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Reclaiming Fat

*“Health is not a number, but rather a subjective
experience with many influences,”
Marilyn Wann*

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In America, we have declared a “war on obesity,” the latest epidemic to affect our society. In the last 20 years America has become one the “fattest” nations in the world. Third world countries are starving, whereas in our first world country we are too fat! Naturally, Americans tried to fix the problem; we have become obsessed with a “healthy weight” by creating various weight loss shows, diets, fitness programs, etc. to “cure” the obesity epidemic. Our efforts and initiatives in popular culture, though, have led to our society’s severe weight discrimination towards the fat population. Terms like “overweight” and “obese” are just a start to how our culture treats people who are fat. Increasing amounts of stigma surrounding fat people and their body shapes has led to the revolution of reclaiming fat. The discipline known as “fat studies” has been created to inform and alert society that weight discrimination has gone too far. This discipline aims to stop the discrimination and begin a revolution that reclaims the word “fat.” Inspired by the efforts of those reclaiming “slut” for women’s studies and those reclaiming “queer” for LGBT studies, I will provide examples of American society’s past and present perspectives of fat people in order to make a case for fat studies and to reclaim “fat” in an effort to re-educate America on what it means to be healthy at any size.

Americans have become infatuated with dieting, nutrition, and exercising in response to the “obesity epidemic.” New stories of “obese” and “overweight” people experiencing drastic, and sometimes unhealthy, weight loss are constantly seen on television, especially in reality shows. Too often society is focused on how we look and what the ideal or “normal” person should look like rather than how we are born or how are genes influence our appearance. This recent infatuation has led to an increased awareness of “obesity,” but what does it mean to be “obese” or “overweight?” What types of calculations are done to determine how “underweight” or how “overweight” a person is?

Currently the test for fatness, if you will, is the body mass index (BMI). Originally known as the “Quételet Index,” the BMI formula was created in 1835 by Belgian statistician Adolphe Quételet, who, through the attempt to combine statistics and social sciences, was one of the first “social physics” scholars in history¹. Quételet’s book *The Treatise on Man and the Development of his Attitudes* describes the “normal man” based on the mean values of measured variables which follow a normal distribution. Garabed Eknayan writes of Quételet: “In developing his index, Quételet had no interest in obesity. His concern was defining the characteristics of ‘normal man’ and fitting the distribution around the norm.”² Quételet’s research came from a study involving the weights and heights of several hundred country men and resulted in Quételet’s hypothesis that weight was not directly proportional to height, but instead height squared.³ Though Quételet calculated this formula, the statistician’s methods were not used until long after his death.

In 1971, another study was done to determine the statistical relationship between a man’s weight and height. The study was called “Indices of Relative Weight and Obesity” and was led by the late Ancel Keys, who was at the time Director of Laboratory of Physiological Hygiene at the University Of Minnesota School Of Public Health. Keys aimed to find a universal relative weight index because all other previous indexes were not universally accepted nor proven. The study included 7,424 “healthy” men from countries in Europe, in Japan, South Africa, and the United States. Keys’ findings and calculations led to the newly titled formula, “Body Mass Index” which was simply a confirmation of Quételet’s formula: $BMI=703x(\text{weight}/\text{height}^2)$. Keys writes in the report of the study: “Various indices of relative weight have been espoused

¹ Garabed Eknayan, “Adolphe Quételet (1796-1874)—the Average Man and Indices of Obesity.” *Nephrology Dialysis Transplantation* 23 (September 22, 2007): 47.

² Eknayan, 48.

³ Jeremy Singer-Vine, “Beyond BMI: Why Doctors Won’t Stop Using an Outdated Measure for Obesity.” *Slate Magazine* (July 20, 2009): 1-2.

and applied for many years but as yet there is no agreement on any particular index. In part this reflects confusion-or at least lack of agreement-about what a relative weight index should represent and mean.”⁴ “Indices of Relative Weight and Obesity” started the phenomenon of the BMI and soon it caught on with doctors, insurers, epidemiologists and more. As Jeremy Singer-Vine states in the essay *Beyond BMI*, Keys’ BMI was being used by doctors as a quick and cheap way to measure body fat in their patients. Epidemiologists began to use the BMI to determine health across an entire population. Insurers also used the BMI to determine who was considered “overweight” and who may be at higher risk of diseases that are related to being “overweight.”⁵ Here began the negative attitudes towards the “overweight” and “obese,” attitudes that perceived these people as unhealthy and abnormal.

In 1985 the US Department of Health and Human Services and the National Institutes of Health (NIH) implemented “weight guidelines” based on Keys’ BMI findings. In a report titled “Health Implications of Obesity” NIH stated that the 85th percentile of BMI was to be used as a benchmark for physicians and insurers to determine if a person was underweight, normal, or overweight. Based on data from the National Health and Nutrition Examination Surveys (NHANES), the 85th percentile BMI is 27.8. Therefore, as NIH stated in the report, a person is overweight and needs medical attention if their BMI comes out to be greater than 27.8. “Health Implications of Obesity” urged doctors to use the BMI as a tool to determine if a decrease in weight would decrease the patient’s risk of weight related disease: “Weight reduction may be lifesaving for patients with extreme obesity, arbitrarily defined as weight twice the desirable weight or 45 kg (100 pounds) over desirable weight.”⁶

⁴ Ancel Keys, “Indices of Relative Weight and Obesity.” *Pergamon Press*, Vol 25 (December 27, 1971): 329-343.

⁵ Singer-Vine, 1-2.

⁶ National Institutes of Health, “Health Implications of Obesity. NIH Consensus Statement Online” (February 11-13, 1985) 5(9):1-7.

Between 1985 and 1998, the BMI chart revealed a person is “underweight” if they have a BMI less than 20.7, “normal weight” if they have a BMI from 20.7-27.8, “overweight” if they have a BMI 27.8-31.1, and “obese” if they have a BMI greater than 31.1. In 1998, NIH changed the guidelines and definitions of “underweight,” “normal weight,” “overweight,” and, new to the guidelines, “obese.” The 1998-present BMI chart [Insert Image 1 Here] reveals a person is “underweight” if the BMI is less than 18.5, “normal weight” if the BMI is from 18.6-24.9, “overweight” if the BMI is from 25.0-29.9, and “obese” if the BMI is greater than 30. According to the most recent change in the BMI chart and the latest NHANES from 2007-2008, America’s population is as follows: 68% of adults age 20 and older are overweight or obese (BMI>25); 33.8% of adults age 20 and older are obese (BMI>30); 5.7% of adults age 20 and older are extremely obese (BMI>40); and 31.6% of adults age 20 and older are at a healthy weight (18.5<BMI<25).⁷

It begs the question, did America actually get fatter or is the change in BMI readings the reason for how “overweight” our country has become? In an article featured in CNN titled “*Who’s Fat? New Definition Adopted*,” authors Elizabeth Cohen and Anne McDermott revealed that after the change in BMI readings that occurred in 1998, 25 million Americans suddenly became overweight. Cohen and McDermott also stated: “Using the old criteria, the average woman -- with a height of 5 feet, 4 inches (1.6 meters) and weighing 155 pounds (70 kilograms) -- was considered overweight. Under the new definition, that weight drops to 145 pounds (66 kg). A person at the same height who weighs 175 pounds (79 kg) would be considered obese.”⁸ The new BMI change resulted in the average American woman becoming obese simply because of a guideline change by the government. Why, then, were the BMI guidelines changed by NIH?

⁷ Flegal, KM, Carroll, MD, Ogden, CL, Curtin, LR. “Prevalence and Trends in Obesity among US Adults, 1999–2008,” *Journal of the American Medical Association*. (2010): 235–241.

⁸ Elizabeth Cohen and Anne McDermott, “Who’s Fat? New Definition Adopted,” (June 17, 1998): 1.

Cohen and McDermott wrote that the NIH is changing the guidelines as a result of many studies proving excess weight put individuals in risk of life threatening diseases. Additionally, in “*Optimal Weight Threshold Lowered*,” featured in The Washington Post just months before the final decision to change the BMI guidelines, Sally Squires wrote the new guidelines would bring the US up to speed with the rest of the world when it came to obesity.⁹ The guideline change, however, brought many critics as well.

In the article “How Accurate is Body Mass Index,” Kathleen Zelman, MPH, RD, LD states, “Further, BMI does not take into account age, gender, or muscle mass. Nor does it distinguish between lean bodies mass and fat mass.” Zelman goes on to say that in the height of his career, Michael Jordan had a BMI between 27 and 29 which classified him as overweight.¹⁰ This poses a limitation on BMI. Moreover, BMI does not take environment, social class, ethnicity, race, religion, etc. into account. The change in BMI has resulted into an extremely large amount of the population classified as overweight or obese. Over two-thirds of the population will now be under attack by our society to lose the weight necessary to maintain a “normal weight.” Ironically, however, this was not the BMI’s intention at all. Ancel Keys created this formula to determine the average weight among a population of roughly 7,500 “healthy” men, not a US population of more than 300 million very different participants. As Singer-Vine notes, “It’s one thing to estimate the average percent body fat for large groups with diverse builds, Keys argued, but quite another to slap a number and label on someone without regard for these factors.”¹¹ Physicians do not remember that the BMI is not measuring body fat, but instead it is measuring a proportion of weight to height. The BMI is now being used as a

⁹ Sally Squires, “Optimal Weight Threshold Lowered,” *Washington Post* (June 4, 1998): A01.

¹⁰ Kathleen Zelman, MPH, RD, LD, “How Accurate is Body Mass Index, or BMI?” *WebMD* (February 12, 2008): 1-2.

¹¹ Singer-Vine: 1-2.

guideline to recommend lifestyle changes in order for a person to be “healthy.” The BMI, even more so after the change in guidelines of 1998, has created a line of judgment in our society and with just one simple calculation, people are permitted to distinguish and discriminate against two-thirds of our population.

The guidelines of the BMI chart show figures that determine if a person is underweight, a normal weight, overweight, or obese. But what is defined as “overweight?” Tall and short people are defined as such, not “overheight” or “underheight,” so why then is weight a different story? Marilyn Wann notes in the foreword to *The Fat Studies Reader*: “‘Overweight’ is inherently anti-fat. It implies an extreme goal: instead of a bell curve distribution of human weights, it calls for a lone, towering, unlikely bar graph with everyone occupying the same (thin) weights.”¹² The rhetoric and language society uses to describe fat people, then, are important to understand because they lead to the discrimination fat people are often forced to face on a daily basis. Thus far I have used words like underweight, overweight, healthy, and obese to describe the population I am referring to. From this point forward, I will begin to use *fat* as the way to describe the population which has been stigmatized and discriminated against for how much they weigh. Later on, I will parallel the struggles of fat people with the struggles women and queers have faced throughout history. Now that the history and origins of the BMI have been set, a case will be made for reclaiming the word “fat” for the population that does not relate to being overweight by federal guidelines. The BMI has heavily influenced our society’s views and perceptions of fat people and led to much of the judgment towards fat people.

An epidemic is defined by the Merriam Webster Dictionary as “an outbreak of disease

¹² Marilyn Wann, “Foreword: Fat Studies: An Invitation to Revolution,” in Esther Rothblum & Sondra Solovay, *The Fat Studies Reader* (New York, NY: New York University Press, 2009): xii.

that spreads quickly and affects many individuals at the same time.”¹³ To begin, the “obesity epidemic” is obviously not an outbreak of disease and does not spread from person to person while affecting each individual at the same time. Nor does “obesity” call for immunizations to prevent an increase in the epidemic like, for example, influenza. Wann states, “Calling fat people ‘obese’ medicalizes human diversity. Medicalizing diversity inspires a misplaced search for a ‘cure’ for naturally occurring difference.”¹⁴ The search for a ‘cure’ for obesity places the label on fat people that they need to be cured. Furthermore, Deborah Stone discusses the methods of using metaphors in *Policy Paradox: The Art of Political Decision Making*:

Disease metaphors imply a story about deterioration and decline, and about struggle for control between humans and nonhuman “germs.” The disease label discredits opponents and implies the moral rightness of treating them as less than human.¹⁵

As time has passed since the initial implementation of the BMI guidelines by the NIH in 1985, fat people have increased in the US along with the amount of blame placed on them for being fat. The disease metaphor in terms of obesity allows for those who are not fat to demean those who are because they are ‘infected’ and need to be ‘cured.’ The uninfected population, though, does not see the fat population as involuntarily infected. Instead fat people are often targeted as being lazy, gluttonous, unmotivated, and lack self-control creating an even greater stigma against them in our society.

In addition to labeling fat people as the infected of the obesity epidemic, fat people are also labeled the enemy in the “war on obesity” and the immoral cause of the “moral panic of obesity.” Stone states: “If our government is at war, be it against poverty or fraud or crime, then we are traitors if we do not create support for their policies.”¹⁶ Fat people are the opponents in

¹³ Merriam Webster Dictionary, “definition of: Epidemic,” (December 13, 2011).

¹⁴ Wann, Foreword: xiii.

¹⁵ Deborah Stone, *Policy Paradox: The Art of Political Decision Making*, (New York: W. W. Norton, 2001): 153.

¹⁶ Stone, *Policy Paradox*: 154.

the war on obesity because they are the reasons for the increased percentage of “overweight” Americans. What the war on obesity does not reflect is overall health for the entire American population. Instead of fighting against the fat, public health campaigns should be aiming toward health activism and equality among all sizes. As Pat Lyons states in his essay “Prescription for Harm,” “It is time to denounce the ‘war on obesity’ and declare a peaceful approach to improving health for people of all sizes.”¹⁷ Through denouncement of the war on obesity, the moral panic behind obesity will be diminished as well. In the article “The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic” Paul Campos reports “It is a remarkable fact that the central premise of the current war on fat-that turning obese and overweight people into so-called ‘normal weight’ individuals will improve their health-remains an untested hypothesis.”¹⁸ Society’s efforts to encourage fat people to lose weight have turned into a barrage of advertisements, reality television shows, national campaigns, etc. and are forcing down our throats that fat people do not belong in our society.

Popular culture and mass media are gateways to communicating important messages and effective strategies concerning weight loss to the entire population. The way each form of media portrays fat people differs across many different genres. As I have cited previously, *The Fat Studies Reader* is promoting fat awareness and trying to shed positive light on a new type of discipline, fat studies. This I will go into later on in the paper. Instead, I will focus on reality television, specifically reality weight-loss and weight-driven television shows. *The Biggest Loser* (NBC) and *Chelsea Settles* (MTV) are two very different shows sharing common theme-obesity awareness. First I will look into *The Biggest Loser* (TBL) and draw attention to how

¹⁷ Pat Lyons, “Prescription for Harm: Diet Industry, Public Health Policy, and the ‘Obesity Epidemic,’” in Esther Rothblum & Sandra Solovay, *the Fat Studies Reader* (New York, NY: New York University Press, 2009): 84.

¹⁸ Paul Campos, “The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?” *International Journal of Epidemiology* 35 (December 8, 2005): 60-67.

even though it is trying to promote a healthy lifestyle for “overweight” people; it promotes an anti-fat, anti-diverse message. I will also include the media attention TBL draws in and how it has become a national brand rather than just a weight-loss show.

TBL has become a way for millions of viewers across the nation, and recently the world, to see the daily struggles of the fat population. The show’s producers audition up 100,000 contestants for the coveted position on the one of the most successful and influential weight loss shows since 2004. TBL shows how many overweight individuals can work hard enough to lose extreme amounts of weight. TBL, however, is a near perfect representation of how American society views obesity and fat people. From recent viewing, I believe TBL producers cast three types of people who have, in three different ways, caused their own downward spiral into “obesity.” All three stereotypes of the weight loss contestant strongly reinforce society’s myth that fat people are fat because of poor life decisions. *NBC Nightly News*. National Broadcasting Company. WNBC, New York. 14 April 1990. Television.

In season 12, the opening narrative begins with host Alison Sweeney stating, “Season 12 continues America’s battle to fight to get fit.”¹⁹ The first contestant shown is a 24 year old woman named Courtney. Courtney is a beautiful, Caucasian female who believes her lack of dating and confidence is due to her being fat. Courtney is the first type TBL producers cast. She is a young woman trying to lose weight, stating in an opening interview, “I’m trying to lose weight to start dating and to feel good about myself for once in my life.”²⁰ Courtney feels held back by her weight and does not feel like she is truly living. She wants to escape her body weight and become a thinner, prettier version of herself. The second type cast comes through contestant Bonnie who is an older woman from the south. Bonnie’s story begins with her talking

¹⁹ *The Biggest Loser*, National Broadcasting Company. WNBC, New York. September 20, 2011. Television.

²⁰ *The Biggest Loser*, Ibid.

about persevering through the disaster Hurricane Katrina left her home in, then goes on to mention that her husband has recently passed because of cancer. Bonnie stated in her opening interview, “I want to be there for my grandchildren. They just lost a grandfather, so I don’t want them to have to live without a grandmother either.”²¹ Bonnie is a likeable older woman who has a bad knee (as seen through the first challenge), and she’s the contestant who fans will relate to and sympathize with when she faces a struggle. Finally, Anton represents the third type of contestant. Anton is one of two African American contestants, the other female, on TBL season 12. He is a former NFL first round draft pick that has gained weight through bad eating habits over the years. Anton says, “Coming on this show is admitting that I can’t do something which is tough...A lot of former offensive linemen who are younger than me have passed away, so I want to lose weight to stay with my children.”²² Anton represents the masculine character who any man can relate to, but he is also a father who is trying to lose weight and get healthy for his young children.

In addition to the contestants and host, TBL’s cast in season 12 includes three very attractive, young, and in-shape trainers who are there to work with the contestants to produce results. Bob Harper is the long-time trainer and has been on the show since the first season. When the contestants see Bob for the first time, they all seem star-struck, as if Bob’s celebrity is going to make things real for them. The second trainer is former tennis professional, Anna Kournikova, a young and beautiful blonde Russian woman who is known more for being a celebrity than a tennis player. Finally, Dolvett Quince is a ripped African American trainer who has trained professional athletes and celebrity clients, but is now helping to shed the pounds from season 12’s contestants. All the while, the soundtrack behind the voice over introductions is

²¹ *The Biggest Loser*, Ibid.

²² *The Biggest Loser*, Ibid.

very intense, bumping beats cleverly chosen to get the audience in the mood for physical activity.

The first challenge in the premier episode requires the three teams to run one mile in Desert Valley to their trainer. Alison Sweeney compares the “bleakness of Death Valley to the contestants’ bleak outlook on life before they arrived to TBL.”²³ As the contestants begin their mile-long trek across the sandy surface, their physical abilities are anything but good with some contestants barely even able to keep up with their team. One contestant says in a pre-challenge interview, “I can’t even remember the last time I ran a mile!” Every contestant had to stop and walk at least once before completing the race because they were either having trouble breathing or feeling restricted because of a pre-existing physical condition.

The title of the show alone speaks volumes of the degradation that occurs on TBL. Though a clever pun on weight and competition, the “biggest loser” implies that fat people are indeed losers and frowned upon in our culture. The three types of contestants all want to improve their lives through weight loss. Courtney is the part of the fat population that does not feel good about her and may turn to food as an outlet. Bonnie is a woman whose recent struggles have left her unaware of the condition her body is in because she has more important things to worry about. And Anton is the masculine NFL player that never thought weight gain would happen to him. All three types are a representation of what our society thinks of fat people. TBL does not help the case to end weight discrimination, rather it heightens it.

TBL encourages its viewers to visit their website to learn more about weight loss diets, goals, and more. This website has a number of different links that include, but are not limited to: contestants’ personal weight loss stories, TBL expert doctor information, fitness equipment as seen on the show, fitness apparel, nutritional guides, protein and supplements, instructional

²³ *The Biggest Loser*, Ibid.

workout DVD's from the show's trainers, and much more. Lyons describes that although weight loss initiatives are not new in our culture, the industry has just recently directed its attention and focus to the center of American popular culture:

Fear of fat is not new, nor is the promotion of pills, potions, surgery, and other 'cures.' What is new in the last fifty years, most especially since 1994, is the extent to which the diet and weight loss industry has moved from the sidelines to the center of American life, managing to dramatically increase its influence and profits without ever increasing product effectiveness.²⁴

Though the producers' initial intentions to raise awareness to the "obesity epidemic" TBL has now become a nationwide brand which ironically exploits the same population it is trying to help. TBL would not be as successful as a weekly, primetime, nationally broadcast television show if it actually helped the population as much as it says. The entire weight loss industry is quite ironic indeed, in that it would not exist if it was actually proven to be effective. Glenn Gaesser speaks of the testimonial or living-proof as an important paradox to fat studies, "The power of the testimonial cannot be underestimated. IN fact, the testimonial has always been the hallmark of the weight loss industry-mainly because no commercial weight loss program has ever published its "success" rates, which says a lot."²⁵

In different type of weight-related television program, Chelsea Settles stars in MTV's *Chelsea Settles*. Her journey began in Pennsylvania where she has grown up very interested in fashion and starting her own line of clothes. Chelsea decides that moving to Los Angeles, CA is what she needs to do in order to jumpstart her fashion career. Chelsea is a 23 year old African American woman who stands 5'7" and weighs 324 pounds. Chelsea's weight is often what holds her back from taking chances, episode 5 of the show's first season is no different. In this episode, Chelsea begins her new job at a trendy clothes boutique called "Vanity Room" and she

²⁴ Lyons, "Prescription for Harm:" 85.

²⁵ Glenn Gaesser, "Is 'Permanent Weight Loss' an Oxymoron?" in Esther Rothblum & Sondra Solovay, *the Fat Studies Reader* (New York, NY: New York University Press, 2009): 38.

does not particularly fit in with the other employees who are petite, blonde, and most importantly capable of fitting into the clothes at Vanity Room. The episode is titled “*The Right Fit*” and features Chelsea trying to fit into not just the new workplace, but also into the Los Angeles atmosphere. As the opening credits to the program run, words appear in scrapbook fashion across the screen, including “Plus size...addicted to food...324 pounds...ready for a change.”²⁶ Though Chelsea appears to be a very happy young woman excited about her new career, the voice-over narrative from Chelsea proves differently. She is constantly talking about weight and how it may be holding her back. Later in the episode she attends her first personal training session and doubts her ability to succeed, “The workout was more mentally challenging than anything and I thought, maybe I should just be fat for the *rest of my life*.”²⁷ Chelsea struggles with the fact that she is currently living in one of the most superficial cities in world but does not feel she fits in.

Chelsea Settles is a much more realistic weight-related reality show than TBL because it is broadcasting one average girl’s struggle with her weight as it would appear in everyday life. Although there are times during the episode in which Chelsea is hiding behind her image, she seems to own her weight and want to do well being herself more than she wants to drastically change. The weight Chelsea is trying to lose is not for anyone but herself, she’s a new type of plus-size television star to popular culture. In a review from CNN’s Stephanie Goldberg, Chelsea Settles says “You can’t let your weight stop you from living your life...I probably used to weigh myself every morning when I woke up. After a while, I realized I was going to crazy town. This is not what it’s supposed to be about. It’s about personal growth and self-acceptance.

²⁶ *Chelsea Settles*, Music Television (MTV), New York, October 11, 2011. Television.

²⁷ *Chelsea Settles*, Ibid.

It's important to be healthy, but I also want to be sane.”²⁸ *Chelsea Settles* is not necessarily promoting fat studies, but it is promoting one person’s journey to grow and be able to live comfortably in her own body.

Dina Giovanelli and Stephen Ostertag write in their essay, “Controlling the Body,” about the difficulties that come from viewers’ perceptions of on-camera characters:

Media representations are a major source of information about society, the world, and its inhabitants. As an institution that shapes and reflects values, norms, expectations, perceptions, and emotions, television functions as both a panopticon and a disciplining agent. It is upon these images that viewers actively develop “subjectivities” and understandings of one another. It is also upon these images that viewers ground their behavior and self-control.²⁹

Reality television has become a large part of popular culture in the US within the last 10-15 years, so the images projected on the screen during these widely viewed programs shape society’s views on fat people. Currently, the fight to end obesity is beginning at a very young age to prevent those children from growing up fatter than their parents. The fight, however, leads to anti-fat campaigns and bias against those who are “overweight” in our society.

Embarrassment and judgment occurs within the fat population due to weight discrimination in the media we view in our daily lives. Stone draws upon causal reasoning as a way to place blame on others stating, “To identify a cause in the polis is to place burdens on one set of people instead of another.” The cause of the obesity epidemic is put on, by our society, those who are fat and those who do not fit the stereotype of a healthy person according to the BMI chart. Weight discrimination increases as the BMI chart reveals a higher percentage of “overweight” and “obese” Americans.

If it is natural for a person to be born fat, why must they change? Wann writes, “Weight

²⁸ Stephanie Goldberg, “How Plus Size Characters are Changing TV” *CNN Entertainment* (October 25, 2011).

²⁹ Dina Giovanelli and Stephen Ostertag, “Controlling the Self Body: Media Representations, Body Size, and Self Discipline,” in Esther Rothblum & Sondra Solovay, *The Fat Studies Reader* (New York, NY: New York University Press, 2009): 294.

discrimination will continue to thrive so long as efforts to end it focus on changing people's bodies rather than changing people's minds."³⁰ Weight discrimination is much different than other types of discrimination, in that those who discriminate fat people blame them for their own excess weight. This is different from racial discrimination because those discriminated are not blamed for being white, black, etc. What comes from the discrimination is shame for those discriminated. Agnes Heller's article on shame titled "Five Approaches to the Phenomenon of Shame" explains the different approaches to shame, one of which is the "sociological approach." Weight stigma is the socialized approach to shame for fat people because they are being judged for their differences by their own society: "It is not just acting ordinary that is considered shameful: being different or looking different from others is also considered shameful. The hunchback will become ashamed of being a hunchback, the stutterer for stuttering, the dwarf for being a dwarf."³¹ In the case of weight discrimination, terms like "obese" and "overweight" will make the fat feel ashamed of being fat.

The shame stems from the constant degradation fat people suffer from. Even the youngest members of our society see a fat person and immediately judge them because they are not the "normal" sized person we are expected to be. As Lucy Wang explains in *Weight Discrimination: One Size Fits all Remedy*, "Being fat is one of the most devastating social stigmas today. Fat people are openly stereotyped as 'mean, stupid, ugly, unhappy, less competent, sloppy, lazy, socially isolated, and lacking in self-discipline, motivation, and personal control."³² As Stone explains in *Policy Paradox*, weight issues in our society is a "blame the victim" story which blames fat people for being fat because they do not take care of themselves properly. Stone explains, "The *blame-the-victim* story moves us from the realm of fate to the

³⁰ Wann, Foreword: xviii

³¹ Agnes Heller, "Five Approaches to the Phenomenon of Shame," *Social Research* 70 (Winter 2003): 1018.

³² Lucy Wang, "Weight Discrimination: One Size Fits All Remedy?" *The Yale Law Journal* 117 (2008): 1902-1904.

realm of control, but locates control in the very people who suffer the problem.”³³ This relates to the story of poverty, in that middle/upper class citizens blame the poor for being poor because they think the poor are too lazy or not motivated enough to get a job. To relate back weight back to height, however, fat people often cannot help being fat as much as short people cannot help being short. Everyone has a unique body type and no two people are the same, therefore there will be different weights and heights. So why must we discriminate against people, for their weight, height, sexual orientation, race, etc., who cannot help their case?

Weight discrimination begins at childhood, for example in a 1960’s study done with children aged ten to eleven years old, there were four children with disabilities, one who was “normal” weight and one who was “overweight.” Lucy Wang describes the results: “Children overwhelmingly ranked the overweight child least likeable, behind every disabled child and far behind the normal-weighted child.”³⁴ Fat people are also discriminated against when it comes to college acceptance rates, employment, health care, and more. The idea that fat is bad is instilled in our minds at an early age, so removing this idea from an entire society’s mind set is next to impossible. The battle within the war on obesity now is fat versus thin, which contributes even more to the shame and embarrassment fat people have towards their own bodies. The trouble in this new war is that fat has does not have a convincing argument, even if the fat is not a result of poor lifestyle choices, as Wann writes “Anti-fat attitudes increase when weight is explained by overeating and lack of exercise, but do not decrease with a genetic explanation.”³⁵

Obese and overweight, as I have mentioned, are two terms that degrade fat people. These two terms compare fat people with “normal weight” people to try and compare the human bodies with one another. Obese and overweight cannot and should not be used when describing a

³³ Stone, *Policy Paradox*: 144.

³⁴ Wang, “Weight Discrimination: One Size Fits All Remedy?” 1903.

³⁵ Wann, Foreword: xxi.

person with more weight than others. This is weight discrimination. The media spews out hundreds of articles a year regarding the “obesity epidemic,” but what evidence is there of an epidemic? Popular culture has trained its viewers, listeners, and readers to frown upon those who are fat even though this may be a natural occurrence to which the fat person cannot do anything to change. There are, however, blogs and books, like *The Fat Studies Reader*, taking back the word and the meaning of fat because reclaiming the word empowers a person and will bring new attention to the concept of “fat.”

In similar circumstances, “Slutwalks” have been participated in across North America in the last year. Feminists partake in these walks to reclaim the word “slut” for women’s studies and feminism. The message behind the walks is that a woman should not be told not to dress “slutty” but instead men should be told not to rape. What these walks and recent movements are doing for women’s studies is taking back a word that has been used to degrade women for years before. Jessica Valenti writes, “They’re generating excitement, translating their anger into action and trying to change our supposedly respectable society into one that truly respects men, women and yes, even ‘sluts.’”³⁶ Valenti notes that these movements are popping up all over North America and are not necessarily formerly organized, but the Slutwalks are drawing attention and earning respect for the message they are sending.

Also in accordance to fat studies, women’s studies is too often considered, as Stone says in *Policy Paradox*, a “blame the victim” story because outsiders believe women are asking for it when they wear revealing clothing. Valenti writes the original motivation for Slutwalks: “The protests began after a police officer told students at Toronto’s York University in January that if women want to avoid rape, they shouldn’t dress like ‘sluts.’”³⁷ This is a parallel to fat studies, in

³⁶ Jessica Valenti, “SlutWalks and the Future of Feminism,” *Washington Post* (June 3, 2011): 1-3.

³⁷ Valenti, “SlutWalks and the Future of Feminism”: 1.

which the non-fat population is urging the fat population to lose weight and change their lifestyles so they will not be discriminated against any longer. The story that blames the victim does not solve the problem or even help the problem the victim is being blamed for. Reclaiming slut may or may not help to raise awareness, but it will spark controversy and create thoughts among the population.

Along with women's studies, another discipline is changing and reclaiming itself back: LGBT studies. The term "queer" has been used in past years as a derogatory term for a homosexual, not unlike fat and slut. All three terms are used in negative connotations intended to dehumanize the recipient of the name calling. Queer is now being turned into a positive and gay rights groups are urging homosexuals, heterosexuals, transgenders, etc. to describe themselves as queer and wear the word without fear or shame. Fat is to be taken back the same way!

The negative views on fat people and our society's innate wish to change fat people and make them skinny is a result of our country's history with not just the BMI guidelines, but also the media's representation of fat people. Popular culture within the US must take back the word fat and reevaluate and reeducate the public on what it means to be fat, as opposed to obese or overweight. And if there is, in fact, an obesity epidemic occurring, the responsibility lies within popular culture to redefine what "obesity" and "epidemic" mean. Discrimination and stigmatization are not the correct ways in acknowledging the diversity in the US. Instead, fat studies must regain control of the word and meaning of what is fat.

Weight in Pounds

	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250
4'	30.5	33.6	36.6	39.7	42.7	45.8	48.8	51.9	54.9	58.0	61.0	64.1	67.1	70.2	73.2	76.3
4' 2"	28.1	30.9	33.7	36.6	39.4	42.2	45.0	47.8	50.6	53.4	56.2	59.1	61.9	64.7	67.5	70.3
4' 4"	26.0	28.6	31.2	33.8	36.4	39.0	41.6	44.2	46.8	49.4	52.0	54.6	57.2	59.8	62.4	65.0
4' 6"	24.1	26.5	28.9	31.3	33.8	36.2	38.6	41.0	43.4	45.8	48.2	50.6	53.0	55.4	57.9	60.3
4' 8"	22.4	24.7	26.9	29.1	31.4	33.6	35.9	38.1	40.4	42.6	44.8	47.1	49.3	51.6	53.8	56.0
4' 10"	20.9	23.0	25.1	27.2	29.3	31.3	33.4	35.5	37.6	39.7	41.8	43.9	46.0	48.1	50.2	52.2
5'	19.5	21.5	23.4	25.4	27.3	29.3	31.2	33.2	35.2	37.1	39.1	41.0	43.0	44.9	46.9	48.8
5' 2"	18.3	20.1	21.9	23.8	25.6	27.4	29.3	31.1	32.9	34.7	36.6	38.4	40.2	42.1	43.9	45.7
5' 4"	17.2	18.9	20.6	22.3	24.0	25.7	27.5	29.2	30.9	32.6	34.3	36.0	37.8	39.5	41.2	42.9
5' 6"	16.1	17.8	19.4	21.0	22.6	24.2	25.8	27.4	29.0	30.7	32.3	33.9	35.5	37.1	38.7	40.3
5' 8"	15.2	16.7	18.2	19.8	21.3	22.8	24.3	25.8	27.4	28.9	30.4	31.9	33.4	35.0	36.5	38.0
5' 10"	14.3	15.8	17.2	18.7	20.1	21.5	23.0	24.4	25.8	27.3	28.7	30.1	31.6	33.0	34.4	35.9
6'	13.6	14.9	16.3	17.6	19.0	20.3	21.7	23.1	24.4	25.8	27.1	28.5	29.8	31.2	32.5	33.9
6' 2"	12.8	14.1	15.4	16.7	18.0	19.3	20.5	21.8	23.1	24.4	25.7	27.0	28.2	29.5	30.8	32.1
6' 4"	12.2	13.4	14.6	15.8	17.0	18.3	19.5	20.7	21.9	23.1	24.3	25.6	26.8	28.0	29.2	30.4
6' 6"	11.6	12.7	13.9	15.0	16.2	17.3	18.5	19.6	20.8	22.0	23.1	24.3	25.4	26.6	27.7	28.9
6' 8"	11.0	12.1	13.2	14.3	15.4	16.5	17.6	18.7	19.8	20.9	22.0	23.1	24.2	25.3	26.4	27.5
6' 10"	10.5	11.5	12.5	13.6	14.6	15.7	16.7	17.8	18.8	19.9	20.9	22.0	23.0	24.0	25.1	26.1
7'	10.0	11.0	12.0	13.0	13.9	14.9	15.9	16.9	17.9	18.9	19.9	20.9	21.9	22.9	23.9	24.9

<http://www.freebmi-calculator.net>

Underweight
 Normal
 Overweight
 Obesity

Image 1: Free BMI Calculator, "BMI Chart" <http://www.freebmi-calculator.net/bmi-chart.php>