1

A Biocitizenship Society to Fight Fat

When I was an 8-pound baby who was a week early, it should have been a sign that being skinny would never be my destiny. In high school and college I have been bothered and ashamed by my weight. I noticed that food is my "support" and I abuse it. When I am stressed, I eat. When I am depressed, I eat. When I am angry, I eat. When I am bored, I eat, creating a vicious cycle that is spinning out of control, snuffing out the person I am inside. Looking to food to comfort my hormonal and emotional episodes is unhealthy because, if during one of my "feeding frenzies" I happen to gain weight, even just one or two pounds, I flip out and feel disgusted with myself. I can feel the disgust manifest in the pit of my stomach like it has a voice, and with every growl and every grubble, it is like a knife into my self-esteem telling me I am too fat and asking why I eat so much.

I believe my problems with my weight began when I was a little girl. My father's side of the family is very materialistic and looks-based; if you're not rich, pretty, and skinny, you are nothing. My mother is quite a large woman, and so my father's mother didn't like her and always ignored her. When my

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

brother and I were born, my mother gained 60 pounds and my grandmother's cruel words became more vocal, to the point where as a second grader I knew my grandmother thought my mother was too fat to be with her son. Yet as the years went by and my mother didn't lose any weight, and I began to grow rounder, her hurtful needle-like words became aimed at me. I will never forget the pain and disgust I felt when I was about in fifth grade. My grandmother, father, and I were at the family restaurant Islands. I was eating a chicken tenders kid's meal, yet my grandmother thought this was too much for me. So in the middle of the meal, she looked at me and told me to "stop eating, because if you don't then one day you will look like *that*." "That" happened to be an extremely large woman in the restaurant, with my grandmother's finger pointed directly at her. I felt confused and hurt. All these thoughts swarmed in my head: I knew I was big, but was I fat? That day changed my life forever. I have not been able to look at myself the same way again.

Elise, twenty years old, Caucasian from Sherman Oaks, California; from her personal story "A Rock Weighing My Spirit Down"

When I was ten years old, I went to the doctor's office for a routine checkup. Little did I know I was about to experience one of the most traumatic events of my life. I knew I had weight problems, but no one had ever called me fat directly. This doctor told my mom that if she did not do anything soon, I would be in danger of contracting diseases like high blood pressure, diabetes, and hypertension. I did not realize it at the time, but those words caused lasting trauma. My self-confidence was shot down. Since then I have always thought of myself as a big girl; even though I have now lost more than 35 pounds and kept it off, I still think of myself as big.

Society is very cruel toward overweight people, especially young children. When I was in elementary school, we were all playing outside during recess when this boy tore up my self-confidence. There was a game of basketball and I wanted the ball, but no one would give it to me. Finally I asked for it. The boy said to me: "Why do you want the ball? You are fat, I'm sure you can't even shoot!" I froze for a couple seconds. I could not believe that someone would say something so insensitive and rude to me. I ran to the girls' bathroom and cried for a few minutes. That day is one I will never forget. He broke me down. For years after that I felt ugly, fat, disgusting, and not good enough. I assumed that every boy was as mean and disrespectful as that one. So I began to eat. Food was delicious and it made me feel good. Slowly but surely, I gained more and more weight until I became borderline obese.

Lauren, nineteen years old, Salvadoran American from Lynnwood, California; from her personal story "Overcoming the Abuse"

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

A National War on Fat: Narrative of a Nation in Decline

By all accounts, America is in the midst of an obesity epidemic of catastrophic scale in which rising proportions of the public—now two-thirds of adults, and one-third of children and adolescents—are obese or overweight. Between the late 1970s and 2012, the proportion of Americans who are obese rose from 15 to 34.9 percent among adults and from 5 to 16.9 percent among the young.[1] Although the rate of increase has recently slowed or stabilized in some groups, the now-heavy burden of fat, influential voices maintain, continues to threaten the nation. In the dominant story told by government, public health, and media sources, the country's fatness is eroding the nation's health, emptying its coffers, and threatening its security by depriving it of fit military recruits.[2] The response has been an urgent, nationwide public health campaign, officially launched by the U.S. surgeon general in 2001, to get people—and especially the young—to eat more healthfully and be more active in an effort to achieve a "normal" body mass index (BMI).[3] Toward that end, the surgeon general's office and other government departments concerned with the public's health have repeatedly urged all sectors of American society—from parents to elected officials, to school administrators, health-care professionals, leaders of nonprofits, and private companies—to help reduce the burden of fat. First Lady Michelle Obama's "Let's Move!" campaign, which aims to "solve the challenge of childhood obesity within a generation," is only the latest initiative in what has been the nation's standard approach to remedying the problem of growing girth for the last decade and a half.[4]

American antipathy toward fatness is nothing new. For roughly the last 150 years, being fat has been seen as a cultural, moral, and aesthetic transgression that marked one as irresponsible, immoral, and ugly—"grotesque" in the indelicate language of former Surgeon General C. Everett Koop (who served 1982–1989).[5] In the last few decades, however, there has been a critical cultural shift in our concern about fatness, from "self-control" (or virtue) to "health." The now routine definition of excess weight as a disease, the rapid growth in medical research, and the proliferation of news on obesity and overweight mark this cultural shift.[6] As the sociologist Abigail C. Saguy argues, the biomedical frame for understanding obesity has become so naturalized that people do not even realize it is a conceptual frame, one among many possible frames.[7]

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

While weight as an attribute has been medicalized, that is, defined as a medical condition requiring diagnosis, two categories of weight—overweight and obesity—have been pathologized, treated as diseases in themselves. No longer are chunky and fat people merely "lazy"; in the current discourse they are also biologically defective; chronically ill; at risk of yet other, obesity-related diseases; and in need of ongoing medical treatment. It is this "diseasification" of higher weights, and its framing within a narrative of obesity-induced national decline, that has justified our government's intervention in the obesity "epidemic" and the use of taxpayer dollars to support these interventions. With two-thirds of American adults and one-third of children now deemed abnormal and in need of remediation, there would appear to be strong grounds for taxpayer-supported government involvement, including not just public health actions but also financial support for a mushrooming research enterprise devoted to understanding the causes and consequences of this new disease. This disease model of weight, requiring government management, has not replaced the moral model of body size but has built on it in ways that greatly intensify the already heavy pressures to be thin.[8]

Because personal health in our culture is a mega-value, equivalent to the good life itself, the medicalization of weight has had huge societal consequences. In the national anxiety that has grown up around the obesity problem—what sociologists such as Natalie Boero call a moral panic, marked by exaggerated concern about the threat to core American values[9]—these broader consequences of treating heaviness as a disease have received scant notice. But they deserve our closest attention. The shift to health as the primary grounds for concern about adipose bodies has led to a dramatic expansion of the social forces seeking to intervene. The result has been an explosion of fat-talk of all kinds. By *fat-talk* I mean communications of all sorts about weight—spoken words, written texts, visual images, and moving videos—along with the associated practices, such as dieting, exercising, and many others. Where do we hear fat-talk?

In the news there has been a veritable explosion of articles on obesity. Between the early 1990s and 2010, the number of published news reports on obesity rose from virtually none to 6,000 a year.[10] Feature articles in news, women's, and science magazines appear regularly, accompanied by cover images of fat babies holding gigantic tubs of french fries or fat children snorfing down double-scoop ice cream cones. (Such images have

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

become less common in recent years.) In the political sphere, anti-fat legislation aimed at limiting food ads for children, requiring food labeling in restaurants, or reengineering car-centric environments is advancing at the federal, state, and municipal levels, producing noisy debates over the "nanny state's" right to tell Americans what they should eat and the ability of hefty officials to govern. The New Jersey politician Chris Christie has received more than his share of press commentary about his size.[11]

Corporate interests have been a major force behind the escalation of fat-talk. Slimming down has become a huge sector of the economy as the pharmaceutical, biotech, fitness, food, and restaurant industries have figured out how to use a rhetoric of medicine ("it's good for your health") to exploit people's fear of the disease of fat to generate some $60 billion annually in profits.[12] In our image-saturated world, the ads of corporate America, with their trim figures and seductive messages, have been powerful forces behind the growing fixation on fat. Building on an already deeply ingrained culture of thinness,[13] the new medically driven concern with weight loss has also propelled corpulence to the center of our popular culture. The new genre of Fat TV—featuring weight-loss reality shows such as *The Biggest Loser* (NBC), *Weighing In* (Food Network), and *Celebrity Fit Club* (VH1)—is only the most conspicuous of these new forms of fat culture. Finally, in everyday social life, fat-talk has become a routine way of communicating with one another as we visually size people up; comment on their body size, the fit of their clothing, the food they are eating, and so on; and judge them according to their adherence to the normative thin-body ideal. The harsh warnings of Elise's grandmother and the cruel jabs of Lauren's classmate are perfect examples of fat-talk in action. It is no exaggeration to say that fifteen years after the official launching of the war on fat, America is obsessed with fat—what it means for us, how bad it is for us, and what we must do to rid our individual and collective selves of it. We have become, in short, a fat-talk nation, in which fat-talk is ubiquitous, marking good and bad, deserving and undeserving Americans.

In this way, what started as an urgent public health call to action in the early 2000s has grown into a massive society-wide war on fat that involves virtually every sector of American society and leaves few domains of life untouched. In the late 1990s, former Surgeon General Koop, one of the most outspoken and influential warriors in the battle against tobacco, coined the term *war on obesity* to draw attention to the need for

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

a national mobilization against fat that was every bit as forceful as the nation's war on tobacco.[14] In 2004, in the wake of 9/11, then–Surgeon General Richard Carmona described the rise in childhood obesity as "every bit as threatening to us as is the terrorist threat we face today. It is the threat from within."[15] Such metaphors are not innocent. In likening fat people, including fat children, to terrorists, Carmona was justifying an all-out war against fat individuals that entailed treating them as veritable enemies of the American people and the American way of life. The message was not only that it is un-American to be fat but also that hostility toward large people was warranted and necessary and beneficial to "us all."

In this book, I call this broad-based campaign a *war on fat*. I use the term *war* not just because some government and public health advocates routinely use that metaphor but also because that word captures the feeling of many of its targets that not just their bodies but also their persons are under perpetual attack. I use the colloquial word *fat* because that is the term many heavy people prefer, finding the official term *obesity* too objectifying.[16] And I focus on the war on fat, rather than on obesity, because this is a war not just on obesity (defined in terms of the BMI) but on every extra pound of flesh, whether the excess is on an "obese," "overweight," or "normal" body. The twenty-first-century war on fat is profoundly remaking the political, economic, social, and cultural worlds in which we live in ways that are very partially understood. Although this book deals only with the United States, weights are rising around the world, producing what the World Health Organization calls a "global pandemic of obesity"[17] and, in turn, urgent efforts by governments and transnational bodies to contain it. The problem, then, is not only an American problem; increasingly, it is a global problem. Given the centrality of America in the world, how we respond is likely to affect policymakers and ordinary people in the tens of millions around the globe. Will the warlike approach to obesity championed by the United States be a positive model for the rest of the world? That question is rarely asked in public and health forums, but it should be.

Whatever its broader consequences, the war on fat has not yet reduced the national waistline. Despite the huge investment of public and private resources to fight fat, rates of obesity have scarcely budged. Between 2003–2004 and 2011–2012, there was no significant change in obesity

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

prevalence among youth or adults. There was, however, a substantial decline in obesity among preschool children ages two to five, a finding that appears promising but remains unexplained.[18] The reasons obesity has stopped climbing in most groups remain unclear; the slowdown could be related to basic biology—a saturation of the population that is genetically vulnerable to weight gain in our environment—and have little to do with the war on fat.[19] The response has not been to step back and rethink the nature of the adversary and the warlike approach to its eradication; the response has been to hunker down and fight even harder. For example, health officials in some areas have turned up the heat on fat kids and their parents. In late 2013, Children's Healthcare of Atlanta released a controversial video, "Rewind the Future," which was aimed at warning negligent parents by graphically depicting the future of a child, Jim, whose diet of junk food led to massive weight gain and eventually a heart attack.[20] With a growing recognition of the limits of diet and exercise, and a marked rise in obesity-related diseases, anti-fat advocates are left with few treatment options other than surgery and drugs. Weight-loss (or bariatric) surgery—which is very costly, carries substantial risks, and imposes severe dietary restrictions for the rest of the patient's life—has been extended to new patient categories, including severely obese adolescents as young as twelve.[21] Since 2012, the Food and Drug Administration (FDA) has approved four new diet drugs: Belviq, Qsymia, Contrave, and Saxenda. Like fen-phen, which was withdrawn in 1997 after evidence emerged of serious heart-valve damage, all have the potential to cause cardiovascular and other problems. And none of the drugs is very effective.[22] With large proportions of Americans labeled ill, few safe and effective cures in sight, and a growing reliance on costly and risky methods, today's approach to fat hardly seems like a promising route to creating a healthy, vibrant, revitalized America.

Why Worry about the War on Fat? Listening to Our Young People

In all the public talk about the national plague of obesity and the lazy, irresponsible fat people who are bringing the nation down, there is one voice that is rarely heard: the voice of those targeted by the war on fat. Young

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

women such as Elise and Lauren are the main targets of the war on fat, yet the kinds of stories they tell are virtually never heard. Almost every day on the news, we hear from medical researchers and government officials announcing a new finding about the health effects of obesity or a new campaign to tax soda; we hear from corporate advertisers and spokespersons promoting weight-loss products; and we hear from anxious parents and teachers concerned about their chubby young charges. Once in a while a lone voice can be heard complaining about the cultural hatred of fat. In fall 2012, for example, the feminist blog Jezebel carried an angry article titled "It's Hard Enough to Be a Fat Kid without the Government Telling You You're an Epidemic."[23] Complaining bitterly about the common assumption that fat kids are fat because they eat too many Pizza Poppers and bowls of chocolate cereal, the author, once a fat kid and now a fat adult, argues that the anti-fat campaign amounts to an anti-people campaign that will do more harm than good. Around the same time, Jennifer Livingston, a full-bodied TV news anchor in Milwaukee, spent several minutes on the air responding to a man who had e-mailed to inform her that "obesity is one of the worst choices a person can make" and that she was a poor role model for young girls.[24] Using the occasion as a teaching moment, Livingston insisted that such attacks are not acceptable and that we need to teach our kids kindness, not cruelty. The outpouring of support she received leaves no doubt about the sea of unhappiness and pent-up exasperation that exists about the maltreatment of overweight people in our culture. Yet sympathetic outlets for such complaints are few indeed. As is usually the case with Internet critics, just as quickly as a fat-rights voice emerges, it disappears from public view, leaving no lasting cultural critique, no sustained challenge to the dominant approach to the problematic of weight as an epidemic. And if heavy adults are rarely heard, heavy children and adolescents, the campaign's major targets, are virtually inaudible.

The Critique of the Fat Acceptance Movement: Is Anyone Listening?

Underscoring the absence of a wider cultural critique of today's approach to obesity, voices such as these amount to little more than complaints about how the war on fat has affected the speaker personally. This is a far cry

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

from a systematic critique of the anti-obesity campaign. Such an analysis does exist, but it is likely that few Americans have even heard of it. It is called the fat acceptance movement (or simply, FAM), and its main organization, the National Association to Advance Fat Acceptance, has been around for decades. Researchers and activists broadly aligned with the FAM have developed two main criticisms of the anti-obesity campaign, one focusing on the politics of the war on fat and the other on the science of obesity.

In its political critique, the movement argues that the real problem we face in this country is not obesity but rampant fat stigma and size discrimination, which, it contends, are worsened by the crisis framing of the obesity problem.[25] Drawing on a large array of statistics, FAM researchers point out that fat people face discrimination in every arena of daily life—from education to employment to medical care—with consequences that diminish their social and economic well-being, harm their romantic prospects, and compromise their health.[26] Common treatments for fatness are not only ineffective over the long run, but many lead to weight gain and, on top of that, pose serious risks to people's health. Far from diseases that should be medically treated, the FAM argues, fat and weight more generally are forms of bodily diversity. Like height, weight is a relatively immutable, biologically and genetically based part of our identities that should be accepted and respected. Instead of wasting time and money seeking to achieve an artificial standard of thinness, they argue, we should aim to be "healthy at every size."[27] Seeking to redefine weight as a legal and political matter, the movement works to end size discrimination and gain legal protection for the rights of fat people. By openly celebrating fat pride and circulating alternative images of fat people having fun, smashing bathroom scales, or enjoying the companionship of normal-size men who love fat women, the movement is challenging the erasure of fat people in our culture while constructing new, positive identities and embodied practices for the fat community.[28] The FAM offers the encouraging and inclusive messages that there is beauty in all bodies and that health can come at any size.

This alternative paradigm deserves serious consideration, yet it has had little discernible impact on the public conversation about the obesity problem. The movement does seem to have injected into some of the public health campaigns greater sensitivity about the damaging effects of stigmatizing images on heavy people.[29] Yet its larger argument that weight is not

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

a disease but a form of bodily diversity having to do with human rights has gained little traction, despite the scientific evidence that genetics plays a very substantial role in bodily weight and that the body fights weight loss. Few members of the general public seem to be aware of the movement and its work. (And, of course, some bloggers who are aware have been dismissive of the "fat-empowerment stunts.") The FAM was born and remains loosely based in California, yet few of my University of California students had heard of it. After learning about it in class, few found it relatable. That may be because the images of its spokespeople I shared featured mostly very large, white, middle-class, middle-age women. Beyond the different demographic, though, was the bigger problem that the young adults I worked with, far from wanting to proudly claim a fat identity and demand rights on that basis, simply wanted to fit in and be normal. Perhaps because the war on fat was launched and is legitimated in the name of science, and the FAM speaks largely in the name of politics and human rights, its voices are easily ignored by mainstream obesity researchers. Some of the spokespersons for the movement may also face other problems in getting their message heard. As very large individuals themselves, they may be so stigmatized by the dominant fat-hating culture that they are accorded little credibility. Sadly, their voices may be discredited simply because they are fat.[30]

The work of the historian Amy Farrell helps us to understand why fat people are allowed so little space for self-expression in our culture. In *Fat Shame*, her pathbreaking history of fat culture in America, Farrell argues that, based on a long history of fat shaming, fatness today is such a stigmatizing attribute that it is utterly discrediting.[31] Fatness is not only a physical stigma, it is also a character stigma that allows others to treat fat people as not quite human, as not worthy of normal standards of respect. This stigma then justifies active discrimination against them that further diminishes their life chances. Mainstream culture, she argues, is reluctant to give fat people any but circumscribed acceptance—that is, they are tolerated and allowed a public voice as long as they stay within their group and accept the limits imposed by the non-fat culture. In the United States today, there are precious few public scripts that fat people can follow or positive identities that they are allowed to occupy. They can be "fat and funny," like the main characters on the CBS television program *Mike and Molly*. Or they can accept the dominant obesity narrative and present themselves

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

as "fat and ashamed" and working desperately to lose weight—like the contestants on the NBC show *The Biggest Loser*. They can post humorous or biting comments on online sites, such as the StopHatingYourBody microblog on tumblr, where like-minded people share reactions and photos. But once they try to step outside those delimited circles—say, by criticizing their treatment in the larger culture—they are punished and shamed into silence. No wonder so few dare to demand broader inclusion in mainstream society. How do fat people feel being the object of so much verbal vitriol and moral condemnation? We can only guess, and they cannot tell us without risking further maltreatment.

Closely aligned with this political activism is a body of interdisciplinary scholarship in the emerging field of fat studies that, although perhaps not (yet) reaching the general public, is powerfully shaping the scholarly understanding of the country's so-called "obesity epidemic"[32] Through analysis of a wide range of political, cultural, and scientific materials, as well as selected interviews, this work has shown how the notion that the United States faces an "obesity epidemic" was historically constructed by particular actors, who, working as moral entrepreneurs, created a moral panic around the issue and how that "crisis" construct has persisted to become the hegemonic narrative about obesity in America, despite the problematic nature of some of the underlying science.[33] This work has also illuminated some of the harmful effects of the crisis framing, including a worsening of stigma and discrimination against fat people and a heightening of social inequalities along the lines of gender, race, and class.

Although I build on this research, in this book I tackle a different set of questions. I seek to understand not fatness or its cultural and political representations but how the war on fat—a different focus from the commonly studied public health campaign—is actually playing out on the ground and with what effects, especially on the young. The younger generation—that raised since the early 1990s—is a critical focus for this research. In her work with adult participants in weight-loss programs, Boero found that people did not see their fatness as a risk to personal health or contributor to a public health crisis, a finding that suggests that the public health narrative is having little impact on ordinary Americans.[34] That conclusion, this book will show, does not hold for younger Americans. As the first generation raised in a world obsessed with the "crisis of childhood obesity," young people's experiences with the crisis story are more piercing, penetrating,

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

and consequential than those of many adults. As they grow into adulthood, their life experiences will increasingly shape who we are as a nation.

To understand how the war is working in daily life, I introduce a new kind of data and a new set of theoretical concepts. I draw on anthropological research on the real-life experiences of young people in one part of the country, listening intently to how they describe their worlds and lives, and making their accounts the centerpiece of my own. I also develop a repertoire of interrelated concepts that includes a robust notion of subjectivity, which remains underdeveloped in the work in fat studies, and a set of notions that show how a historically specific morality, politics, and science of weight intersect in everyday life to produce the kinds of effects noted in the existing literature as well as others that have not been brought to light. As noted in the preface, I hope to reach not only scholars and students of American society but also members of the general public, who are themselves the unwitting participants in the war on fat, with effects they may not fully appreciate. In hopes of engaging that broader readership, I have used colloquial language and placed scholarly citations and discussions in the notes at the back of the book.

Unhappy at Every Size: Young People Share Their Stories

As a university professor and researcher located for many years in the Los Angeles region (and now the Boston area), I have listened carefully to the voices of young adults who since childhood have been the main targets of the war on fat. I have listened most closely to the students in my course "The Woman and the Body" at the University of California. The majority of them were technically "overweight" or "normal." A handful would be considered "obese" or "underweight." Regardless of how they were categorized, scarcely a one was happy with his or her body. Most were acutely aware of the society-wide war on fat and that it made them feel like damaged goods. One overweight young woman, whom I call Anahid, put her feelings into these words: "When there is so much talk about obesity, you feel bad about yourself as a person. Even if you are a kind person, you feel down because the whole nation is saying that excessive weight is bad and that's it. It makes you look at yourself and think that there is something wrong with you. It is not a good feeling at all; it makes you feel like a failure and more importantly, it makes you feel as if you have failed

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

others" [SC 92]. Virtually everyone felt oppressed by the constant pressure to achieve a certain body size and shape.

The following chapters present the in-depth accounts of the weight struggles of forty-five people—mostly in their late teens and early twenties, but some in mid- and late life—of both genders and many different ethnicities. Each account is unique, but the accounts taken together tell a larger and troubling story about the effects of the war on fat on its prime targets. That tale is not one of successful weight loss and newfound health and happiness. Instead, it is one of joyless childhoods and shrunken lives marked by the sorts of trauma described so poignantly by Elise and Lauren.

Back in the late 1990s and early 2000s, when the anti-obesity campaign was being launched, its advocates' main goal was to draw attention and resources to the nation's newly discovered rise in obesity, which they found alarming. Although figures like Koop and Carmona certainly amped up the pressure with their rhetoric of "crisis" and "war," they probably did not anticipate that, because the issue of fatness taps such deep veins in our culture and morality, a war on fat would offer so many benefits to so many parties that more and more social forces would join the fight. Yet the stories this book presents suggest that is just what happened, with the result that the campaign against fat has ballooned into something much bigger and more consequential than anyone expected—or fully understands. Young people's stories need to be heard, not only by today's promoters of the anti-obesity campaign but also by the parents, teachers, coaches, and friends who have been recruited to serve as foot soldiers in that war. They need to be read not only by those who are actively trying to shape the weight of America but by everyone who thinks heavy people are disgusting and repulsive—which includes a large portion of the American public.

Drawing on their accounts and other materials, this book tells the human story of the war on fat, a story of both hidden dynamics and untallied costs. Although I share some of the concerns of the FAM, especially about the damaging effects of weight stigma, this book extends those concerns beyond the fat population to a wide swath of Americans, documenting the effects on Americans of many weights, both genders, many ethnicities, and diverse classes. As already noted, it also provides a broad theoretical framework for understanding how the war on fat works on the ground and produces its unintended effects. By centering the voices

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

and stories of young people, while shaping them into a larger, theoretically grounded account of the war on fat that ties it to questions of citizenship and the nation, this work seeks to change the cultural conversation about fat in this country. I will show that the war on fat affects not just obese and overweight people, though the consequences to them are harmful enough. Instead, it affects us all—as individuals and as a society—in ways that are profoundly concerning.

The Value of Auto-Ethnography

What opened my eyes to the human dimensions of the war on fat was ethnography. The classic tool of anthropology, ethnography is a mode of inquiry that relies on deep immersion in a culture and mostly qualitative methods such as interviews. The term also describes a form of writing. As both research method and text, ethnography tries to capture and reflect human subjects' own views of their lives and the larger context that shapes them. In *auto*-ethnography, the person being studied crafts his or her own description and analysis of his or her life and world.[35]

In the pages that follow, I rely primarily on auto-ethnographies—individual stories of struggles with eating, exercising, weight control, and eating disorders that were shared with me—to tell a new story about fat in America. How, readers might be thinking, can personal stories possibly challenge the truths of science? Because this book makes big claims, it is important that readers fully understand the grounds on which it is making them. Making an argument based on ethnography entails a different mode of explanation from the one used by the medical researchers who usually write about the obesity issue. The biomedical (and public health) research tries to persuade with numerical data that are presented as scientific facts based on supposedly neutral scientific objectivity. Quantified data are generally good at presenting the big picture, but they tend to reduce individuals to a few attributes and to omit the larger context in which people's lives play out. In medical research, people are treated as objects for study by scientists. Scientists speak for people, imposing their understandings of what matters and why on people's lives. Their understandings can be powerful, but what scientists think is most important may differ from what individuals consider the most important parts of their lives.

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

By contrast, auto-ethnography persuades with personal stories, stories that, ideally, compel assent by their very humanity—both the human content and the narrative structure of a life's unfolding. Ethnographic accounts are explicitly subjective, with the factors that shape the angle of vision (gender, age, and so forth) being not only acknowledged but often made part of the story. Scientific data are evaluated by being replicated by other researchers; ethnographic accounts can be considered sound if they feel right: if they map onto our understandings of the world, if they are believable, and if they are supported by other kinds of evidence in our culture and society.

Ethnographic data offer certain advantages over the quantified data of science. By viewing the war on fat through the eyes of its targets, auto-ethnography allows us to see how it affects individuals and their bodies and lives. In ethnography, people are not objects but rather subjects who can tell us what they consider most important. Key to understanding the human consequences of the war on fat, auto-ethnography allows us to capture selfhood or subjectivity—people's own sense of who they are—using their own voices. Rather than reducing people to a few quantifiable variables, ethnographic writing captures a wide range of the often quirky, unmeasurable things that make them human. By illuminating the causal links between individual lives and their wider historical and cultural contexts, ethnography also enables us to move beyond individual experience and trace the connections between broader structural forces and personal experience.

The main limitation of ethnography is its focus on relatively small numbers of individuals; because the "sample" is not scientifically selected, one cannot generalize to a larger population. In this book, the problem of generalizability is diminished somewhat by the number and diversity of individual cases. I gathered ethnographic accounts of 245 individuals of a great many ethnic backgrounds and from all income levels except dire poverty and vast wealth. Most of the accounts center on young people, but some feature middle-age and elderly people. Although the cases are unique, the dynamics of the weight struggles they describe are, I believe, quite general. Auto-ethnography also has limits, for the researcher cannot pursue leads or independently observe the writer in social context to verify the validity of his or her account. In using these essays as "data," we must assume that their authors told the social truth as they saw it.

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

The chapters that follow use the essays to answer three questions: How does the war on fat work on the ground? Is it achieving its intended goals? And what is it producing in addition to slim, fit people, if indeed it is producing those? Put another way, what are its broader social effects? The proponents of the war on fat have been so narrowly focused on fighting obesity (and uncovering its health effects) that they have not stepped back to ask about the effects of their campaign itself—on fat people or on society at large. Yet as a society we need to ask these difficult questions: Is the war on fat doing what it is supposed to do? Is it inadvertently producing some harmful effects? Do the benefits exceed the unintended costs?

Students of narrative teach that it is not enough to challenge a powerful public story; one must replace it with a better story. In the pages that follow, I seek to disrupt an exceeding powerful account of weight in America, one focused on personal blame, health, and economic costs, by telling a more compelling story that is centered on morality and political belonging, individual and societal costs, and social injustice on a very wide scale. To understand all this, we need to grasp how the war on fat works.

How the War on Fat Works, Part 1: Meet the Thin, Fit Biocitizen

How, then, does the war on fat operate, and what exactly does it do in the process of trying to make us all thin?

The Birth of the Thin, Fit, Healthist Biocitizen

To answer these questions, we need to go back some 150 years to the late nineteenth century, when fat first became a salient political and cultural issue in America. In her history of fat culture, Farrell shows how the 1860s saw a growing cultural hatred of fatness as authoritative voices began to use body size as an important marker to measure one's suitability for the privileges and power of full citizenship.[36] Fatness became a metaphor for something that threatened the United States (greed or corruption, for example). Beginning around 1900, fatness became a sign that one was inherently incapable of withstanding the pressures and pleasures of modern life, including the responsibilities and privileges of citizenship; one must

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

be thin to be civilized. From around 1900, having the right body—a thin one—became a requirement for inclusion in the category of good Americans deemed worthy of a place in the public sphere and the rights and responsibilities of citizenship. Since at least that time, body weight in America has been a political and moral issue through and through.

Social thinkers have coined the term *biocitizenship* for this new kind of political belonging or citizenship connected to one's bodily attributes. In the United States and other Western countries, influential theorists have argued, the notion of citizen no longer means simply a subject with a legal status and set of constitutional rights and duties. Instead, a citizen is a social being whose existence is articulated in the language of social responsibilities and collective solidarity.[37] Since around 1900, one of the social responsibilities of the good (bio)citizen has been to maintain a certain kind of body—initially a thin body and, from the late twentieth century, a thin, fit body. In this book, I call this new kind of biocitizen who is the centerpiece of the war on fat the *thin, fit biocitizen*.[38] Managing our own health and ensuring a medically "normal" weight and fit body are fundamental duties of the good biocitizen today. It is important that the requirement involves active citizenship and social concern. The good biocitizen has two interrelated duties. The first is to take care of his or her own diet, exercise, and weight because it serves the individual and all others in society. As a former Health and Human Services secretary put it, "All Americans should lose ten pounds as a patriotic gesture."[39] Failing to control one's weight makes one a bad citizen because one is ignoring the interests of the common good needed for a well-ordered (that is, healthy and productive) society.

The requirements for being a good biocitizen have become ever more demanding. To be a thin, fit biocitizen today demands the constant surveillance of one's body, pursuit of rigorous diet and exercise routines, and avoidance of risky behaviors in an effort to maintain a normal BMI and a fit physique. (The BMI is a number calculated from a person's weight and height that is widely used as indicator of his or her fatness and disease risk. Technically, the BMI is an individual's body mass divided by the square of his height.) Because optimal health can never be fully achieved, its pursuit requires constant work and vigilance. There is a word for such obsessive attention to the body, and it is *healthism*. Few Americans are likely to be familiar with this term, but many enact its essence every day. Coined in 1980 by the political theorist Robert Crawford, healthism is the moralization of health

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

which arose in the mid-1970s among middle-class Americans.[40] Stimulated by a new awareness of health hazards in the environment and by the rise of a host of new health movements—from the self-help, natural foods, holistic health, and women's health movements to the jogging, dieting, and fitness crazes—healthism defined health as a *supervalue*, one that took precedence over all other concerns.[41] Health became a metaphor for all that is good in life, and the preoccupation with personal health became a primary—often the primary—focus for the definition and achievement of well-being. Health also became a major locus of identity as people defined themselves increasingly by how well they succeeded in adopting healthful practices.

Rather than looking to larger economic, political, or environmental forces as the determinants of health outcomes, healthism situated the problem of health and disease at the level of the individual: good health was said to be the moral duty of all individuals, while bad health was attributed to individual failings. The solutions to health problems were individualized too.[42] In the 1990s and early 2000s, the war on fat absorbed this healthist strand in our culture and made it central to how the campaign was framed and carried out. Healthism is evident today in people's obsessive efforts to stay thin, fit, and healthy. It can be seen too in the overriding emphasis of the campaign to make individuals, rather than society as a whole, responsible for weight. Instead of fighting food corporations, restructuring the built environment, or tackling toxins in the environment, most public health officials have been pouring their energy into blaming and shaming individuals and urging them to "take responsibility for their health." Things are beginning to change, but the emphasis on individual responsibility for weight remains paramount.

Since the 1980s, market-oriented (or "neoliberal") values and institutions have gained supremacy, bringing a retreat of the state and a rise of the entrepreneurial individual, who exercises choice and takes responsibility for his or her own risks. Good health—especially as signaled by the thin, fit body—has become a means to prove one's self-worth in a competitive political economy. In her important book *Weighing In*, the political ecologist Julie Guthman argues that the rise of managed care in the 1980s led to a redefinition of *good citizenship* to include being a minimal consumer of state health and welfare services.[43] Under managed care, health became subject to market logics, and the unhealthy, who impose excess costs on the

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

health-care system, were said to harm the nation. The good citizen became one who reduced health-care costs to the body politic by taking responsibility for his or her own health through lifestyle modifications. This notion that the individual should show concern for national health costs helps to explain the widespread acceptance of the notion, fostered by the war on fat, that the cost of treating obesity is a huge public burden. In the twenty-first century, the constant stream of medical news and commercials, with their stress on the growing number of health hazards we face, makes consciousness of our physical well-being increasingly unavoidable.[44] Today, health is such a positive value that it is unthinkable not to embrace it and adopt the constant self-surveillance and discipline it requires. Because body size reflects the state of one's health (or so it is claimed), what we have today is not just what Deborah Lupton, following Michel Foucault, has called "the imperative of health"[45] but also *the imperative of thinness*.

The pursuit of the perfect body is an intensely moral project. A central focus of the war on fat—a normative or "normal" BMI to which we should all aspire—functions as a moralizing discourse that divides us into two classes of American: low and high BMI, thin and fat, good and bad. Thinness is deemed a worthy, desirable, and necessary state, and thinness and fatness are associated with traits at the opposite ends of the moral spectrum, from the highly valued self-discipline and self-control, on the one hand, to the moral failings of self-indulgence and lack of self-discipline on the other.[46] The rewards to good biocitizenship are endless. Those able to achieve the proper fit, trim body are culturally celebrated and socially rewarded. Countless statistics show that they enjoy a privileged position vis-à-vis the state (including eligibility to join the armed forces; to serve on police, fire, and other forces; and to pay lower Medicare and Medicaid premiums), the health-care establishment (where they receive better treatment), and employers (who pay and promote them more generously).[47] Seeing themselves pictured positively in advertisements, the entertainment and news media, and public health announcements, they enjoy the pride that comes from being valued as good Americans. Bad citizens—all those unable to reach a normal BMI, but especially fat people—suffer cultural degradation, social exclusion, and rampant fat discrimination in almost every domain of life. They are excluded from some areas of state service and employment, stigmatized by the health-care establishment,

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

and discriminated against by employers. Moreover, weight bias is growing worse, increasing according to one measure by two-thirds over the last decade.[48] This evidence—which is based on abundant studies, virtually all with similar findings—lends empirical weight to Farrell's contention that fat stigma today is so severe that fat people are often treated as not quite human. Not only is it acceptable to abuse them, but they are seen to *deserve* such treatment because they are deviant and bad people who harm the rest of us. Fatness today is a mark of shame so discrediting and life-diminishing that people will go to extraordinary extremes to eliminate it.

Creating a Biocitizenship Society to Fight Fat: Self and Others in Our Social World in Charge

The most straightforward goal of the war on fat is to restore the nation to physical and economic health by transforming obese and overweight Americans into thin, fit, proper biocitizens. Because treatments for fatness have very limited effectiveness, a more realistic goal is to prevent those who are not yet fat from becoming fat. That means focusing most attention on children and adolescents. The labeling of obesity as an "epidemic" or even a "terrorist threat from within"—both suggesting that fatness is out of control, dangerous, and a public enemy—and use of the military metaphor for the anti-fat campaign present the elimination of fatness as an urgent task and justify extreme and discriminatory measures in the name of vanquishing the threats and restoring the nation's health.

Because health is such a huge—one might even say primal—value, all legitimate social institutions are obligated to promote the project. And, indeed, the creators of the war on fat have mobilized every major sector of American society to join the fight against fat. One can be forgiven for thinking that one of the most important tasks of the U.S. government today is to combat fat. In addition to the White House, which is home to the Let's Move! campaign, no fewer than nine federal agencies under the Department of Health and Human Services (DHHS) work on obesity issues.[49] But government efforts are just the beginning of what was and still is envisioned as a society-wide battle against a formidable foe. In its Call to Action, the Surgeon General's Office mapped out a strategy involving efforts by families and communities, schools, the health-care establishment,

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

media and communications networks, and worksites.[50] And they have responded. Schools have become major actors in the anti-obesity campaign, developing fitness tests that track children's weight status, introducing healthier food in cafeterias, reducing junk food in vending machines, creating weight report cards, and much more. In medicine, physicians and bariatric surgeons have been tackling obesity in the clinic and operating room, while researchers have been energetically studying the biology of obesity and its health consequences. Corporations in many industries have been producing and marketing an ever-widening array of anti-fat products—from apps that track food and movement to gelatinous globs that fill the stomach, curbing appetite[51]—while instituting programs to improve the weight and health of their own employees. And the list goes on. The scale of the endeavor is simply phenomenal.

The most important agent in this transformation, however, remains the individual: you and me. We have already seen that the biocitizen is charged with taking care of his or her own diet, exercise, and weight. Yet it is not enough to take care of oneself. As the sociologist Christine Halse argues, a good biocitizen's social responsibilities include taking care of the nation's welfare by helping others in one's social world—family, friends, co-workers, even perfect strangers—lose weight and become good biocitizens.[52] If heavy weights are bringing the nation down, then it is our civic and moral duty as good citizens to help people who are heavy and (apparently) unhealthy to lose the weight and get fit. The good biocitizen, thus, has two duties to society: care of the self and care for others. In the chapters that follow we will meet big sisters looking out for younger brothers and sisters, aunts berating nieces and nephews, coaches ridiculing "lazy" athletes, and strangers commenting on the food choices of a neighboring diner. Far from just being catty or cruel, each of these concerned people is following the cultural mandate to help others make healthy choices and get thin bodies. And in the process, each is feeling morally superior about his or her own choices and body.

This busy biocitizen is the key to understanding how the war on fat works and what it does. It works by creating virtuous biocitizens and demanding that they not only maintain medically normal weight themselves but also coax others into dieting and exercising to reach a normal weight. Put another way, the war on fat makes self and society primarily

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

responsible for creating the thin, fit bodies it sees as ideal. The result is a whole society preoccupied, even obsessed, with weight and weight control: a *biocitizenship society*. This is precisely the kind of society we live in now. This notion of the doubly duty-bound biocitizen has never been applied to America's (or any country's) fight against fat, but we will see that it closely fits what is happening in American society today.

How the War on Fat Works, Part 2: Fat-Talk, Fat Discourse, Fat Science

The most important tool available to the virtuous biocitizen for persuading "bad," "unhealthy" citizens to become good ones is fat-talk. In her landmark study of body culture in the 1990s, *Fat Talk: What Girls and Their Parents Say about Dieting*, the anthropologist Mimi Nichter uses the term *fat talk* to refer to a pervasive speech performance in which teenage girls verbalized the inadequacies of their body shapes, typically by declaring: "I'm so fat!"[53] This book employs the hyphenated term *fat-talk* more broadly to refer to everyday conversations about weight—conversations of all sorts, not just declarations of fatness—that circulate in popular culture through conversation, the media, the Internet, and so on, as well as in written texts, visual images, and moving videos. Far from "mere talk," fat communications of these sorts are often accompanied by concrete practices that may be backed by legal or moral force. For example, a physician's demand that a patient go on a diet is accompanied by the entering of the patient's BMI score and diagnosis on his or her chart, practices given weight by the physician's legal authority to diagnose and treat disease. The list of such nonverbal practices accompanying weight talk is endless: the teacher assigns exercise as homework, the parent empties the kitchen of sweets, and the classmate excludes the chunky child from the playgroup. Fat-talk and the material and cultural practices associated with it have powerful yet often invisible effects.

Fat-Talk Is Everyday Talk, and It Is Contagious

As noted before, the society-wide campaign to eradicate fat has produced a veritable epidemic of fat-talk. Comments and conversations about weight,

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

diet, exercise, and related topics are ubiquitous in virtually every domain of social life. Increasingly, fat-talk seems to be a social norm, a common language with which people strike up friendships, argue, and generally engage one another. Nothing can illustrate this better than a real-life example. So let me introduce Carrie (a pseudonym), an eighteen-year-old from Long Beach, California. Once Carrie began reflecting on how often she teases people about their weight, she realized to her surprise that it was almost all the time.

> I always seem to pick on people and their weight. I never purposefully chose to pick on people's weight to be cruel or hurtful. It was just a friendly way of starting a conversation or pok[ing] fun at someone. When I realized this, I started considering how many times I did this and to how many people. It was practically to everyone in my [residential] suite and I did it frequently.
>
> Shortly after the beginning of this quarter, I ate lunch with a group of my hallmates. I sat next to this boy from my hall, we'll call him Sam, and he's a really quiet guy. I didn't know how to start a conversation with him, so I waited a while and noticed that he had gotten a Pizookie. Then he got another one. And that's how I began my conversation with him. I started joking around with him and pretending to be all shocked that he had two Pizookies instead of just one, the little fatty. Now, every time I see him I always throw a fat joke at him, especially if he's eating something. Recently, he's been getting back at me by also making fun of my weight. He'll joke around by stumbling towards me and saying that I'm so big that I have my own gravitational field. Even though I know I'm pretty skinny and it's a joke, though, I sort of take it into account when I start eating. [SC 255]

All this warm and fuzzy teasing about weight and food has real effects, though, causing people to become weight conscious and diet- and exercise-obsessed. In 2007, research published in the prestigious *New England Journal of Medicine* suggested that weight is socially contagious and spreads through social networks; if your close friends, sibling, or spouse becomes obese, you have a higher chance of becoming obese yourself. The weight of neighbors had much less effect, ruling out the impact of shared environments.[54] Why weight levels spread is the subject of much debate.[55] The authors suggest that people adopt the weight norms of their close friends. This is certainly true, but there may be biological mechanisms of infectiousness as well.[56] Another important vehicle by which obesity (and

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

thinness) spread through social networks is fat-talk. Let's listen to Carrie again.

> Sam is not the only friend I tease about weight. Since I've commented on my friends' weight, though, it seems they've decided to start commenting on mine, too. They're joking, but I always keep [their remarks] in the back of my head. I thought my weight was perfectly fine when I came into school, then freaked out when I gained 10 pounds. I thought I was getting fat—[and] I still do. Every time I go to eat I get a little worried about whether the food I'm about to eat is going to [make] me fatter. Perhaps some part of this standardized ideal for skinniness has rubbed off on me. It seems to be normal for girls here to be super skinny while eating super healthy: no soda, just water and always a salad. So when I see myself eating a bunch of junk with soda, I feel a little [self-]conscious. I never cared about what I wore or how I ate until I came to this college filled with skinny girls. [SC 255]

Carrie suggests that, through fat-talk, first weight- and diet-consciousness and later weight-obsession become contagious, spreading from person to person within a tight network of friends.

Fat Discourse

While everyday fat-talk such as that of Carrie and her friends is important, it is but the conversational component of *fat discourse*. By *discourse*, I mean a complex, internally structured, historically specific body of knowledge that structures how weight and weight-related behavior can be talked about and that does things or produces effects, many of them unintended.[57] Fatness has always been framed within a larger discourse, but that discourse has shifted. In the Middle Ages, for example, fleshiness was a symbol of physical vigor and prosperity, while gluttony was deemed a religious sin.[58] In the nineteenth century, corpulence was an aesthetic transgression. Today, with the medicalization of weight, the discourse on fat is increasingly a scientifically based discourse aimed at optimizing a biological dimension of human existence. In this discourse, the science does critically important political work.

Based on the science of weight, today's fat discourse establishes weight-based categories based on the BMI. In this classification scheme, a BMI of 18.5–24.9 is "normal," 25–29.9 is "overweight," and 30 and higher is

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

"obese," while under 18.5 is "underweight." The BMI discourse, then, is not only *normalizing*, specifying an ideal or norm and urging all to normalize their status, it is also *subjectifying*, setting out weight-based identity categories into which people are supposed to fit themselves. Although slender bodies have long been a cultural obsession, now overweight and obese people—the main targets of the fat discourse—are no longer considered simply unattractive (and morally flawed), they are also understood as "abnormal" or "defective" in some essential, biological sense. Because they are flawed, they are in need of remediation. Because fat discourse is a biomedical discourse, the abnormal categories are deemed diseases, chronic in nature, that must be treated according to the best medical practice, which primarily means diet and exercise.[59] It is now a physician's professional duty to measure weight regularly and diagnose and treat weight-based "disease" in all of his or her patients, adult and pediatric.[60] Thus, fat discourse identifies the fat targets to be normalized and instructs them to follow diet, exercise, and other regimens to reach normal weight and become biologically normal subjects or persons. This is what I mean by political work.

Essential Biomyths

As a bodily or biological discourse, fat discourse makes scientific experts (doctors, public health specialists, physical education teachers, and so on) the authorities on body weight and its management. Drawing on the still enormous cultural authority of the biological sciences and biomedicine among the general public, these body experts speak in the name of the truth and few challenge their authority.

The research and clinical communities face a problem, however: although they have designated overweight and obesity diseases, they have no reliable way to successfully treat these diseases and make their patients "normal" or "well." The absence of effective treatments was emphasized in the mid-1990s, when the rise in obesity first came to light. For example, the authors of the 1994 *Journal of the American Medical Association* (*JAMA*) study revealing the striking increase in heavy weights since the 1970s described them as problems "for which no efficacious, practical, and long-lasting preventive or therapeutic solution has yet been identified."[61] But once the anti-obesity campaign was labeled a national war, requiring hope

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

not discouragement, concerns about the lack of good treatments were greatly downplayed; indeed, by the 2000s public figures had shifted the focus to children and were announcing that obesity is "completely preventable" (Richard Carmona) and that the problem of childhood obesity "can be solved" (Michelle Obama)[62]—this, despite major advances in finding effective ways to treat or prevent obesity.

Given the significant role of genetic and environmental factors in obesity, it is not surprising that the field of bioscience has not yet found a cure for fatness. Indeed, the specialist literature suggests that, for most individuals, there are few if any safe and reliable ways to achieve long-term weight loss. A major review of studies of the outcomes of calorie-restricting diets shows that diets often work in the short run, producing short-term weight losses of 5–10 percent of body weight, but the vast majority of dieters regain the weight.[63] And somewhere between one-third and two-thirds regain *more* weight than they lost. Moreover, the longer the period of time measured, the greater the amount of weight they regain. Surprisingly, even those who remain on reduced-calorie diets regain the weight after a period of time. And weight gain, including the notorious weight cycling (the repeated loss and regain of weight), results in health problems of its own. In short, diets promote neither lasting weight loss nor health benefits. For its part, exercise has substantial health and fitness benefits, and it appears to help with the maintenance of weight loss. It rarely, however, leads to weight loss. As noted earlier, diet pills have been associated with serious health problems and are minimally effective in any case. Surgical solutions—lap-band and other bariatric surgeries—are expensive, pose serious health risks, and have unknown long-term outcomes.[64] For a physician seeking to help his or her patient lose weight, this is a discouraging situation.

Yet many if not most in the medical and public health fields deeply believe that obesity constitutes a genuine public health crisis and poses a serious threat to the health of affected individuals. They have responded in two ways. The first has been to acknowledge that individual treatment rarely works and, instead, to encourage prevention by promoting societal-level interventions in what is known as the obesogenic environment. Prominent advocates of this approach include former New York City Mayor Michael Bloomberg (who served 2002–2013), whose many efforts to combat obesity include banning the use of trans fats in restaurants; tightening nutritional standards and eliminating junk in the city-run schools, senior centers,

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

hospitals, and so forth; adding bike lanes to the city's streets; boosting public awareness through high-profile ad campaigns; and a (failed) effort to ban supersized sugary drinks.[65] In public health, the obesity researcher Kelly Brownell, who founded the Yale University Rudd Center for Food Policy and Obesity, advocated a wide range of measures aimed at redesigning our toxic environment.[66] Such programs, and those aimed at preventing childhood obesity, hold considerable promise, but evidence of their effectiveness remains limited.[67]

The second approach, which continues to hold out hope that heavy individuals can lose weight and keep it off (or that excessive weight gain can be prevented in children), has promoted what might be called "best-guess" medical practices and hoped for the best. Best-guess medical practices are those that physicians believe, based on some experience, may work to lower weights, primarily the well-known dyad, low-calorie diets and increased physical activity. Given that obesity had not previously been treated as a full-fledged disease in a large number of patients, in the late 1990s scattered information about what might work was all that was available. In recommending this approach, the Expert Committee of the American Academy of Pediatrics, which created an early set of guidelines for diagnosing and treating overweight in children, acknowledged that the guidelines did not represent evidence-based medicine but rather a pragmatic accommodation to a perceived urgent need:

> Obesity in children and adolescents represents one of the most frustrating and difficult diseases to treat. The management recommendations presented here represent an important attempt to provide those who care for children with practical directions on how to assess and treat overweight children. Many of the approaches also apply to obesity prevention. Because so few studies of this problem have been performed, the approaches to evaluation and therapy presented here rarely are evidence-based. Nonetheless, they represent the consensus of a group of professionals who treat obese children and adolescents.[68]

Since then, the number of clinical guidelines for the treatment of pediatric obesity has grown, and the recommendations have become increasingly evidence-based.[69] Yet the emphasis has continued to be on the limitations of the recommendations, especially regarding obesity prevention and

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

treatment in primary-care settings. For adults, although a cure remains elusive, new drugs and devices have been introduced that, doctors emphasize, can produce modest weight loss that improves patients' lives.

A similar pragmatism underlies the official advocacy of the BMI as the core measure of fatness and health risk. The pediatric guidelines, as well as similar recommendations for treatment of adult obesity, urge use of the BMI despite its well-known limitations (described next) because it is easy to calculate and because there is international support for its use.[70]

This best-guess approach to individual weight management means that the war on fat has come to embed many assumptions that the scientific community itself considers dubious or controversial yet embraces as pragmatic compromises in the interests of "doing something about the urgent problem of obesity." These assumptions then get endlessly reproduced in clinics, in schools, in the news, in advertisements for diet and exercise products, in the popular media, and in everyday conversations—appearing everywhere as credible and true because they come wrapped in a cloak of science and because they are repeated over and over. I call these working assumptions about the body, weight, and health that guide many professional interventions as well as ordinary people's behavior *biomyths*—myths because they are part of cultural common sense and persist despite their contested status in the scientific community.

Fundamental to the story this book tells are six core biomyths:

1. Weight is under individual control; virtually everyone can lose weight and keep it off through diet and exercise. Weight-loss treatments work; if they don't, it's due to lack of willpower on the part of the dieter.
2. Parents (or other caregivers) can control, or at least significantly influence, the weight of young people.
3. The BMI is a good, reliable measure of fat and health risk.
4. Obesity and overweight are not only risk factors for other diseases; they are also diseases in themselves.
5. "Normal" weight signifies good health; "abnormal" weight is invariably associated with disease.
6. Obesity and overweight cause a host of other diseases, many of them very serious and even life-threatening.

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

Unfortunately, none of these is quite true. Or perhaps I should say that each has many detractors, for the science of weight is rife with controversy and contention. Let us take them one by one, drawing on the work of critical obesity researchers, including some affiliated with the FAM.[71] The influence on weight of biology, genetics, and the environment (social, built, and natural) means that individuals actually have limited control over their weight. The research we have just reviewed suggests that, although some people are genetically fortunate and can achieve and maintain "normal" weights, most people cannot and common treatments to lower weight do so by only a small amount and only in the short run (in contrast to biomyth 1). The medical community is aware of the difficulty of achieving sustained weight loss, but in the political economy of hope[72] on which the war on fat runs, which is imbued with faith in the promise of science and technology to find solutions, it does not emphasize this to patients or the public. If people have limited control over their own weight, then the influence of their caregivers is even smaller (biomyth 2). To be sure, parents can restrict the food coming into the household and teach their youngsters healthy eating and exercise habits, but beyond that, their influence is fairly circumscribed.

The limitations of the BMI are widely appreciated in the biomedical and public health communities, where it is considered a useful, although not especially good, measure of obesity. Indeed, the BMI was originally created for surveillance and screening, not as a tool for individual diagnosis. Nevertheless, it is widely used in that way today. Assuming the existence of a "standard body," the BMI fails to allow for variations in body composition (muscle, bone, fat), or regular differences along lines of gender and race/ethnicity. At best, the BMI may account for 60–75 percent of the variation in body fat content in adults.[73] And it cannot account for the character and placement of fat deposition in the body, which have well-known impacts on health outcomes (biomyth 3).[74]

Is obesity (and overweight) a disease in itself, as claimed by biomyth 4? Growing numbers of organizations—including, in June 2013, the American Medical Association (AMA)—have declared obesity a disease, yet the controversy remains far from settled. Indeed, the membership of the AMA voted to label it a disease over the objections of its own expert committee, which argued that obesity should not be deemed a disease because the BMI, the measure used to define it, is simplistic and flawed

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

and because there are no specific symptoms that are always associated with it.[75] Because there are no specific symptoms linked to the different BMI categories, weight status by itself cannot correlate with the health state (biomyth 5). Instead, there is great diversity in the connection between BMI and metabolic health. In the United States today, fully one-third of obese people are metabolically healthy, while one-quarter of normal-weight people suffer from metabolic abnormalities.[76] The everyday association of BMI with health is highly problematic.

The last biomyth may appear to be the strongest and least mythlike of the six, but it too is problematic. In both adults and children, obesity is statistically associated with a host of serious diseases. According to the Centers for Disease Control (CDC), children who are obese are more likely to have risk factors for cardiovascular disease (high cholesterol and high blood pressure), and to have prediabetes, bone and joint problems, and breathing difficulties. In the long term, they face the risk of adult obesity and so are more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. Yet these well-known associations, many emphasize, are mostly ones of *correlation* rather than *causation*. The science shows that it is not obesity per se that causes these diseases but, instead, a complex array of metabolic changes in the body that are set in motion by significant weight gain. These happen because adipose tissue (where excess fat is stored), previously thought of as an inert mass, turns out to be metabolically active; when it increases and is out of balance with other organ systems, it precipitates a cascade of changes likely to worsen health.[77] "[Obesity] is the middleman," writes the cardiologist Carl J. Lavie, "that can exacerbate existing conditions and contribute to premature death by aggravating chronic disease."[78] Responding to the argument of the FAM and others that some people are fat *and healthy*, the biologists Michael Power and Jay Schulkin suggest that obese people can indeed be metabolically healthy in the short to mid-term. Over the long term, though, the excess fat tissue on their bodies is likely to catch up with them and lead to ill health.[79]

Further complicating matters is what is known as the "obesity paradox," the finding that for people diagnosed with serious diseases—from cardiovascular disease to arthritis, kidney disease, diabetes, and cancer—being overweight or mildly obese is actually protective, with heavier people living longer than thinner ones.[80] Lavie, author of *The Obesity Paradox*,

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

resolves the puzzle this way. When we're young and healthy, becoming obese will certainly cause problems in a matter of years. With age, though, the balance is likely to tip in favor of extra weight. Ideal weight from the vantage point of health and mortality cannot be specified in general terms but, rather, is likely to vary with age, sex, genetics, cardiometabolic fitness, and the existence of preexisting diseases.[81] Lavie and others argue forcefully for the need to decenter weight and BMI in discussions of health and to focus instead on metabolic fitness, including cardiorespiratory health.

Although these everyday premises are deeply problematic, the discussion of controversial issues tends to be confined to the specialist literature. Rarely does it reach the general public (although Lavie's book might change that). For some ten years now, Paul Campos, Glenn Gaesser, Eric Oliver, and other critics aligned with the FAM have tried to publicize such problems, but their voices have been marginalized or simply ignored by the medical community.[82] Public consciousness of these problems tends to be low except when, once in a while, a controversial new finding that challenges one of these biomyths is picked up by the popular science press. When a controversy does erupt into the mainstream news, however, it is not easy for the lay reader to sort out who is right and who is wrong.

For example, in early 2013 an article published in *JAMA* used new data to confirm the long-standing finding that BMIs in the overweight and low-obesity range are associated with *lower* mortality levels than normal BMIs—findings that might weaken the claim that overweight as well as obese individuals face elevated health risks.[83] These findings, reached by scientists at the CDC, were quickly reproduced on the health pages of the *New York Times* and elsewhere, gaining wide attention.[84] But they provoked immediate controversy, with a handful of influential obesity researchers arguing that the research was marred by methodological flaws that invalidated the findings.[85] In a National Public Radio interview, a prominent nutritionist at Harvard's School of Public Health called the study "a pile of rubbish . . . [that] no one should waste their time reading" and convened an expert symposium to discredit it. A few months later, *Nature*, the top science journal in Great Britain, took the unusual step of publicly chastising him in an editorial for using such dismissive, black-and-white language as "rubbish" when gray is the true color of science.[86] Clearly, the health consequences of obesity are bitterly contested in the scientific community itself. Indeed, a review of some key episodes in

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

the history of obesity science that have been charted by fat studies scholars (and a few participants in that history) reveals that the field has been riven by bitter disputes over fundamental issues for decades.[87] But the general public is not privy to these debates. And when the controversies do come to light, the public, lacking insider data, ends up confused and troubled, and, needing some information on which to act, often simply falls back on the conventional wisdom embodied in the familiar biomyths.

Although influential public figures are increasingly working to alter the obesogenic environment, the emphasis on individual responsibility for weight persists in doctors' offices, schools, social media, and popular culture. The dominant biocitizenship approach to obesity thus continues much as it has for the last fifteen years. The building of the anti-obesity campaign on such problematic foundations raises troubling ethical issues as heavyset people are being labeled diseased and insistently urged to lose weight through techniques that either do not work for most people or that work at serious risk to their health. Heavy people are, in effect, asked to do the impossible and then socially punished for failing. Questions of medical ethics and social justice need to be pointedly raised.

Biopedagogical and Bioabusive Fat-Talk: Making Weight-Centric Identities

These complex dynamics of the war on fat help us understand its powerful yet largely neglected social effects. The first and perhaps most important is on personhood or subjectivity. By *subjectivity* (or *selfhood* or *personal identity*, terms I use interchangeably), I mean all the things that make us unique humans or subjects with agency—our views, our feelings, our beliefs, our hopes. Our subjectivities shape how we act in the world—what behaviors we adopt, how we treat each other, and so on. People have multiple and shifting selves—familial, professional or work-related, bodily, and so forth. Research has shown that people's sense of self is shaped through dialogue-type interaction with social (including scientific and political) discourses in their environment.[88] For example, the discourse on religion in my church may turn me into a devout believer and churchgoer. The discourse on weight may turn me into a shameful "fatso" and anxious dieter. This book shows how people acquire weight-based subjectivities,

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

especially that of a fat subject, and how that identity is becoming the predominant one in many people's lives.

To understand how self-identified fat persons are being created, we need to take a close look at the social discourses that circulate around fatness and how individuals interact with them. One such discourse is that of the BMI, which, we have seen, sets out weight-based identity labels that people are encouraged to take as their own. But discourses circulating more widely in society play important roles too, especially in transporting those scientific discourses into individuals' lives. In my California research, I identified two kinds of fat-talk, with different effects on identity formation. In the first, *biopedagogical fat-talk*, the discourse on weight serves to inform people of their weight status ("too fat," "too skinny," etc.) and instruct them on what practices they must adopt to achieve a normative body weight.[89] Biopedagogical fat-talk is routinely dispensed by the authorities in young people's lives: physicians, health and physical education teachers, coaches, and so forth. But it is also offered by family and friends, often on a daily basis in the form of unsolicited commentary on the size of our bellies, the fat content of our snacks, and other such matters. Biopedagogical fat-talk can be critical ("If you don't stop eating, you'll look like that fat person") or it can be complimentary ("Wow, you've lost weight; you look fantastic!"). Because weight is such a sensitive topic, both negative and positive pedagogical fat-talk can have big effects on the person being addressed. Complimentary fat-talk—positive feedback on our bodies or weight-loss efforts—may seem benign, or at least innocuous, but we will see that an approving nod can be just as powerful as an insult in triggering extreme reactions.

The second type of fat-talk is *fat abuse*, delivered through *biobullying* of various sorts. "You should not be buying that donut!" or even "You're so fat, you can't even run a block!" are common examples.[90] It's important to remember that both kinds of fat-talk are actively encouraged by the war on fat, in which our duties as virtuous biocitizens include trying to transform fat people into good biocitizens by educating them about the whys and hows of losing weight. If those educational efforts don't work, then we should up the pressure and try coaxing them. If that still does not work, then it's quite okay to shame, ridicule, or humiliate them—any kind of bullying that motivates them to lose weight is justified as being for their own good and for the good of the country.

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

Everyone knows that abusing people is wrong, yet when it comes to weight, we do it all the time. Fat abuse is utterly ubiquitous in America today. In the conventional media and on social media, derogatory comments about heavy people are routine. In everyday life, many people issue abusive remarks about the overweight and obese seemingly without a second thought. From a large literature, we know that heavy-weight young people are targets of often cruel verbal abuse, and that the heavier the child, the greater the abuse.[91] When we think of biobullying, we usually imagine mean kids in the hallways or on the playground at school. Yet recent research on stigma has shown that not just peers but also teachers and even parents can be fat-abusive toward youngsters.[92] This is saddening, but it is not surprising because we are all encouraged to be biocops who engage in biopolicing, constantly monitoring everyone else's weight, and "helping" those who are not good biocitizens become them by offering pointed pedagogical and abusive comments. Public health research suggests that stigmatizing comments rarely, if ever, motivate people to lose weight, yet the belief that they do persists in our culture.[93]

Although some readers may find it troubling or offensive, I use the language of bioabuse and biocop for parents who use sharp words and methods to get their kids to lose weight. Such terms violate our cherished image of the warm-hearted parent, yet from the viewpoint of at least some on the receiving end, those terms feel exactly right. And in seeking to help youngsters they care for lose weight, parents are really little different from the teachers, coaches, and other child authorities—all of them are trapped in the biomyths that encourage such treatment of fat kids. And so I use these terms in full knowledge that they may provoke discomfort and debate.

This book shows how the two kinds of fat-talk work together to turn obese and overweight people into *fat subjects*. A fat subject is different from an obese person. An obese person is someone with a BMI of 30 or higher. A fat subject is someone who, regardless of his or her weight, identifies as fat, organizes his or her life around that fatness, and acquires the attributes of a typical "fat person." There is not much public discourse about "normality" (except as the medical ideal), but normal-weight people are vulnerable to fat-talk too. Subject to constant warnings about the dangers of weight gain and the health consequences of fatness, they see their health as always in jeopardy because they are at risk of becoming fat and

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

acquiring weight-related diseases. These people become *potential* or *at-risk fat subjects*, who maintain a constant vigilance over their bodies and anxiously engage in prophylactic dieting and exercising to avoid that fate. Very thin people are subject to a variant of fat-talk that I call *skinny-talk*—suggestions that they are unhealthily skinny. People so teased often start seeing themselves as abnormally "underweight" or, in the colloquial, *skinny persons*, and begin eating more in an effort to become "normal" and stop the abuse. The auto-ethnographic accounts presented here will show how the pervasive fat-talk in the worlds of our young people is turning virtually all of them into fat-subjects of some sort, producing a cascade of other effects unlikely to be deemed desirable by the war's makers.

A Look Ahead

This book has ten chapters divided into four parts. We begin in southern California (SoCal) where, as everyone knows, the bodies are beautiful and the body pressures are intense. All the same, in chapter 2 I argue that SoCal is a microcosm of the United States, a place whose denizens have the same dreams as other Americans (getting a good body to get a good life) but face tougher standards and pressures. In chapter 2, I map out how the anti-obesity campaign, a pet project of former Governor Arnold Schwarzenegger, has been carried out in California and with what effects on its young targets. If those with whom I worked are any indication, the campaign has been a smashing success, helping to transform young Californians into virtuous biocitizens who mostly know their BMIs, believe the biomyths, and are obsessed with their weight and health. The chapter moves on to describe my research project before briefly mapping out the social dynamics of the fight against fat (differences by ethnicity, income, gender, and place), essential background for the chapters that follow.

In part 2, I delve into the core issue of selfhood, showing how the weight classes of the BMI have been internalized in such a way that people of all sizes increasingly define themselves by their weight. In chapter 3 I focus on people labeled "obese," in chapter 4 on "overweight" selves, in chapter 5 on those labeled "underweight," and in chapter 6 on those labeled "normal." This part of the book documents how the war on fat has turned almost

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.

everyone into a fat subject of some sort, producing a society in which virtually everyone is obsessed with his or her weight, few are able to lose (or gain) pounds, and no one is happy with his or her body or life.

The national narrative underlying the war on fat worries about the health and economic costs of obesity to the country, but the costs of the war on fat itself are rarely mentioned in public communications, let alone systematically tallied up. In part 3, I hone in on some of the unmeasured costs of the war borne by the youth who are its main targets. In chapter 7, I reveal how the war on fat, by exerting intense pressure on young people to achieve the thin, fit body, has put their physical and mental health at risk. In chapter 8, I show how the fight against fat has frayed some of our most fundamental bonds. Struggles over weight have pulled mothers and daughters apart, set sibling against sibling, forced heavy kids out of their families, and fostered fat abuse in intimate relationships that destroys its victims and their marriages.

Despite the human costs of the war on fat, from a societal point of view it might still be worthwhile if the war works to reduce obesity. In chapter 9, I ask whether the core strategy in the war—good biocitizens working to persuade, coax, and badger heavy people to shed pounds—can help the very fat, who face seriously elevated health risks. The answer, unfortunately, is no. In virtually every case, the biocitizen program has backfired, doing more damage than good. It has failed because it is unable to address some of the most the powerful forces underlying obesity today: poverty, genetics, and psychosocial distress. In chapter 9, I expose some of the real-life limits on today's war on fat.

In chapter 10, the conclusion, I argue that the war on fat, by giving two-thirds of American adults and one-third of American children a life-diminishing diagnosis of "overweight and unhealthy" while lacking the means to effectively treat the disease and make them well, constitutes a serious ethical violation on the part of medicine and a grave injustice to society. Concerns with social suffering and social justice call for winding down the war on fat and bringing it to an end. In the chapter's last section, I map out a set of strategies with which to jumpstart that process, offering them not as concrete proposals but as springboards for discussion and debate.

Copyright © 2015. Cornell University Press. All rights reserved.

Greenhalgh, Susan. <i>Fat-Talk Nation : The Human Costs of America's War on Fat</i>, Cornell University Press, 2015. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/harvard-ebooks/detail.action?docID=3425988.
Created from harvard-ebooks on 2019-06-10 18:29:58.