wann turns this ideal on its head by providing an alternative perspective on fat.

Issues of fat activism can also be found on the web. Many of the fat magazines and organisations have their own web sites. There are even chat rooms, discussion groups, and personal web pages dedicated to fat issues. To unite these web pages there are also web rings such as the Supersize web ring, the Fat and Proud web ring and the Big Beautiful Woman/Fat Admirers (BBW/FA) web ring. These rings link and provide easy navigation between the many web pages dedicated to fat people, their admirers and the businesses that cater to fat people. The BBW/FA ring is dedicated specifically to women and currently has 506 sites in the ring.

## Discussion

I am excited by the positive changes that have come to life since the time of the Fat Underground and NAAFA. Simultaneously, I am also filled with a sense of remorse. The stories in *Journeys to Self-Acceptance: Fat Women Speak* are comparable to those in *Shadow on a Tightrope*. Unfortunately, they were published twenty years apart. The information in *Fat Power* is also comparable to those written in books like *No Fat Chicks: How Women Are Brainwashed to Hate Their Bodies and Spend Their Money* and *FAT!SO?* Unfortunately, these too are published over twenty years apart.

Have we moved at all in the last thirty years? How effective have the different strategies of resistance really been? Why are eating disorders on the rise, the average weight of women in the media almost 25 per cent lower than the 'average' North American woman (Poulton 17), and why have weight-loss industries increased their profit from \$10 billion dollars to \$40 billion dollars in the last thirty years? (Poulton 78). Seeing a profit to be made, food companies like Nestlé, Stouffer, and Heinz (who, until recently, owned Weight Watchers) embarked on a journey to produce diet foods (Poulton 63)<sup>18</sup>. With food companies selling the 'poison' and the 'cure', things are not going to change overnight. There is too much **money** and too much **power** at stake.

Where does this leave us? In 1971, Grosswirth wrote: "[i]t is more or less accepted in the United States and Western Europe that if a man wears a suit larger than size 40 or 42, and a woman requires a size 18 dress or larger, that man or woman is *fat*" (Grosswirth 24: my emphasis). Today, the only mainstream fashion magazine that

---

<sup>18</sup> In 1990, the revenue for these types of foods was \$14 billion dollars. (NAAFA).

caters to plus-size women (*MODE*) starts at size 14. It is not uncommon for women in Hollywood to wear a size one/two or three/four. And, many women are striving for or berating themselves for not having a completely fat-free body. Can the bar drop any lower? Will dressmakers start making negative sizes or will sizes be increased so that one/two becomes a three/four, resulting in a dramatic increase in the number of obese North Americans because more people are wearing size 16/18?

Where does this leave a woman who has just begun her fat activism? Because fat activism is easily diluted in the sea of fatphobia, how does a woman plan her course? Where does she start? Given the circumstances, it is easy to become discouraged and give up. One can, however, find comfort from the words of Lynn McAfee. In an interview with B. Shanewood she explains her approach to fat activism:

When I was in the Fat Underground, I thought that if I just told the world they were wrong and showed them how they'd hurt us, things would change. They didn't. When I was in NAAFA, I thought that if I could help fat people feel better about themselves, feel more entitled to a better life, things would change. They didn't. So I decided to downscale my expectations. I realised that I had expected the world to move too fast, to go from A to Z in one or two short leaps. Through the council, I decided to concentrate on moving people from A to B (Shanewood 4).

Her words have a Foucaultian flavour to them: McAfee is not looking to produce a rupture within current forms of weight-loss knowledge. In other words, she is not looking to change the world overnight. Rather, through her decision to move people from A to B, she is focusing on "...dealing with mobile and transitory points of resistance, producing cleavages in a society that shift about, fracturing unities and effecting regroupings, furrowing across individuals themselves, cutting them up and

remoulding them, marking off irreducible regions in them, in their bodies and minds". (*Sexuality* 96).

When fat activists become overwhelmed and begin to question whether they are making a difference, they can turn to pictures and books (like those mentioned earlier in this chapter) for inspiration. This reaffirms that change is possible. If the strategies used by the Fat Liberation Movement did not have a profound impact on our society, all the marvellous benefits we do have that were not around when the Fat Liberation Movement was born would not exist; benefits like the magazines, clothes stores, and web sites that cater to fat women.

Reading the emails of *Fatdykes*, a mailing list on the internet for fat lesbians, and the correspondence from women across North America, England and Australia attests to the fact that it is important not to underestimate the *power* and *size* of the fat community on the internet. It is impossible to measure the effect that this invisible community has on the individuals who enter its domain. These web sites act to "furrow across individuals, cutting them up and remoulding them, marking off irreducible regions in them, in their bodies and minds" (*Sexuality* 96).

As well, the strategies used by the Fat Liberation Movement created a space for Camryn Manheim, in her Emmy acceptance speech for her role in the television drama *The Practice*, to state that her victory was "...for all the fat girls!" (People 62). Given the fact that Hollywood personifies fatphobia, the fact that Manheim even won her category and then had the bravery to make her speech illustrates that the strategies used by the Fat Liberation Movement have not only been successful but that they have



also provided a different lens through which one can examine both fatphobia and weight-loss discourse.

McAfee's words also allow fat activists to concentrate on an important piece of the puzzle—prevention. More specifically, the prevention of fatphobia. Earlier, I pointed out that eating disorders are on the rise. What I failed to mention is that not only are the numbers increasing, but the age of those affected is becoming increasingly younger. Younger and younger women are developing eating disorders. As children enter puberty, their bodies go through a variety of changes. One such change is the addition of fat to their body. As Kathy Kater points out in *Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too!*:

...[w]hen this development is labelled 'getting fat,' (negative connotation attached) rather than celebrated as the start of a new stage of growth, self-consciousness, preoccupation, anxiety, and often hunger (from restrained eating designed to ward off normal development) begin to consume attention. At a point in life when students should feel strong and confident in who they are, more and more of them feel there is something wrong with them. The impact of negative self-esteem and lack of self-confidence have long ranging effects into adulthood (Kater xiii).

Keeping this in mind, as a component of my thesis and as my way of contributing to the Fat Liberation Movement, I have developed a workshop that targets pre-pubescent and early pubescent children (grades 4 to 6). I discuss this workshop in detail in the next chapter. I am targeting this age group because, as I have already stated, I want to work at the level of prevention.

A central theme within this thesis is how women are oppressed by fatphobia; however, body politics has negative consequences for all members of society. This is why I decided to build a workshop that is geared to both girls and boys. Prevention is



the strategy that I have adopted as part of my contribution to the Fat Liberation Movement and I know that with this strategy I will be making a difference. If children at this age can understand the changes that their bodies will soon be going through and interpret these changes in a positive light, and if they can become critical thinkers with respect to the negative messages that permeate western society about fat, then perhaps we could raise a generation that was not ashamed of their bodies.

## **Conclusion**

As we usher in the new millennium, we will be entering into the fourth decade of Fat Liberation. It has grown from a small group of women sitting around the proverbial kitchen table and has spread out across the western world. Those in the movement have provided a critical analysis of fat oppression and they have used different strategies of resistance including reverse discourse, theatre, exposure, parody, and visual arts to challenge fatphobia. For many, the Fat Liberation Movement has taken the shame out of being fat and replaced it with pride. The movement has influenced policy, as Lynn McAfee's involvement as director of the Medical Advocacy Project illustrates. It has also provided a social network for fat women and men. I am excited to see how it will grow in the future and how I will be apart of it.

## Chapter Four    Body Pride

This chapter provides an account of the journey that I took to develop *Body Pride*—a workshop designed to foster positive body image in children. It includes the following: an analysis of my interviews and a synopsis of my research that focused on body image issues and educational workshops. Next, I will elaborate on why and how I narrowed the focus of the material that I included in my workshop and I will provide a detailed account of the final product. Finally, I will offer a concluding comment that will summarise my experience.

I have become keenly aware of the external factors that have produced my own fatphobic state of mind—the media, my family, and my peers. From my readings of books like *Shadow on a Tightrope* and *Journeys to Self-Acceptance: Fat Women Speak* I discovered that the external influences on the women discussed in these books were similar to my own. I was curious to learn if my participants, who were teetering between childhood and adolescence, had yet to be influenced by these same external factors; and furthermore, if they had been influenced, how had it affected their life.

The interviews occurred at an Elementary School in Prince George, British Columbia, Canada. The students I interviewed were in grade six. I interviewed 20 students in two groups divided by gender: 13 boys and seven girls. One student was hearing-impaired and therefore an interpreter was present during that interview. A small percentage of the class were First Nations students and the rest were Caucasian. The interviews took place in early February 1999 and took approximately one hour each to complete. I then returned to the class in May 1999 to facilitate the workshop. The workshop was given to the entire class and took approximately one hour to complete.

In order to execute these interviews and the workshop, I had to receive ethics approval from the University. This process involved getting permission from both the principal of the school and the parents/guardians of the students who were to be potentially involved. For a copy of the letters I sent to these two groups, a copy of the principal's letter and University's ethics approval, and a copy of the consent form that parents/guardians were asked to sign, see Appendix 3, 4, 5, 6 and 7 respectively. As protecting the anonymity of the children was of extreme importance, I have covered any markings or text that may expose a clue as to the identity of the participants.

There were a variety of ways that I could have interviewed the class in order to attain information on this topic. My choices included individual questionnaires, interviews with each child, an interview with the entire class or a combination of the oral and written methods. I decided to interview the entire class. Three factors contributed to this decision. First, I wanted to keep the disruption of the class to a minimum. While answering a questionnaire would have been the least invasive, it did not satisfy my last two criteria—developing a rapport with the class and my curiosity around how group dynamics would affect the interview. Basically, I felt that face to face interviews would provide me with an opportunity to receive more in-depth information.

For the interviews, I composed a list of questions to ask the students (see Appendix 8). However, these questions simply served as a guide; I did not limit myself to the questions that I had pre-planned. In fact, I was quite happy to have the students guide the interview. At different times during this process, the participants took the

control of the direction of the interview; therefore, the same topics were not always discussed in each of the interviews.

While I was excited about the interview process, two things made me somewhat nervous about interviewing the entire class. First, I was concerned that I would not be able to handle the class, unsupervised. While I wanted the teacher to stay in the class during the interview, I felt that her presence as an authority figure had the potential to influence the children. Therefore, I chose to interview the students with their teacher absent from the room.

Second, I was also concerned that peer pressure might influence students' responses. While I do not believe that it is possible to completely remove peer pressure from a group situation, my solution was to divide the class into two groups—girls and boys—and interview each group separately. I realised that this solution would not alleviate this problem completely; however, my instinct was that the group format would produce valuable information that could not be obtained from questionnaires. I divided the two groups along gender lines because to do otherwise would create gendered peer pressure. I felt that if the interview groups were mixed, then the girls and boys might revert into socialised roles that would produce counter-productive results.

### ***Analysis of interviews***

#### **Media**

An analysis of my interviews has led me to the following conclusions for the participants of this class: for the most part, the girls have not been completely

indoctrinated into the cult of thinness; similarly, the boys have not been completely indoctrinated into the cult of 'buffness'<sup>19</sup>. The girls do not want to look like ultra-thin models, but they show concern about how people will treat them or think about them if they do not look like the women they see in the media. They "kind of" and "sort of" feel like they have to look a certain way. They are also concerned about the ramifications of growing up and not looking a certain way.

When I asked them how they would feel if they did not end up looking like the women they saw in television or movies, some of the girls responded in the following manner: "I might think that I'm not cool or that people would bug me and stuff," "I'd be afraid of what other people thought of me," "I would save up all my money and get my stomach stapled." Alternatively, they do not put the same pressure on others to change how they look in order to 'fit in.' When I asked if they felt that others needed to change the way they look if they did not look like a movie star, some of the girls responded "I don't think they should, only if they want to," "you should like yourself," "I look at them and I say 'whoa,' that's the way they are." It would seem that these girls put much more pressure on themselves to look a certain way than those around them.

Contrary to the girls, the boys did not think that there was a lot of pressure on them to look like the men in the media. They also felt that there was a diverse range of male body types visible in mass media. When I asked what kind of difference there was, one student responded, "like Arnold Schwarzenegger and Jim Carrey. Jim Carrey is scrawny and Arnold Schwarzenegger is buff." Perhaps they felt less pressure to

---

<sup>19</sup> By buffness, I mean to imply a muscular form typified by the images of male models in popular muscle magazines.



conform to the images presented to them in the media because there is a diverse range of body types visible to them.

When I asked the boys about people on television like Drew Carey, one participant responded "the big guys on t.v. like Drew Carey and stuff, they usually just make fun of themselves." I asked them if they thought skinnier men made fun of themselves too. The boys responded that it was "just the fat guys." When I asked them why they thought that only fat guys made fun of themselves, they responded "because it is more embarrassing" and that "the guys that are muscular and big, it's just good to be big and muscular."

While not every jester on television shows are played by fat men, most of the fat men on television tend to play jesters. Are these the only roles available to them? My conclusion is that, while the boys' role models from the mass media may not make them feel that they have to conform to a specific body type, mass media is still sending these boys negative message about fat men.

## Peers

Peers have an interesting influence on the children I interviewed. When I asked the boys if students got teased for being fat, they all enthusiastically responded "yah" and one boy plainly stated that, "it's just a fact of life." At one point in the interview, the boys proceeded to tell me about a girl who used to be in their class; she was teased all the time for being fat. It was like the interview was hit with a jolt of lightning. The boys became energised. They all started fidgeting and could not talk fast enough about this girl. It was like they were revisiting the 'good old days'. When describing this girl, one boy stated, "She was—like—huge. She was tall and was—like—that wide." He gave a

visual description by stretching his arms as wide as he could. He continued by restating "She was—like—huge."

When I asked the boys if they thought it made this girl feel good to be teased in this manner, they all responded "no." Interestingly, at this point in the interview, the boys then became somewhat defensive. They seemed to justify their actions by letting me know that she was, in fact, the instigator. That she would push people around; therefore, they had cause to call her fat.

Both interviews clearly demonstrated that teasing was a part of going to school, like having to take math or gym. The girls and the boys were very aware of the derogatory association of the word fat as the boys's story illustrates. They did not make fun of this girl because she was tall even though they also described her as being tall—they made fun of her because she was fat.

The use of the word "fat" and other words like "pig" or "huge" that carry a similar derogatory association were common and accepted methods of insult. They knew that using words like "fat" inflicted pain on others. The girls' responses when asked how they felt when these words were used against them illustrates this point: "I feel out of place," "It makes me feel like they are better than me or stuff. Or they are more popular than me...", "I feel like a pig." When I asked the boys how they thought others would feel if they got called fat they responded "they feel kinda low," "they're embarrassed," "very embarrassed." What I find interesting is that they know this word hurts but they use it anyway.

It was clear from my interviews that students did not actually have to *be* fat to be called fat. Many of the girls had reported being called "fat" although none of the girls I



interviewed would actually be considered fat by society's standards. At present, we live in a society that abhors fatness; this 'innocent' form of teasing may establish a pattern within these students that promotes fear and insecurity. If these girls are called fat but are not actually fat, this teasing may contribute to a potential lifetime battle against their bodies—resulting in constantly watching what they eat, counting calories or compulsively exercising in order to 'get thin'.

Extrapolating to western society in general, what about the fat girls? What long-term effect does it have on them to either be teased for being fat or witnessing thinner girls being called fat? These two scenarios illustrate that the discourse on fatness is clearly a complicated one. In our society, fat is demonised; however, this does not mean that only fat people fall prey to the ramifications of being called fat. Both 'thin' and 'fat' alike are affected because the concept and interpretation of 'fat' varies across different social relations.

## Family

When I asked the students about their families, it was as if another lightning bolt had struck our interview. During each interview, all participants simultaneously reported with a resounding "yah" that they had heard their moms either talking about needing to lose weight or being too fat. One girl reported "my mom, she's kinda fat, she keeps on saying that she should stop eating junk food and stuff because she's big and that she should start going back to the family Y 'cause she quit. But I think that she should stop smoking."

Another girl stated "my mom always goes 'oh, look at my belly, I need to lose weight' She went on a cruise and she didn't want to get any fatter so she'd walk around

the deck like ten times every morning." During the interview with the boys, when talking about their mothers, their comments included: "Yah, she used to be—like—I'm too fat...", and "They weigh themselves and they think that they are too fat." Of the girls interviewed, their fathers seemed less interested in dieting or worrying about being too fat. During the boys's interview, the subject of their fathers did not come up.

This section of the interviews—discussing family—was extremely revealing to me. It showed me that simply giving a workshop to students is not going to solve the problem. How effective is a one-time, one-hour workshop going to be when students then go home to their parents who talk about being too fat, needing to lose weight, or linking exercise solely to burning calories? I was not naive enough to believe that an hour-long workshop would suddenly make everyone love their bodies; however, the students' responses about their parents did illustrate that outreach desperately needs to occur on many different levels. My message is going to be much less effective if teachers and parents reinforce fatphobic messages as soon as I am out of the classroom.

My interviews demonstrate that these students have been negatively influenced by mass media and their families such that they believe fat to be a bad quality. Evidence of this comes from the teasing they have participated in and experienced. Why else would they feel bad about themselves when they were called fat and why else would they use the word fat as a form of teasing if they have not developed this association?

Both the influence of the mass media and family have played an important role in this development and because discussion of both these institutions arose in my interviews, critical conclusions were drawn about them. However, I do not believe that blame should be placed solely on these two environments; there are other people and

social factors in children's lives that have influence over them as well. Therefore, I believe that a variation of this workshop must be facilitated at many different levels: with teachers on Professional Development days, parents, medical professionals, clergy, coaches, and even during prenatal classes<sup>20</sup>. If society is going to permanently change, change must occur at many different levels.

## **Research**

Upon reviewing texts that would influence *Body Pride*, I realised that the information I had compiled could be organised around two different concepts: *Inside The Body* and *Outside The Body*. I placed the following topics under the heading *Outside The Body*: media literacy, teasing, diversity, and physical activity. I placed the following topics under the heading *Inside The Body*: puberty, deprivation, nutrition, and predetermination. At this point, I would like to briefly discuss why I felt that each topic warranted inclusion in my workshop.

The texts that were influential in helping me to develop the workshop are: The Body Image Workbook: An 8-step program for learning to like your looks, Am I Fat? Helping Young Children Accept Differences in Body Size, British Columbia Eating Disorders Association: School Outreach Program Training Manual, and Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too! From these texts, I was able to create the eight topics which that I am about to describe.

---

<sup>20</sup> Terry Poulton reports that "11 percent of the respondents in a recent survey said that, if genetic predisposition to obesity was identified in their unborn children, they would opt for abortion" (17). What type of an influence—negative or positive—are these parents going to have on their children regardless of whether they are predisposed to be fatter or thinner?



## Outside the Body

Mass media has an influence on all of us, regardless of age. My interviews illustrate this point. Why else did the boys think that fat men on television were funny? Therefore, I felt that it was important to give the students media literacy training. This training would help them to filter the subtle and not-so-subtle messages imposed on them by mass media. "With practice, individuals can filter and change what the media presents by questioning, challenging and contradicting—or supporting and reinforcing—what they see and hear" (British Columbia 46).

Teasing was the second point that I wanted to address in the workshop because it was so highly reported and so commonly expected by the students. In *Am I Fat: Helping Young Children Accept Differences in Body Size* Ikeda and Naworski write, "...teasing contributes to low self-esteem and poor body image" (37). Therefore, I felt that it was necessary to attend to this issue.

Diversity of body types is the third topic in this category. I felt that celebrating, rather than fearing, diversity would go a long way in counteracting the homogenous expectations that exist within western society. Therefore, I believed that helping students to embrace diversity would assist them in embracing their own bodies.

The final topic in this category was physical activity. Fatter people (both children and adults) are generally perceived as inactive and unhealthy. Conversely, all thin people are perceived as fit and healthy. While some fat people may be both inactive and unhealthy, this does not mean that *all* fat people are this way; conversely, not all thin people are healthy and it is this stereotype that I want to dispel. This topic is related to

both *outside the body* and *inside the body* because it is also important to discuss the physical benefits of staying active regardless of size.

### Inside the Body

The first topic that is important to discuss is puberty. As stated in Chapter One, I believe that helping youth to positively interpret the changes their bodies undergo as a result of puberty will help them develop positive body image.

The second topic is deprivation. This is an important category because the information presented helps the students to understand the physical effects of dieting on their bodies.

Predetermination is the third topic in this category. Getting the workshop participants to understand the role that genetics plays in predetermining the general size and shape of their bodies would help them to understand why there is a diversification of body type in humans and why they do not need to conform to an 'acceptable' body type. I wanted them to be able to link body size to characteristics like eye or skin colour. They know that they cannot change their eye or skin colour. Therefore, if they could transfer this information to body size, I thought that it might help take some of the pressure off the need to control their body size.

Finally, I wanted to tackle nutrition. In our society, food is no longer just food. It has become dichotomised: society believes there are good and bad foods. Emotions such as guilt are associated with food consumption because of this dichotomisation. In addition, many of us have forgotten how to eat in the age of dieting. We can no longer read the 'hungry' and 'full' cues that our bodies send us. Sometimes we eat because we

are bored, not when we are hungry. Sometimes we *do not* eat or we do not eat *enough* because diets control what and when we eat.

As I began to build the workshop, I realised that it would be impossible to include all of the topics that I felt would be informative: I had enough information to facilitate, not a one-hour workshop, but a three-day workshop. I had to narrow my focus. Initially I wanted my workshop to concentrate on the physical effects of puberty on the body. Ironically, after doing more research and compiling a list of topics, I decided not to incorporate puberty at all. Instead, I decided to focus predominantly on the topics *deprivation* and *predetermination*. While I still believe that puberty is an important topic to cover, given the time constraints of the workshop, I made the right choice in eliminating it. Primarily focusing on puberty would be like teaching the participants to run before they knew how to crawl and then walk. As well, the content of the workshop does incorporate the topics of diversity, teasing, and physical activity, albeit in a fairly superficial manner.

When this workshop was in its infancy, the idea seemed simple: talk to youth about their bodies. However, as my literature review progressed, I began to realise that it was not that simple. When I sat down to create this workshop, I had very specific ideas. I wanted to develop a workshop that was consciousness-raising, creative, and interactive. I wanted to take the students on a journey that would help them become comfortable in their bodies and accepting of other bodies, regardless of shape or size. I knew what I did not want: to stand up at the front of the class and lecture to students about why they should love their bodies. In the end, I think that I landed somewhere in between these two positions.

During the production of this workshop, I went on my own journey. I learned many things about myself. For instance, thinking you are comfortable talking about fatphobia and actually talking about it with a group of 12-year-olds are two very different things. I also learned things that had to do more with the technical details of producing a workshop. For example, being a guest speaker in a classroom on a Friday afternoon may not be the most appropriate time to reach students as they are anxious to start their weekend. However, when the workshop was over, I was optimistic about the its efficacy. While I was nervous about getting feedback from the teacher, those emotions quickly dissipated as I spoke to her.

She was thrilled with the workshop; she thought that the information was extremely valuable and she enjoyed the different components of it. The only critique she made had to do with its structure—she felt that I should use a larger space. My confidence in this workshop has been reinforced as she has since invited me back to facilitate the workshop with her new class. What follows is a detailed account of the workshop.

### **Workshop**

Before I began *Body Pride*, I asked the students to rearrange the classroom so their chairs would be in a semicircle. I felt that this method would be more conducive to interaction. The content of the workshop incorporated both information, interaction and physical activities.

I began the workshop by defining body image. I then asked the class to come up with some rules that would make the classroom a safe space to talk about body image. I wanted to let them know that we were equals in this venture, that if the workshop was



going to move forward, it was because everyone participated. I felt that getting their participation right from the start was key to the success of the workshop. Of course, if the students were too shy to participate at this point, I was prepared to share my list of rules.

Together we devised a list that included being a respectful listener, never laughing unless a person means their statement to be a joke, no teasing, being able to ask questions, being aware that answers are not personal attacks towards anyone, and finally, the rule that I thought was most important, having fun.

I then did an exercise with the students called *Point And Turn*<sup>21</sup>. There are three parts to this exercise. Part one requires the students to find a space in the room and stand in a relaxed position with their legs shoulder width apart. Next, they have to raise their right arm and turn their body clockwise as far as they can without straining. Then, they return their arm back to the starting position and maintain the relaxed position. Part two requires the participants to close their eyes and visualise that they are repeating the exercise. However, they must visualise that they can turn their body further than they could when they were physically doing the exercise. Participants visualise this action approximately three times, each time seeing themselves turn progressively further around their body. For Part three, participants open their eyes and physically complete the exercise again. Generally, most people find that they can turn their body further the second time they perform the activity.

This exercise illustrates how the power of our minds can overcome obstacles and

---

<sup>21</sup> This exercise was taken from Diamond, *A Joker's Guide: Theatre For Living* (insert).

bring about change. I hoped that the students could transfer the experience from this exercise to how they felt about their bodies; that it would help them to be able to break down the rigid ideas about bodies that our society presents to us and allow them to expand their ideas of acceptable bodies. I discussed this idea with them after the exercise. Based on their reaction to this exercise, they thought that it was 'cool.' As well, this exercise was also useful because it provided an effective ice breaker.

I then got the youth to return to their chairs. The *Statue* exercise was the next component of the workshop. When they were settled, I asked for three volunteers. To my amazement, almost every student put up their hand. I quickly pointed to three students, took them aside and gave them their instructions. I asked them each to strike a pose in the centre of the circle. I told them that it could be as wild or as tame as they liked. I then asked the class to tell me how the three students looked different and how they looked the same. I received a list that included height, hair style and colour, gender, size, clothing, eye colour, skin colour, and style of pose. The point of this exercise was to demonstrate that bodies are not identical. That we come in different shapes and sizes, just as we come with different hair, skin, and eye colours.

Following this exercise, I talked to the students about why I was so interested in body image. I did this by telling them a story from my past. I wanted to let the students know that this issue was important to me because of what I had gone through when I was close to their age. I told them how, when I was a teenager, I felt that I was too fat and needed to lose weight. That I would go on diets, but I would feel like a failure because I could not stay on them long enough to lose weight or I would end up gaining back any weight that I had lost.

I told them that I had felt like there was something wrong with me because all the information around me, in television and magazines, was telling me that it was possible and simple to succeed at losing weight. I then told them that when I got older and I started talking to my friends about their experiences, I found out that many of them had also felt like failures and that it was at this point that I began to question whether we were all failures or if there was something or someone else at fault. I used this section as a segue to talk about the research that I had done.

Next, I discussed predetermination. I wrote the word on the board and asked the students if they knew what it meant. I then properly defined it for them and asked them to give me characteristics about our bodies that they felt were predetermined. We came up with a list that included sex, eye colour, hair colour and texture, skin colour, blood type, height and size.

Following this discussion, I changed gears slightly. I showed the students some pictures that I had taken from some teen magazines. I asked them what they felt the similarities were between all of the pictures. Once they responded, I told them my impression. I told them that I noticed that all of the girls had similar body types and that the same was true for all of the boys.

I then asked them a question which I posed hypothetically. I asked, "What if in all of the magazines and all of the television shows and all of the movies, everyone had thinner bodies? How do you think that might make you feel?" Following their answers, I talked to the students about how when I younger I was confused about my body and that I felt that I was inadequate because I did not look like all the women I saw in magazines, movies, and television.

I then returned to discuss predetermination. I let them know that body size is also a characteristic that is predetermined. I explained to them how that does not mean that we can tell exactly how much a person is going to weight when they become an adult. Rather, that it means that our bodies are predetermined to be either fatter, thinner or in-between.

At this point in the workshop, one of the students commented that it was possible to change hair or eye colour through hair dyes or coloured contact lenses. This gave me the opportunity to talk about how one could make these changes, but that they were all temporary. One could dye or perm one's hair, but the hair would always grow out with the original texture and colour returning. Similarly, one could also wear coloured contact lenses but upon removal, one's eyes would return to the original colour. I hoped that some students might make the connection that while it may be possible to initially lose weight, because one's size is predetermined, change is only temporary.

Afterwards, I talked about how one body type is not better than another, just different. I discussed teasing and how calling someone fatter or thinner should only be used to describe a body type and never a way to judge a person as 'good' or 'bad' as if they were doing something 'right' or 'wrong.' I explained how this would be the same as judging someone based on their eye or skin colour. I asked them how it sounded when I made comments like, "hey, curly hair" or "you are so blue-eyed." We all agreed that this type of teasing sounded silly.

Because I felt that it was important to incorporate physical activity into the workshop, we played *Follow The Leader*. This activity allowed the students to



experiment with their bodies, moving them at different speeds and in different styles (crouching, walking, swaying). Also, I placed this game halfway through the workshop because I believed that the students would be more receptive to the rest of the workshop if they had had an opportunity to stand up and stretch.

Everyone formed a big circle and I explained the rules. With music playing in the background, the group moved clockwise around the room following each other. There was a leader and she or he would decide how the group would move around the room. For example, she or he might pick a movement like jumping jacks or the front crawl. Once the entire group had mimicked this movement, the leader had to pick someone else in the circle to replace her or him and the new leader had to pick a completely different movement.

The game continued until everyone who wanted a turn had taken one. I would not make the students do anything that I was not prepared to do myself, so I went first. By the end, all of the students and the teachers had taken a turn and we were all out of breath, laughing and having fun. While some of the students were nervous about taking the lead and picking a movement, it seemed that, in the end, they all enjoyed themselves.

Once everyone had calmed down, we moved back to our chairs to discuss our next topic—deprivation. Essentially, deprivation allowed me to talk about the negative effects of dieting. To introduce this section, I talked to the students about how we all have physical needs that have to be met in order to survive.

Together we came up with a list of basic needs which included water, air, food, shelter, sleep, and warmth. I then talked about how these needs were so strong we are

driven to satisfy them. I also talked about how there are predictable consequences if we do not satisfy our needs. To illustrate the predictable consequences of depriving oneself of a physical need I picked one of the categories from the list we had compiled. I wanted the students to recognise a pattern—that there were definite consequences of deprivation and that they were similar across the list we had compiled. First I talked about sleep deprivation<sup>22</sup>.

I started out by asking them how they would feel the next day at school if they did not get enough sleep the night before. They responded that they would probably feel a little tired and that it might be hard to concentrate. I then asked them how they thought they might feel if their parents woke them up three hours early every day for an entire week. They responded that they would always be thinking about how tired they were; that it would be hard to concentrate on anything else; that they would be craving sleep; and that they would probably be short-tempered.

I then asked them how they thought they might feel if they missed three hours of sleep for an entire month. The students responded that they would have the same experiences as the previous question except the emotions would be intensified.

Finally I asked them what they thought would happen if, after a month, their parents finally let them return to their regular sleep pattern? I asked if they thought they would sleep their usual eight hours or if they thought they would sleep extra hours to make up for the lost sleep. The majority of the students suggested that they would probably sleep more than what they normally slept. I told them that they would

---

<sup>22</sup> The following discussion on sleep deprivation was taken from Kater, *Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too!* (page 119).

probably sleep many more hours than the number they were used to and that it would probably happen a few nights in a row. I then told them that this would be called a *sleeping binge*.

I then reviewed what would happen to a person if their basic needs were not met. In order to reinforce the consequences of deprivation, I had put the answers on a piece of Bristol board and asked individual students to read the answers (see Appendix 9). These included being very preoccupied with what is needed, difficulty concentrating or think about anything else, having a powerful craving to satisfy the need, being uncomfortable or irritable, and consuming more than the normal amount when the need was finally met.

I asked the students if they thought the same consequences would occur if they did not satisfy their hunger because of dieting. This question provided me with a segue into the final exercise: *The Air Diet*<sup>23</sup>.

I used this exercise as a way to reinforce the consequences of depriving oneself of basic needs, especially food. While I wanted to give the students an exercise that helped them to understand the consequence of dieting, it was not possible, nor ethical, to actually starve the students during the exercise to make my point. The air diet was the best alternative.

~~X~~The exercise went like this: I told the students that I thought they should go on a little air diet because they had been breathing entirely too much and that their cheeks were entirely too rosy. I proceeded to tell them that the latest style was to have a bluish

---

<sup>23</sup> This exercise was taken from Kater, *Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too!* (page 121).



hue to their skin and that it was the oxygen that gave their cheeks that rosy glow. I then told them they would all be better looking if they all cut back on their oxygen intake so their face colouring would be bluer. Of course, I told them, they would need some air to live. But surely, I said to them, you could cut back a little. It would be worth it to have the right look.

There are three phases to this exercise: first the students just sit in their seat and breathe; then they get up and calmly walk around the classroom; finally, they have to quickly move around the room. The exercise was originally designed to make the students breathe through a straw while they plug their noses. Instead of getting the students to breathe through a straw, I asked them to plug one of their nostrils. Because of the feedback I received, I have since decided that this is a better way to do the exercise.

As I introduced each phase of the exercise, I explained that our days are filled with different levels of activities: we experience periods that are calm and periods that are hectic. Nevertheless, if we are going to succeed with our 'air diet,' and achieve the 'right look,' we have to be able to make it through the entire day on our allotted amount of air.

Through out the exercise, I taunted them by telling them that they were not allowed to cheat on their air diet and that that laughing was a form of cheating so they were not allowed to laugh. I would tease those that dropped out of the exercise. I would ask them what was wrong with them; what was wrong with their willpower because everyone else could stay on their air diet. I also repeated how important it was to stay on the 'air diet' because it was important to achieve the 'right look.'

After the exercise, we talked about how they felt while they were on their 'air diet'. Both the students, the teacher and the interpreter commented on how they felt anxious or panicky and that they could only concentrate on their breathing. As well, none of the participants enjoyed being mocked for quitting the exercise.

When I asked what happened to their breathing once the exercise was over and they were allowed to breath through both nostrils, they commented on how they had to gulp for air to get their breath back.

Following this exercise, we again reviewed the consequences of deprivation specifically related to food. I had hoped that the repetitious component of this workshop in combination with the experiential component would drive home the point about the negative consequences of dieting. ✱

To conclude this workshop, I thanked the students for their co-operation, participation, and patience. Then, I gave them two handouts. The first was a letter to give to their parents (see Appendix 10). Essentially, this letter thanked their parents for allowing me to enter their child's class and both interview their child and facilitate the workshop. I also provided the parents with three short tips that might help their children grow up comfortably in their bodies.

The second handout was for the students. It was a paper fortune game that had positive body image affirmations on it that touched on different components of the workshop (see Appendix 11). At the conclusion of the workshop, my intention was to give the class a short survey to fill out. I wanted to get some feedback from the students about the workshop. Unfortunately, there was no time available to complete this component.

## ***Recommendations***

In creating a workshop, one may have to facilitate it a few times to get the components of the workshop just right. While I am pleased with the first run, I do believe that I need to tweak it in order to improve upon it. For example, my intent was to develop a workshop that was interactive. I thought that the students would absorb the material better if they participated in the lesson. However, in the end, I felt that I had done more talking during the workshop that I would have liked. This may have simply been a reflection of the type of workshop that was needed for this class at this specific time. As I have already mentioned, I did facilitate it on a Friday afternoon, a time-slot that I will try to avoid in the future. As well, I have come to realise that each workshop will not be identical and I will have to adapt to the dynamics of the class.

Because of the prevalence of diet talk in our society, I think that it would also be valuable to give the students a forum to talk about the mixed messages they receive. However, that could not occur in this workshop due to the time constraints. The dissemination of mixed messages also illustrates the need to do body image workshop for different groups people within society.

The one conclusion that I can make from creating this workshop is that this experience has only strengthened my drive to pursue further research in this area and to modify it so I can facilitate it with a variety of different groups, as well as continuing to facilitate it with children.

## Chapter Five Conclusion

We live in a panoptic environment in which we are regulated by systems of normalisation, such as measuring techniques like the BMI and fat calipers. These systems of normalisation are reinforced through disciplines or rational procedures, such as job discrimination, small seats, and limited access to retail clothing outlets. They rely on biased research that creates myths about fat and fat people. The philosophy that it is unhealthy to be fat and that permanent weight loss is possible serve as evidence to this point.

Within our society, we can turn to four categories of discourse that are used as tools to promote weight loss. These categories include the anorexic woman, the chubby child, the health conscious couple, and the obese adult. Even so, not only is this discourse responsible for creating the fat body, it has also contributed to increasing the size and number of fat bodies in western society.

As the experiences of the women in Chapter Three demonstrate, the fat body is subject to ridicule. Weight-loss discourse has contributed to this ridicule and to the many neuroses we have about our bodies. However, given the range of current strategies, including reverse discourse, visual arts, parody, exposure, and theatre, a space has been created for an alternative discourse on the body: one that challenges current myths and stereotypes about the fat body.

Through reverse discourse, those in the fat liberation movement "...began to demand that its legitimacy or 'naturalness' be acknowledged, often using the same vocabulary, using the same categories by which it was medically disqualified" (*Sexuality* 101). The appropriation of medical discourse by those in the Fat Underground and



NAAFA, such as re-exploring the causal connection between poor health and fat, serves to illustrate this fact.

The 1960s, in combination with Radical Feminism and Radical Therapy, created the perfect environment for the Fat Liberation Movement. The Fat Underground, the first organisation to come from the Fat Liberation Movement, engaged in a variety of different activities including the publishing of articles, facilitating consciousness-raising and support groups, engaging with the media, and attempts at educating women's health groups. As active as they were, the death of Cass Elliot of the *Mamas and the Papas* served as a catalyst for the Fat Underground. Straying from fat stereotypes, which the media and the medical profession relied on, the Fat Underground turned to dieting rather than obesity to explain her death. Reverse discourse created this opportunity.

The Fat Underground disbanded by 1983; however it did not completely disappear without leaving a legacy through the publishing of *Shadow on a Tightrope* and the current fat activism that exists around the world. Evidence of this legacy can be seen through the different types of organisations that have formed to fight fatphobia, the activist theatre and sports groups, artists such as Sabrina Ovesen who incorporate fat politics into her work, the activism on the World Wide Web, and the variety of literature that is written on this topic.

The workshop that I created to help pre-pubescent children develop positive body image directly contributes to the fat liberation movement. It does so because it challenges current notions of acceptable bodies. In so doing, I am contributing to a new discourse that young women and men can deploy in their everyday world to feel good about themselves and combat the current field of negative representations.

The interviews that I undertook to help create the workshop brought forth some interesting observations. The girls seemed to put much more pressure on themselves to look like the women in the media as opposed to girls around them. Alternatively, the boys did not feel like there was a lot of pressure on them to conform to specific looks or body types. One could speculate that this has to do with the fact that there is a more diverse range of male body types present in the media<sup>24</sup>.

My interviews clearly demonstrate that peers have a profound influence in and outside of the classroom. All the students seemed to take for granted that teasing was a part of going to school. As well, they also took for granted that there was a negative association with the word fat. They did not enjoy being called fat, yet they would still call others fat. Of particular interest to me is the long term affect that this type of teasing will have on students. Thinner children are being ridiculed for being fat. This illustrates that the discourse on fatness is an extremely complicated one.

The discussion of families during my interviews was particularly revealing. Specifically, this section reinforced the need for workshops on body image to be facilitated at many different levels. Going into classrooms is beneficial. However, if those with influence over children, like teachers, coaches, and parents, reinforce fatphobic messages, these benefits will be diminished.

If women are going to stop chasing the illusive carrot, fat must be embraced by society, *unconditionally*. This is the only way that this aspect of the ideal woman is going to disappear. For this to happen, we must erase the imaginary line that dictates which bodies are deemed acceptable and which bodies are deemed repulsive. As this happens,

---

<sup>24</sup>For an examination of masculinity, see Segal.

the definition of fat will shift. The present meaning of fat is destructive. It causes us to constantly police our bodies and the bodies of those around us, regardless of whether we are thinner or fatter. Once fat takes on new meaning, it will release both thinner and fatter people from self-regulating behaviour and allow fatter people to take their place in society.



## Bibliography

- Airborne, Max. "Zine Reviews, Events, and Organizations." *Fat Girl: A Zine for Fat Dykes and the Women Who Want Them* Aug. 1996: 54-57.
- Bordo, Susan. *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press, 1993.
- British Columbia Eating Disorders Association. *School Outreach Program Training Manual*. British Columbia: British Columbia Eating Disorders Association, 1998.
- "Broadening Out." *Trouble and Strife* 23 Spring (1992): 18-23.
- Brownmiller, Susan. *Femininity*. New York: Linden Press, 1984.
- Campbell, Kate, and Sue Levesque. "Mandatory Thinness and Mother Blame: The Newspaper Coverage of the Marlene Corrigan Trial." *Canadian Women's Studies* 18.2-3 (1998): 69-73.
- Cash, Thomas, F. *The Body Image Workbook: An 8-Step Program For Learning To Like Your Looks*. Oakland: New Harbinger Publications, 1997.
- Chernin, Kim. *WOMANSIZE: The Tyranny of Slenderness*. Great Britain: The Women's Press, 1981.
- Chrisler, Joan. "Politics and Women's Weight." *Feminism and Psychology* 6.2 (1996): 181-184.
- Crook, Marion. *The Body Image Trap: Understanding and Rejecting Body Image Myths*. Vancouver: Self-Council Press, 1991.
- Diamond, David. *A Joker's Guild: Theatre For Living*. Vancouver: Headline's Theatre, 1995.
- Delainey and Rasmussen. "Betty." Cartoon. *The Free Press* [Prince George] 24 Oct. 1999.
- Diagnostic and Statistical Manual of Mental Disorders*. 4<sup>th</sup> ed. Washington: American Psychiatric Association, 1994.

- Dickenson, Joan. "Some Thoughts on Fat." *Shadow On A Tightrope: Writings by Women on Fat Oppression*. Eds Schoenfielder, Lisa and Barb Wieser. San Francisco: aunt lute books, 1983. 37-51.
- Duberman, Martin. *Stonewall* New York: Penguin, 1993.
- Duker, Marilyn and Roger Slade. *Anorexia Nervosa and Bulimia: How to Help*. Philadelphia: Open University Press, 1988.
- Edut, Ophira, ed. *Adiós, Barbie: Young Women Write About Body Image and Identity*. Seattle: Seal Press, 1998.
- Epling, Frank and David Pierce, eds. *Activity Anorexia: Theory, Research, and Treatment*. New Jersey: Lawrence Erlbaum Publishers, 1996.
- Fallon, Patricia, Melanie A. Katzman, and Susan C. Wooley. eds. *Feminist Perspectives on Eating Disorders*: The Guildford Press, 1993.
- Fireweed*. 67 (1999).
- Fishman, Sara Golda Bracha. "Life In The Fat Underground." *Radiance: The Magazine for Large Women* Winter 1998. 3 Mar. 1999 <<http://www.radiancemagazine.com/fatunderground.html>>.
- Foucault, Michel. *Discipline & Punish: The Birth of the Prison*. Trans. Alan Sheridan. New York: Vintage Books, 1995.
- . *The History of Sexuality: An Introduction, Volume One*. Trans. Robert Hurley. New York: Vintage Books, 1990.
- Fraser, Laura. "Fit Today Fat Tomorrow." *MODE* September 1998: 48-54.
- Grogan, Sarah. *Body Image: Understanding Body Dissatisfaction In Men, Women, and Children*. London: Routledge, 1999.
- Grossworth, Marvin. *Fat Pride: A Survival Handbook*. New York: Jarrow Press, 1971.
- Grosz, E. *Volatile Bodies*. Bloomington: Indiana U.P, 1994.
- Hernandez, Andrea. "Judy Freespirit: Foremother of the Fat Liberation Movement." *FatGirl*. Sept. 1994. 3 March 1999 <[www.fatso.com/fatgirl/judyfree.html](http://www.fatso.com/fatgirl/judyfree.html)>.

- Hutcheon, Linda. "The Politics of Parody." *The Politics of Postmodernism*. London: Routledge, 1989. 93-117.
- Ikeda, Joanne and Priscilla Naworski. *Am I Fat? Helping Young Children Accept Differences in Body Size*. Santa Cruz: ETR Associates, 1992.
- Kater, Kathy J. *Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too!* Seattle: Eating Disorders Awareness and Prevention, Inc., 1998.
- Koras-Bain, Aglaia. "Wire Their Mouths Shut." *Size Acceptance and Self-Acceptance: The NAAFA Workbook—A Complete Study Guide*. Ed. Sally Smith, California: NAAFA Inc., 1985. 33-34.
- Lee, Luaine. "Hollywood Beauty Was Once Skin Deep. Now It's Bone Thin." *Ottawa Citizen*, 20 Oct. 1998.
- Liggett, Arlene, and John Liggett. *The Tyranny of Beauty*. London: Victor Gollancz Ltd., 1989.
- Mabel-Lois and Aldebaran. "Writings From the Fat Underground." *Shadow On A Tightrope: Writings by Women on Fat Oppression*. Eds Schoenfelder, Lisa and Barb Wieser. San Francisco: aunt lute books, 1983. 52-57.
- Martin, Joe. "Mister Boffo." Cartoon. *The Free Press* [Prince George] 21 Nov. 1999.
- McCabe, John. *Plastic Surgery Hopscotch: A Resource Guide For Those Considering Cosmetic Surgery*, Ed. Miriam Ingersoll, Santa Monica: Carmania Books, 1995.
- McHoul, Alec and Wendy Grace. *A Foucault Primer: Discourse, Power and the Subject*. New York: New York UP, 1997.
- Miller, April et al, eds. *Fat Girl: A Zine for Fat Dykes and the Women Who Want Them*, San Francisco.
- NAAFA. "Facts About Hypertension and the Fat Person." *NAAFA Web Page* 1999-2000. 15 Jan. 1999 <<http://www.naafa.org/documents/brochures/hyper.html>>.
- . "NAAFA Policy on Dieting and the Diet Industry." *NAAFA Web Page* 30 May 1993. 15 Jan. 1999 <<http://www.naafa.org/documents/policies/dieting.html>>.
- . "NAAFA Policy on Obesity Research." *NAAFA Web Page* 13 August 1998. 11 Feb. 2000 <[http://www.naafa.org/documents/policies/obesity\\_research.html](http://www.naafa.org/documents/policies/obesity_research.html)>.

- . "Survey on Employment Discrimination." *Size Acceptance and Self-Acceptance: The NAAFA Workbook—A Complete Study Guide*. Ed. Sally Smith, California: NAAFA Inc., 1995. 92-95.
- . "Weight Loss: Fact and Fiction." *NAAFA Web Page* 1999-2000. 15 Jan. 1999 <<http://www.naafa.org/documents/brochures/weightloss.html>>.
- National Institute of Nutrition, "Giving Adolescents A Fighting Chance Against Eating Disorders." *National Institute of Nutrition Web Page* Winter 1993. 21 Feb. 2000 <<http://www.nin.ca/en/index-nin.htm>>.
- "Notes on People." *New York Times* 6 Aug. 1974: 39-2.
- Olsen, Cheri L. et al. "Overweight Women Delay Medical Care." *Archives of Family Medicine* 3 (1994): 888-892.
- Ovesen, Sabrina. "Artist's Statement." *Sabrina Ovesen, Self-Portraits*. Prince George: Prince George Art Gallery, 1999. 23-25.
- Poulton, Terry. *No Fat Chicks: How Women Are Brainwashed to Hate Their Bodies and Spend Their Money*. Toronto: Key Porter Books, 1996.
- Rabinow, Paul, ed. *The Foucault Reader*. New York: Pantheon Books, 1984.
- Radiance: The Magazine For Large Women*. Oakland, California.
- Rockwell, John. "Cass Elliot, Pop Singer, Dies; Star of the Mamas and Papas." *New York Times* 30 July 1974, 36:2.
- Rothblum, Esther D. "Women and Weight: Fad and Fiction." *The Journal of Psychology* 124.1 (1990): 5-24.
- Rowland, Robyn and Renate D. Klein. "Radical Feminism; Critique and Construct." *Feminist Knowledge: Critique and Construct*. Ed. Sneja Gunew, London: Routledge, 1990. 271-303.
- Schoenfielder, Lisa and Barb Wieser, eds. *Shadow On A Tightrope: Writings by Women on Fat Oppression*. San Francisco: aunt lute books, 1983.
- Schwartz, Hillel. *Never Satisfied: A Cultural History of Diets, Fantasies and Fat*. New York: The Free Press, 1986.



- Segal, Lynne. *Slow Motion: Changing Masculinities, Changing Men*. London: Virago Press, 1990.
- Shanewood, B. "Discovering the Truth: An Interview With Medical Rights Champion Lynn McAfee". *Radiance Magazine Web Page* 29 April 1999. 3 March 1999. <<http://www.radiancemagazine.com/truth.html>>.
- Showalter, E. *The Female Malady: Women, Madness, and English Culture, 1830-1980*. New York: Penguin Books, 1985.
- Smart, Barry. *Michel Foucault*. New York: Routledge, 1988.
- Smith, Sally E. "Size-Related Legislation and Litigation." *Size Acceptance & Self-Acceptance: The NAAFA Workbook—A Complete Study Guide*. Ed. Sally Smith, California: NAAFA Inc., 1995. 98-100.
- Spitzack, Carole. *Confessing Excess: Women and the Politics of Body Reduction*. New York: State University of New York Press, 1990.
- Spring, Heléna, ed. *Canada Wyde: The lifestyle magazine for large Canadians and their admirers*. Toronto, Ontario.
- "The Star Report." *People* 28 September 1998: 58-65.
- Stimson, Karen. "Fat Feminist Herstory—A Memoir." E-mail to author. Feb. 1998.
- Stunkard, Albert. *The Pain of Obesity*. California: Bull Publishing Co., 1976.
- Vandereycken Walter and Ron Van Deth. *From Fasting Saints to Anorexic Girls: The History of Self-Starvation*. New York: New York University Press, 1994.
- Wann, Marilyn. *Fat! So? Because You Don't Have To Apologize For Your Size!* Berkeley: Ten Speed Press, 1998.
- Wiley, Carol A, ed. *Journeys to Self-Acceptance: FAT WOMEN SPEAK*. Freedom: The Crossing Press, 1994.
- Wolf, Naomi. *The Beauty Myth*. Toronto: Vintage Books, 1990.
- Wooley, Susan C. and Orland W. Wooley. "Obesity and Women—I. A Closer Look At The Facts." *Women's Studies International Quarterly* 2 (1979): 69-79.

Wooley, Susan C., Orland W. Wooley and Susan R. Dyrenforth. "Theoretical, Practical, and Social Issues in Behavioral Treatments of Obesity." *Journal of Applied Behavior Analysis* 12 (1979): 3-25.

Wyckoff, Hogie. "Radical Psychiatry For Women." *Psychotherapy For Women*, Ed. Edna Rawlings and Dianne Carter, Illinois: Charles C Thomas Publisher, 1977. 370-391.



**Nasty new  
book shatters  
95-year-old  
Bob Hope**

**SEINFELD  
STEALS  
ANOTHER MAN'S  
WIFE — THREE WEEKS  
AFTER WEDDING**

**THE  
NEW**

**NATIONAL**

FIND OUT WHY WE'RE THE LARGEST CIRCULATION PAPER IN AMERICA

**ENQUIRER**

\$1.49/\$1.79 CANADA

[www.nationalenquirer.com](http://www.nationalenquirer.com)

October 27, 1998

# STARVING STARS

**Diet torture**  
**Deadly crisis sweeps  
Hollywood**

**CALISTA:**  
**5'-6", 102 lbs.**  
**and dropping**



# ALLY McBEAL MELTDOWN

Fame is eating Calista Flockhart alive!

The 'Ally McBeal' cutie has lost 20 pounds in the past year — and pals fear the wall-like star is headed for a breakdown. Overwhelmed by her newfound popularity and the pressure of a break-in filming schedule, Calista has turned into a workaholic with no personal life, critics say.

The 24-year-old actress eats like a bird, dropping to a skeletal 102 pounds on her 3-foot-6 frame.

"Calista always wanted to be a star. But she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress. "Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

"She wants to please everyone — her

losses, her family, her fans, herself — and she's finding that success in Hollywood is a double-edged sword," said an insider close to the actress.

"Unlike many women who eat when they're stressed out, Calista responds to it by not eating. She's working 12-hour days, she's besieged by fans and autograph hounds wherever she goes."

## Calista's 5-foot-6, 102 lbs. — & still dropping!

By SUZANNE ELY, JIM NELSON & MICHAEL GLYNN

and call me 'Ally.' It just drove

"I'm not Ally, you jerk! She's a

TV character! She's not real!"

Calista couldn't escape her

role. She was trapped in a fish-

bone. "People were gawking at

me. I want to scream at them

"I'm not Ally, you jerk! She's a

TV character! She's not real!"

Calista couldn't escape her

role. She was trapped in a fish-

bone. "People were gawking at

me. I want to scream at them

"I'm not Ally, you jerk! She's a

TV character! She's not real!"

Calista couldn't escape her

role. She was trapped in a fish-

bone. "People were gawking at

me. I want to scream at them

"I'm not Ally, you jerk! She's a

TV character! She's not real!"

Calista couldn't escape her

role. She was trapped in a fish-

bone. "People were gawking at

me. I want to scream at them

"I'm not Ally, you jerk! She's a

TV character! She's not real!"

Calista couldn't escape her

role. She was trapped in a fish-

bone. "People were gawking at

me. I want to scream at them

"I'm not Ally, you jerk! She's a

TV character! She's not real!"

Calista couldn't escape her

role. She was trapped in a fish-

bone. "People were gawking at

me. I want to scream at them

"I'm not Ally, you jerk! She's a

TV character! She's not real!"

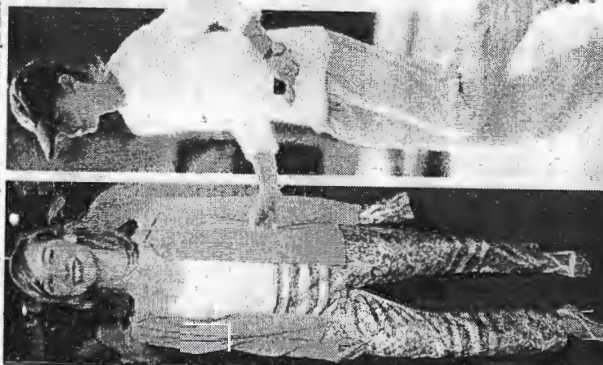
Calista couldn't escape her

role. She was trapped in a fish-

bone. "People were gawking at

me. I want to scream at them

"I'm not Ally, you jerk! She's a



THE PRICE OF FAME: A bubbly Calista was all smiles (left) in early 1996 — 10 months before she hit the big time on TV. But now she's showing the stress of her newfound fame (above).

Calista whenever she went."

"She moaned to her

room, "What's wrong with

me? Why is everyone star-

ing Calista's mother reas-

sured her that people were

looking at her only because

of her size?"

But that was little con-

solation for Calista."

The public spotlight

glared even brighter after

September, Calista looked

as skinny as a scarecrow,

sparking speculation that

she's suffering from the

same ailment as her costar

at the Emmys, "Calista's

dress revealed her bare,

ony back and long, tick-

le legs," said her close

friend, "I don't know if

her red-like neck, which

looked like it could barely

hold up her head."

The actress, who's been

in a state of "Hoover's

illness" since her skin-

ny and bones look started a

few shoppes, waiting bar-

ge reveals that barely con-

cealed her spindly-like

frame," said the eponymous

"She carried a small

make her topple over."

"When she got to the cash

register, Calista pulled a

her bag. The woman who

was with her laughed. Co-

lita said "My fans sound me

hood coupons because they

believe that."

Although FOX honcho

Peter Roth says the star

does not have an eating

disorder and a challenged

radio DJ's to launch a

"Streis for McBeal" cam-

**Pals fear killer work schedule is taking its toll**

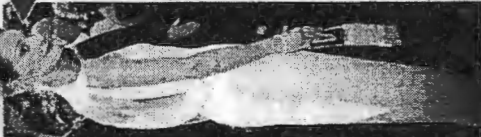
**SKINNY-AS-A-SCARECROW** Calista's bone-revealing wiggling at last month's Emmys (left) — sparking speculation that she's suffering from anorexia.

been a quitter. Furthermore, she doesn't believe she has a problem. "I know I'm a little out of control of her life before 'Ally' makes her crack up."

A distraught Calista told her mother, "I'm not a star. I'm just a girl who's a little stressed. I know, I know. I'll be out of work and I'll miss the attention, but right now I keep thinking about what I did and how I might get it."

**H'WOOD'S STARVING**  
STARS: See next page

**FROM THIS TO THIS**  
In 1993 (left) and (right) as she is now.



paign. When she heard them, looking about her on the air, she exploded.

"She said, 'How can they

do this to me? Don't they un-

derstand that I have feel-

ings like everyone else?'

"I do need that kind of help."

"Even though she's

swamped with work, Calista

called the DJ's on the radio

from the 'Ally' McBeal set.

"She told them on the air

she was in perfect health

and could kick their butts if

they said that being a star is so

stressed. I know, I know. I'll

miss the attention, but right

now I keep thinking about what

I did and how I might get it."

Calista's mother, who's

been a quitter. Furthermore,

she doesn't believe she has

a problem. "I know I'm a

little out of control of her

life before 'Ally' makes her

crack up."

A distraught Calista told

her mother, "I'm not a star.

I'm just a girl who's a little

stressed. I know, I know. I'll

be out of work and I'll miss

the attention, but right now

I keep thinking about what

I did and how I might get it."

Calista's mother, who's

been a quitter. Furthermore,

she doesn't believe she has

a problem. "I know I'm a

little out of control of her

life before 'Ally' makes her

CALISTA TODAY: Fueling the strain

CALISTA played a bulimia vic-  
tim in the 1992 TV movie  
"The Secret of Mary-Martin."  
She's shown here on  
the cover of the video version.





# STARVING STARS

The skinny on the health crisis  
that's rocking H'wood

Hollywood is reeling from a brand-new health crisis — starving stars!

Some of Tinseltown's most stunning women — led by "Aly McBeal's" Calista Flockhart and including "Buffy the Vampire Slayer's" Sarah Michelle Gellar and Courteney Cox of "Friends" — have slimmed down to skin and bones.

"Hollywood's obsession with thin females is causing women to endanger their health," declared famed feminist lawyer Gloria Allred. "It can be deadly and bulimic. They deprive themselves of nutrients their bodies need — and ultimately that leads to death," explained Allred. "It's gone to court for Hollywood actresses who've been sued because they've gained weight."

The ultra-thin trend started with models like Christy Turlington, but now the skeletal look is catching on with big-name stars, warns allied experts. "Anorexia and bulimia are rampant," says "Taxi" star Judd Hirsch. "And 'Evening Shade' star Marilu Henner told The Associated Press that she's been hospitalized for anorexia."

Actresses who crash diet end up with that hollow, haunted look around their eyes.

Some of the shoniest bone-deep health threats

are eating disorders. Anorexia nervosa is a chronic condition in which people refuse to eat enough food to maintain a healthy weight.

Bulimia is a chronic condition in which people binge eat and then vomit or use laxatives to get rid of the food.

Both disorders can lead to serious health problems, including heart disease, kidney failure, and even death.

For Hollywood actresses, the pressure to stay thin is often the driving force behind these disorders.

But there are ways to stay healthy while staying slim. Eating a balanced diet, exercising regularly, and getting enough sleep can help.

And if you're struggling with an eating disorder, there are professionals who can help.



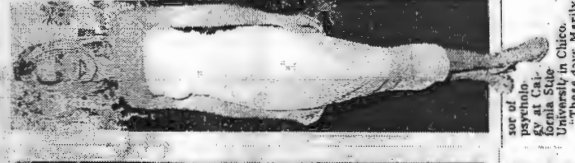
FARRAH FAWCETT



COURTENEY COX



SARAH MICHELLE GELLAR



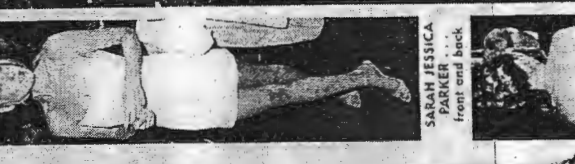
WINONA RYDER



CELINE DION



SARAH JESSICA PARKER



TORI SPELLING

Low Gifford, Farrah Fawcett's stylist, says she's seen Fawcett "look like a ghost" after a diet crash. "She was so thin, I was worried she was going to die," Gifford says.

But Fawcett's not alone. "I've seen a lot of actresses who are really, really thin," says Gifford. "It's not just Farrah. It's a lot of people."

And it's not just actresses. "I've seen a lot of models who are really, really thin," says Gifford. "It's not just models. It's a lot of people."

But there are ways to stay healthy while staying slim. Eating a balanced diet, exercising regularly, and getting enough sleep can help.

And if you're struggling with an eating disorder, there are professionals who can help.

Low Gifford, Farrah Fawcett's stylist, says she's seen Fawcett "look like a ghost" after a diet crash. "She was so thin, I was worried she was going to die," Gifford says.

But Fawcett's not alone. "I've seen a lot of actresses who are really, really thin," says Gifford. "It's not just Farrah. It's a lot of people."

And it's not just actresses. "I've seen a lot of models who are really, really thin," says Gifford. "It's not just models. It's a lot of people."

But there are ways to stay healthy while staying slim. Eating a balanced diet, exercising regularly, and getting enough sleep can help.

And if you're struggling with an eating disorder, there are professionals who can help.

Low Gifford, Farrah Fawcett's stylist, says she's seen Fawcett "look like a ghost" after a diet crash. "She was so thin, I was worried she was going to die," Gifford says.

But Fawcett's not alone. "I've seen a lot of actresses who are really, really thin," says Gifford. "It's not just Farrah. It's a lot of people."

And it's not just actresses. "I've seen a lot of models who are really, really thin," says Gifford. "It's not just models. It's a lot of people."

But there are ways to stay healthy while staying slim. Eating a balanced diet, exercising regularly, and getting enough sleep can help.

And if you're struggling with an eating disorder, there are professionals who can help.

Low Gifford, Farrah Fawcett's stylist, says she's seen Fawcett "look like a ghost" after a diet crash. "She was so thin, I was worried she was going to die," Gifford says.

But Fawcett's not alone. "I've seen a lot of actresses who are really, really thin," says Gifford. "It's not just Farrah. It's a lot of people."

And it's not just actresses. "I've seen a lot of models who are really, really thin," says Gifford. "It's not just models. It's a lot of people."

But there are ways to stay healthy while staying slim. Eating a balanced diet, exercising regularly, and getting enough sleep can help.

And if you're struggling with an eating disorder, there are professionals who can help.

Low Gifford, Farrah Fawcett's stylist, says she's seen Fawcett "look like a ghost" after a diet crash. "She was so thin, I was worried she was going to die," Gifford says.

But Fawcett's not alone. "I've seen a lot of actresses who are really, really thin," says Gifford. "It's not just Farrah. It's a lot of people."

And it's not just actresses. "I've seen a lot of models who are really, really thin," says Gifford. "It's not just models. It's a lot of people."

But there are ways to stay healthy while staying slim. Eating a balanced diet, exercising regularly, and getting enough sleep can help.

And if you're struggling with an eating disorder, there are professionals who can help.

Low Gifford, Farrah Fawcett's stylist, says she's seen Fawcett "look like a ghost" after a diet crash. "She was so thin, I was worried she was going to die," Gifford says.

But Fawcett's not alone. "I've seen a lot of actresses who are really, really thin," says Gifford. "It's not just Farrah. It's a lot of people."

And it's not just actresses. "I've seen a lot of models who are really, really thin," says Gifford. "It's not just models. It's a lot of people."

But there are ways to stay healthy while staying slim. Eating a balanced diet, exercising regularly, and getting enough sleep can help.

And if you're struggling with an eating disorder, there are professionals who can help.

Low Gifford, Farrah Fawcett's stylist, says she's seen Fawcett "look like a ghost" after a diet crash. "She was so thin, I was worried she was going to die," Gifford says.

But Fawcett's not alone. "I've seen a lot of actresses who are really, really thin," says Gifford. "It's not just Farrah. It's a lot of people."

And it's not just actresses. "I've seen a lot of models who are really, really thin," says Gifford. "It's not just models. It's a lot of people."

But there are ways to stay healthy while staying slim. Eating a balanced diet, exercising regularly, and getting enough sleep can help.

And if you're struggling with an eating disorder, there are professionals who can help.

Low Gifford, Farrah Fawcett's stylist, says she's seen Fawcett "look like a ghost" after a diet crash. "She was so thin, I was worried she was going to die," Gifford says.

But Fawcett's not alone. "I've seen a lot of actresses who are really, really thin," says Gifford. "It's not just Farrah. It's a lot of people."

And it's not just actresses. "I've seen a lot of models who are really, really thin," says Gifford. "It's not just models. It's a lot of people."

But there are ways to stay healthy while staying slim. Eating a balanced diet, exercising regularly, and getting enough sleep can help.

And if you're struggling with an eating disorder, there are professionals who can help.

Low Gifford, Farrah Fawcett's stylist, says she's seen Fawcett "look like a ghost" after a diet crash. "She was so thin, I was worried she was going to die," Gifford says.

But Fawcett's not alone. "I've seen a lot of actresses who are really, really thin," says Gifford. "It's not just Farrah. It's a lot of people."

And it's not just actresses. "I've seen a lot of models who are really, really thin," says Gifford. "It's not just models. It's a lot of people."

But there are ways to stay healthy while staying slim. Eating a balanced diet, exercising regularly, and getting enough sleep can help.

And if you're struggling with an eating disorder, there are professionals who can help.

Low Gifford, Farrah Fawcett's stylist, says she's seen Fawcett "look like a ghost" after a diet crash. "She was so thin, I was worried she was going to die," Gifford says.

But Fawcett's not alone. "I've seen a lot of actresses who are really, really thin," says Gifford. "It's not just Farrah. It's a lot of people."

And it's not just actresses. "I've seen a lot of models who are really, really thin," says Gifford. "It's not just models. It's a lot of people."

But there are ways to stay healthy while staying slim. Eating a balanced diet, exercising regularly, and getting enough sleep can help.

And if you're struggling with an eating disorder, there are professionals who can help.



# HOLLYWOOD'S STARVING STARS

(Continued from Page 27)

iams added, "There's tremendous pressure on models and actresses to stay thin. If your image is based on your looks, then you have to make staying thin a part of your job. It becomes an all-consuming obsession. Karen Carpenter is a classic case — she literally starved herself to death."

"Some dieters take as many as 60 over-the-counter laxatives a day. It's tough to diagnose anorexia and bulimics because they're not willing to admit what they're doing."

What's worse, it's easy to accidentally push an actress into starving herself, added Dr. Williams, a UCLA professor and director of Addiction and Treatment Services at St. Joseph Hospital in Orange County, Calif.

"Sometimes a simple remark can set somebody off. One of my patients was working on her high school yearbook when another student said, 'I'm so glad that's not my picture. Look how fat your face looks.'"

"So if an actress' agent or director says something like, 'Put on a few pounds, have you?' an actress — whose bread and butter depends on her appearance — may start eating in a way that can lead to an eating disorder."

Hollywood diet guru and author Nikki Haskell — an advocate of safe weight loss — revealed: "In Hollywood, it's almost mandatory that you be thin. All the

successful girls are thin. Another thing that drives them to be super-thin is that weight makes you look older. In Holly-

wood, everybody wants to play 18- to 25-year-olds." Concluded women's advocate Allred: "My advice to Hollywood's movers-

and-shakers is: 'Guys, the body of a REAL woman can also be beautiful and something that Americans would like to look at.'

Hollywood sells us fantasy — but reality can be more beautiful!"

— MARC CETNER, ALAN SMITH and REGINALD FITZ



LEA THOMPSON



MICHELLE PFIFFER



CLAIRE DANES



KATHIE LEE

## ... and the not-so-starving

Fewer British actresses are caught up in the starvation craze — because they tend to pride themselves on their skills rather than their shapes, says a Hollywood fashion stylist.

"Titanic" star Kate Winslet is happy to be a little beefy. She's proud of herself as an actress and thinks she looks great with a little meat on her bones.

"Kate tried losing weight to excess to be the movie business' definition of thin for years, but ultimately gave up."

"She decided she liked herself the way she was."

"Good Will Hunting" star Minnie Driver is another British actress who looks good. She prides herself on being an actress and doesn't feel she needs to be a reed to make it on the silver screen.

"Helen Hunt of 'Mad About You' is an American actress who eats healthy and works out, but isn't thin to excess."



HELEN HUNT isn't thin to excess.



MINNIE DRIVER (left) and KATE WINSLET



ADVERTISEMENT

LOSING WEIGHT: Investigation of a Discovery

# A Chicago Physician Reveals How He Enabled a Desperate Young Woman to Lose 47 Pounds in 9 Weeks Without Dieting, and...

... how he helped 3,193 other people melt away a total of 95,789 pounds (more than 43 tonnes) with the incredible discovery revealed below.

Few discoveries have received as much attention as that of the Chicago physician, Dr. Hirsch. It was broadcast on all major TV networks. Plus hundreds of articles have been published in all leading newspapers and magazines, like the New York Times, the Wall Street Journal, USA Today, Newsweek, Time, and Life... to name a few.

It doesn't happen every day that someone makes such an astounding breakthrough. Dr. Hirsch spent 11 years of his life developing and perfecting this discovery. He then tested it for 6 months on 3,193 people. And not the easy ones.

people from families in which excess weight was a problem.

people who had already tried a total of 66 diets and methods of different kinds to lose weight!

Plus, Dr. Hirsch asked them to do 2 things before starting:

- (1) Not go on any diet and eat as usual.
- (2) Do no more exercise than they had been doing before.

Naturally, there was absolutely no medication to take. The results? They exceeded everything Dr. Hirsch could imagine...

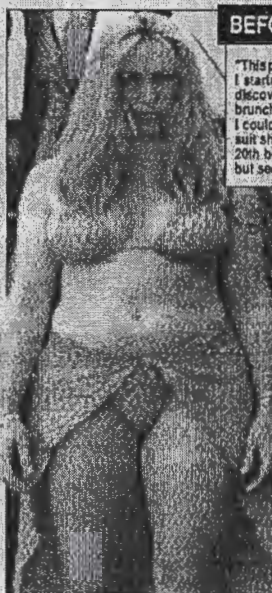
More than 98% of these people lost weight. They lost a total of 95,789 pounds!!! That's more than 43 tonnes. And the most astonishing follows:

One woman lost 38 pounds the first month.

The others easily lost 20, 30, 50, 75 and more than 100 pounds.

Some even lost *too much* weight and had to stop. Dr. Hirsch acknowledges with some irony: "That's the main inconvenience of my discovery."

And you? Do you want to lose weight? Really lose weight. Naturally. Easily. Quickly. With no diet and no effort. Eating everything you want, without ever feeling hungry... Then read the testimonial of Allison Angel below. As she herself says: "I thought I was a hopeless case." Today she's the happiest woman on earth. The following describes exactly how she lost weight so easily with Dr. Hirsch's discovery. And how she went from being "Miss Fatty" to "Miss Florida" in only 9 weeks.



BEFORE

Florida January 1st

"This photo was taken the day I started to use Dr. Hirsch's discovery. At the New Year's brunch, my best friend bet me I couldn't get into the swimsuit she had given me for my 20th birthday. I won my bet, but see how I looked..."

me, the slightest effort would exhaust me and leave me breathless.

The effect all this had on my morale was even worse. People called me "Fatty" or "Big Blondie." Everyone

laughed. But me, I felt really bad. I couldn't get into my clothes. I didn't know how to dress myself anymore. My love life was almost nonexistent.

Then, one day, things completely fell apart.

My boyfriend wrote me a "Dear Allison..." letter... and dumped me.

If you only knew what I suffered from my excess weight. You have to look at yourself in a mirror, as I did, without recognizing yourself and being

ashamed of the way you appear, to understand.

I told myself that if I wanted to lose weight, I'd have to start eating less. I tried low calorie diet menus.

Two months later, I had lost 18 pounds. So I started eating as I had before. And gained weight. Within a month, I weighed the same as I had before starting to diet. I tried every kind of diet there was during this period. And they all failed.

I began to take hunger suppressants. But that was the worst of all. I was nervous and irritable. I couldn't sleep. So I stopped taking these drugs. Otherwise, it would have been a catastrophe.

I think I tried every kind of weight-loss product there was. In the best of circumstances I would lose 5 lbs. Then regain 6.

I was desperate. I was ready to accept it. Accept bearing my extra 47 lbs. for the rest of my life. But fate decided otherwise.

I'd lost all hope... then a "miracle" occurred.

**"In some cases patients lost too much weight and had to go off the program"**

Michael G., Science Editor, Good Morning America — December 13<sup>th</sup> — 4.7 million viewers

Exclusive: extracts from the testimonial of Allison Angel, Wilton Manors, Florida (USA)

"One thing is sure, I didn't get to weigh 172 lbs. by eating carrot salads. I love cooking and I like to stuff myself. And like many women I gain weight easily. Too easily.

I weighed 150 lbs when I was 24. That was certainly too much, but I wasn't worried.

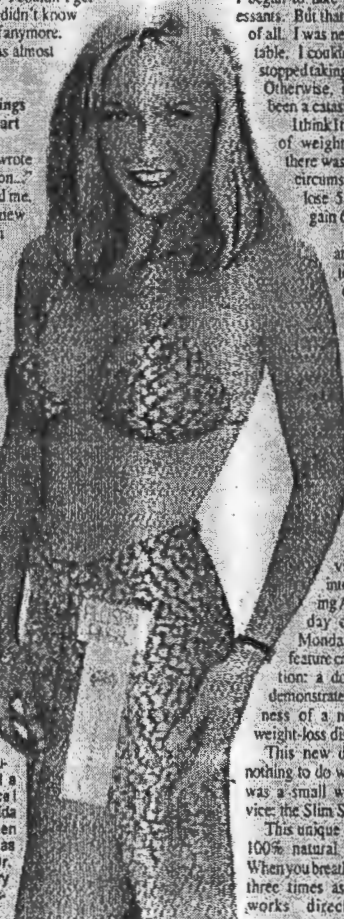
Then, one day, I lost my job. I wasn't too worried at first. In fact, I was pretty happy just to stay at home. But I eventually began to get "cabin fever". That's when I really began to eat. Everyone could see me getting fat.

With all the fat I had to lug around with

AFTER

Florida March 5th

"I never would have imagined I could lose my 47 excess pounds so easily. This two-piece bathing suit I hadn't worn in ages now fits beautifully. I've found a great job and since I won the Miss Florida contest I've been posing regularly as a model. Dr. Hirsch's discovery really let me discover a new life."



Like some 5 million other viewers, I tune into Good Morning America every day on TV. One Monday, a program feature caught my attention: a doctor had just demonstrated the effectiveness of a new scientific weight-loss discovery.

This new discovery had nothing to do with dieting. It was a small weight-loss device: the Slim Scents Device.

This unique device emits a 100% natural special odor. When you breathe this odor only three times as indicated, it works directly on the



hypothalamus.

I admit, none of this was very clear in my mind. But I did recall this discovery lets you lose weight automatically.

This discovery was even more incredible because it didn't involve any diet. Tests conducted proved it resulted in weight loss with no effort, and eating all you like.

Yes. My new life began that morning, December 13, 1993.

I couldn't believe it at first. It seemed too nice and simple to be true. Even more so because there was no medicine to take, no exercise to do, nothing to give up of any kind. I who thought I had tried everything, was deeply skeptical. But when I realized the Chicago doctor who had made this discovery was none other than Dr. Hirsch, the renowned specialist in the successful treatment of hundreds of obese persons, I said to myself: "I should try it. After all, you never know!"

That was when I made an even more amazing discovery, on December 17, 1993...

I was at my hair parlor reading the papers when I saw an article about Dr. Hirsch's discovery in the prestigious New York Post.

The article said Dr. Hirsch had tested the Slim Scents Device over a 6-month period on some 3,193 patients. Most had problems of excess weight almost as severe as mine. Some were even really desperate cases. The majority of the patients participating in the study had already tried 66 different methods for losing weight without success.

What surprised me the most were the results

I couldn't believe so many men and women had succeeded in losing 20, 30, 45, 50, 75, and as much as 100 pounds, effortlessly, without medication, and continuing to eat everything they wanted. Dr. Hirsch had succeeded in making them lose a total of 95,789 lbs! That is more than 43 tonnes!!

Some of these people even lost too much weight, and they were told to stop using the Slim Scents Device.

If I hadn't seen these facts on television and read about them in the papers with my own eyes, I doubt I would have believed them. I told myself: "This is truly amazing. And the results have been proven". A telephone number was given. I called...

#### IMPORTANT

If you want to lose at least 10 pounds and are interested in a free trial of the Slim Scents Device, we give you the address of the exclusive Canadian distributor further on. Just mail them your full name and address for a risk-free home trial of the Slim Scent Device

"Given the seriousness of my case — and with 47 pounds to lose — I was told I should use the 3 Slim Scents Devices Dr. Hirsch had developed. Each one emitted a special, different odor that acts naturally and directly on the hypothalamus. By using the 3 devices at the indicated times, I was told I would obtain the quickest and most effective results possible, effortlessly.

In any case, since the trial was free, I didn't hesitate for a second

I ordered my 3 Slim Scents Devices. Just 10 days later, the mailman brought me a small package containing Dr. Hirsch's reply, along with the 3 Slim Scents Devices.

Before starting, I showed Dr. Hirsch's discovery to my personal doctor. He was immediately impressed by it and strongly urged me to give it a go, particularly since it was 100% natural.

On January 1st, I began using the Slim Scents Device, as indicated

I was afraid to weigh myself. I finally stepped onto the scale 48 hours later. I couldn't believe my eyes. The needle showed I had lost 4 lbs!

Over the next few days, my weight continued to disappear as if by magic.

At the end of three weeks, everyone mentioned my clothing was looking baggy on me. My dresses were too big.

Then I steadily continued to lose 4 lbs. per week.

After 9 weeks, I had lost 7 inches from my waist, 8 off my hips, 5 off my breast and 4 off my thighs.

In a little more than 2 months, I went from 172 lbs. to 125 lbs. I couldn't believe it!

For me, it was a real miracle

This was the first time in my life I had managed to lose all my excess weight.

As you can see, I'm slim now. I've achieved the goal I set. My friends, my family, and my neighbors haven't gotten over their shock at my losing so much weight so easily, and so quickly. When I think of their reactions, today, I know how much importance people places on physical appearance.

Not only have I gotten slim, but my body has been completely remodeled. And I have not gained any weight in the past 14 months. It has remained stable.

After having tried everything else, the Slim Scents Device was the only process that really let me lose weight. To the best of my knowledge, everyone I know who tried the Slim Scents Device lost weight. Today, they are slim. This includes a woman I know who had been fat since childhood, and who had 50 excess pounds to lose. She said this was a real "miracle" for her.

I want to close by saying how difficult it is to express...

... how well you discover a new life when you are slim.

People became more interested in me. I finally found work I liked. I often model.

What a pleasure to feel good in my clothes. I have completely redone my wardrobe. I rediscovered the joy of being able to be flirtatious again, to look good, go out. To discover there are indeed other pleasures and joys in life than just food.

I am not the same anymore. I feel good about myself. Yes, it's really different to be slim. Life is so different. People look at me in a different way. They feel differently about me. They love me differently...

I feel so much at peace. And so happy to be able to enjoy life to the fullest.

*Allison Angel*

Allison Angel "Miss Florida" — winner —

Important research notice for a new study planned in Canada

## LOSE WEIGHT: Dr. Hirsch Seeks 3,000 More People Who Wish to Take a Risk-Free Home Trial of the Slim Scents Device...

ATTENTION: Only those with AT LEAST 10 pounds excess weight may participate in this new research project.

The testimonial of Allison Angel that you just read may surprise you. However, it is really no surprise at all. Dr. Hirsch has already made 3,193 people easily lose a total of 95,789 pounds.

Dr. Hirsch now wishes to pursue his research internationally. That is why he has given his exclusive distribution rights for Slim Scents Devices to the Direct Health Organization. Slim Scents Devices are only available through the address appearing below.

What are your real reasons for losing weight?

Just think about this for a moment. Think about all the good and all the joys you will discover once you lose your excess weight.

Do you really want to lose weight as well? Easily achieve long-lasting results? And rediscover your beautiful body? Do you want to help Dr. Hirsch pursue his research study internationally... and be part of his next set of successes? Yes...

Here is how to take your risk-free home trial of Slim Scents Devices

You must need to lose a minimum of 10 pounds. If that is so, answer YES today, because your request must be among the first 3,000 received to be accepted.

Important

If you have:

- between 10 and 20 pounds to lose, we recommend you use 1 Slim Scents Device, model A1

- between 20 and 30 pounds to lose, or if you want to lose weight more quickly, we recommend you use 2 Slim Scents Devices (models A1 and B2)

- more than 30 pounds to lose — or if you want the fastest possible results — we recommend you use the 3 Slim Scents Devices (models A1, B2 and C3).

The price is \$29 for 1 device, \$55 for 2 models, and \$79 for all 3 models (+ shipping and handling + tax).



Who is Dr. Alon Hirsch?

■ A doctor of medicine from the University of Michigan, he holds 5 degrees in specialized medicine, 10 academic appointments, and 8 university distinctions and awards.

■ He is a member of 15 leading medical and scientific associations, author of numerous works, 40 scientific publications.

■ He has hosted 64 conferences and initiated 42 research projects.

■ He is nationally renowned for his many endeavors. All those who know Dr. A. Hirsch respect him for the meticulousness and integrity of his research.

#### Risk-free home trial

Results are 100% guaranteed. If for any reason you are not completely satisfied, just return your Slim Scents Devices to receive an immediate full refund. This trial will then have cost you nothing.

Act right away. That way you won't forget and regret having missed this unique offer which may never again be repeated. Send your full name and address today to Canada's exclusive distributor: Direct Health Organization (Dept. ZQJB), 38 Auriga Drive, Suite 264, Nepean, Ontario K2E 8A5. Total prices including shipping, handling and tax for 1 device = \$37.1, for 2 devices = \$67.1, for 3 devices = \$97. Make your cheque or money order out to Direct Health Organization. If you prefer paying on receipt (C.O.D.), it will cost you \$7 more for C.O.D. charges and insurance.

Direct Health Organization (Dept. ZQJB)

Tel: 1-514-282-1464 Fax: 1-514-282-2003

#### Attention:

Studies conducted by Dr. Hirsch have demonstrated that some people tend to abuse Slim Scents Devices and lose too much weight. Make sure you stop using Slim Scents Devices once you have achieved your ideal weight.



## Appendix 3 Initial Letter to Principal

October 11, 1998

Principal [REDACTED],  
[REDACTED] Elementary School

Suzie Tepperman  
4335 Horsefly Ave.  
Prince George, B.C.  
V2M 5C4  
(250) 612-0084  
tepperma@unbc.ca

Dear Mr. [REDACTED]:

I am writing this letter to provide you with an outline of the interviews that I would like to hold with the students in [REDACTED]'s class. But first, you may be interested in a little background information about my focus of study.

Through mass media, children are bombarded with images that tell them that there is only one way to look and only one size to be. There is immense pressure for children to conform to this image. However, the image presented in television, movies, and magazines is virtually impossible for most people to attain. If children translate their inability to conform as personal failure this can lead to negative self-esteem, disordered eating and, potentially, eating disorders.

For a component of my Master's degree, I am going to develop a workshop that I can give to kids in grades 4 through 6 about body image. I believe that an important first step in designing any program is interacting with the people at whom the program is targeted. Because I am not a child, I cannot assume to know what the body image issues are for children. This is where [REDACTED]'s class comes into play.

The interviews that I propose to hold with [REDACTED]'s class will provide me with crucial information that will allow me to shape the body image workshop later on. Essentially, I plan to use a semi-structured interview format to ask the kids about body image. I will guide the interview with a few specific questions but I will not control the overall direction of the interview. Because of the potential sensitivity of the subject, I intend on talking to the girls and the boys separately; however, the nature of both interviews will be the same.

The interviews will last no more than one hour each and the direction of the interviews will be as follows: first, I plan to introduce myself to the students and explain what I am doing at UNBC and why I need their help. Second, I plan to talk to them in order to find out what they believe the strongest body image issues to be, where they believe the strongest body image pressures to be coming from, and how they relate to their bodies. In other words, do they feel at home in their bodies? As well, I would also like to find out how they cope with these issues and if they can recommend any solutions to this problem. I plan to tape the sessions so I will be able to refer back to the interviews; however, at no point in the process of my thesis production will the names of students be used. They are assured complete anonymity.

I would like the interview with [REDACTED]'s class to occur some time in January, at a date that is convenient for her. After that, I would like to return in March, having incorporated the students' responses into my workshop, and provide the body image workshop to the class. Following the workshop I would like the student to answer a short survey so they can provide feedback to my workshop.

I would like to thank you very much for your co-operation in this process.

Sincerely,

Suzie Tepperman

## Appendix 4 Initial Letter to Parents

November 3, 1998

Suzie Tepperman  
4335 Horsely Ave.  
Prince George, B.C.  
V2M 5C4  
(250) 612-0084  
tepperma@unbc.ca

Dear Parents:

My name is Suzie Tepperman and I am a Master's Student at UNBC. I am writing this letter to inform you about an interview that I would like to hold with the students in [REDACTED]'s class. But first, you may be interested in a little background information about the focus of my study.

Through mass media, children are bombarded with images that tell them that there is only one way to look and only one size to be. There is immense pressure for children to conform to this image. However, the image presented in television, movies, and magazines is virtually impossible for most people to attain. If children translate their inability to conform as personal failure this can lead to negative self-esteem, disordered eating and, potentially, eating disorders.

For a component of my Master's degree, I am going to develop a workshop that I can give to kids in grades 4 through 6 about developing positive body image. I believe that an important first step in designing any program is interacting with the people at whom the program is targeted. Because I am not a child, I cannot assume to know what the body image issues are for children. This is where [REDACTED]'s class comes into play.

The interviews that I am proposing to hold with [REDACTED]'s class will provide me with crucial information that will allow me to shape my workshop. Essentially, what I plan to do is talk to the kids about body image. The interview will last no more than one hour and the direction of the interview will be as follows: first, I plan to introduce myself to the students and explain what I am doing at UNBC and why I need their help.

Second, I plan to ask the kids a few specific questions in order to guide the discussion. Sample questions that I plan to ask include:

- What do you think the strongest body image issues are for kids your age? For example, are they not being thin enough or maybe not being tall enough?
- Where do you think the strongest body image pressures are coming from? For example, television, magazines etc.
- How do you cope with these issues? For example, talking with friends or teachers?
- Can you recommend any ways to ignore the message that we all have to look the same?
- What do you like and dislike about gym class?

I plan to audio tape the sessions so I will be able to refer back to the interviews; however, at no point in the process of my thesis production will the names of students be used. They are assured complete anonymity.

I plan to interview [REDACTED]'s class some time in January. After that, I would like to return to her class in March, having incorporated the students' responses into my workshop, and provide the completed body image workshop to the class. Following the workshop I would like the student to answer a short survey so they can provide feedback about my workshop.

Should you have any further questions, I can be contacted at 612-0084. Or, you can contact my thesis supervisor, Julia Emberley, at 960-6658.

Both the parent/guardian and the child must sign the attached consent form for he/she to participate in the interview. However, at the time of the interview the child has the right not to participate in the study even if the parent/guardian has signed the consent form.

I would like to thank you very much for your co-operation in this process.

Sincerely,

Suzie Tepperman

## Appendix 5      Principal's Acceptance Letter

December 11, 1998

The Ethics Committee  
University of Northern B.C.  
3333 University Way  
Prince George, B.C.  
V2N 4Z9

To Whom It May Concern:

Re: Ms. Tepperman  
Student Interviews/Follow-up Workshop

Please be advised that Ms. Tepperman's proposal to gather information from students utilizing a structured interview approach and questions as outlined in the attached letter, is approved but made conditional upon voluntary student participation and the signed consent/approval of his/her parent.

Sincerely,

  
 Principal

## Appendix 6 UNBC Ethics Approval

THE UNIVERSITY OF NORTHERN BRITISH COLUMBIA

3333 University Way, Prince George, BC, Canada V2N 4Z9

**D. Max Blouw, Ph.D.**

**Associate Vice President (Research) & Dean of Graduate Studies**

**Professor, Biology / Fisheries**

Tel: (250) 960-5820

FAX: (250) 960-5746

e-mail [blouw@unbc.ca](mailto:blouw@unbc.ca)



**UNBC Ethics Committee**

January 26, 1999

Suzie Tepperman  
4335 Horsefly Ave.  
Prince George, BC  
V2M 5C4

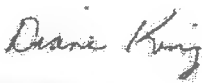
**Proposal: 19981214.40**

Dear Ms. Tepperman:

The UNBC Ethics Committee met on January 22, 1999 to review your revised ethics proposal entitled, "Thesis Proposal".

The Committee approved your proposal and you may proceed with your research.

Sincerely,

  
for Max Blouw

DMB:dk

## Appendix 7      Consent Form

### Consent to Participate in Interview and Release Interview Information

I agree to allow my child to participate in an interview about fostering positive body image.

He/she will participate in the interview under the following conditions:

1. The student's participation is voluntary and will only be allowed with the signed consent of the parent or guardian. At the time of the interview, even if the parent or guardian has given consent, the child can refuse the interview.
2. I will allow the interview with my child to be tape-recorded. I understand that the interview is being taped so that nothing my child says is missed and so my child's words are not changed or misunderstood. My child can turn off the recorder anytime during the interview.
3. I agree to allow Suzie Tepperman to use the information from the interview in the research project, report, and publication and any future research that she may be involved in. However, I understand that my child's privacy and confidentiality will be protected by disguising names and any other identifying information.
4. I understand that my child has the right to receive and review a written transcript of the interview. After reviewing and discussing the transcript with Suzie, my child can suggest modifications for accuracy, clarity, or new information.
5. I am aware that contact information for Suzie Tepperman and Julia Emberley, her thesis supervisor, has been provided on the letter that she has written for the parents/guardians. As a parent or guardian of a participant, I or my child can contact Suzie Tepperman or Julia Emberley in case any questions arise or to get a copy of the research results.

I give my permission for \_\_\_\_\_ to participate in the discussion on body image

I do not give my permission for \_\_\_\_\_ to participate in the discussion on body image

Signature of parent or guardian \_\_\_\_\_

Signature of student \_\_\_\_\_

Date: \_\_\_\_\_



## **Appendix 8      Interview Questions — February 2, 1999**

1.      Who are your favorite movie stars?  
        Why do you like them?  
        What makes them beautiful?
2.      Do you guys like magazines?  
        Which ones are your favorite?  
        What do you like about them?  
        (pass pictures)  
        Do you think most pictures in magazines look like these?  
        Do you want to look like these women/men when you get older?
3.      Do you think that things like t.v, movies, and magazines put pressure on you to look a certain way?
4.      Watching t.v, movies are only one part of your life. Are there any other areas in your life where you feel pressure to look a certain way?
5.      Do your parents talk at all about being too fat or needing to lose weight?  
        Are either of them on a diet?
6.      How important is it to be thin?  
        Do you do anything now to try and stay thin?
7.      (If their favourite entertainer was described as thin)  
        Would you like her/him if she was fat?
8.      How do you cope with the pressure to be thin?
9.      What are some stereotypes about fat people/thin people?
10.     Do kids name call in your school?  
        Have kids ever used the word fat?  
        Has anyone ever been called fat before?  
        How does it make you feel?
11.     Do you like gym class  
        Do you have it with the boys/girls?  
        What don't you like about it?
12.     What pressures do you think boys/girls face?

## **Appendix 9      Results of Air Diet Exercise**

1. You will be very preoccupied with what is needed.
2. It will be hard to concentrate or think about anything else.
3. There is a powerful craving to satisfy the need.
4. Until satisfied, the craving will be very uncomfortable. You may become irritable or self-centered. It will be hard to think about anyone else's feelings.
5. When the need is finally met, more than a normal amount will be needed.

## Appendix 10 Letter to Parents

May 28, 1999.

Dear Parents,

Earlier this school year, as a condition of my Master's thesis, you signed a consent form that allowed me to interview your child about body image and give a workshop to your child's class which focused on helping kids develop positive body image. I completed the interviews earlier this year and I returned to the school today (May 28, 1999) to give the workshop. I am very excited about the outcome of this process and would like to take this opportunity to thank you once again for allowing me to go into your child's class and do this work. Today, we spent an hour discussing body image issues and I would like to give you three tips that will help your child grow up comfortable in his/her body.

1. Examine closely your dreams and goals for your children and other loved ones. Are you overemphasizing beauty and body shape, particularly for girls? Avoid conveying an attitude which says in effect "I will like you more if you lose weight, don't eat so much, look more like the slender models in the ads, fit into more slimmer clothes, etc."
2. Make a commitment to exercise for the joy of feeling your body move and function effectively, not to purge fat from your body or compensate for calories eaten.
3. Learn about and discuss with your sons and daughters, (a) the dangers of trying to alter one's body shape through dieting; (b) the importance of eating a variety of foods in well-balanced meals. Avoid dichotomizing foods into "good/safe/no-fat or low-fat vs. bad/dangerous/fattening." Be a good role model in regard to sensible eating, sensible exercise, and self-acceptance.

Sincerely,

Suzie Tepperman

# Appendix 11 Fortune Game

