CHAPTER 1

Introduction

"Mommy, why am I fat?" Sally, a seven-year-old girl, looks up at her mother with tears in her eyes, gripping the flesh around her belly. Her mother freezes, at a loss as to how to respond. Sally is not "overweight" based on pediatric height and weight charts, but she is not far from the cutoff. And she is heavier than most of her friends, who sometimes remark on her difference from them. How should her mother respond? Should she discuss ways Sally can try to lose weight, by eating fewer treats and exercising more? Or might this convey to Sally that there is something wrong with her body or that her mother does not love her as she is? Would emphasizing weight and weight loss set Sally up for an eating disorder down the road? Sally's mother would like to reassure her daughter, saying something like, "Oh, you're not fat, sweetie! Your weight is perfectly normal." And yet this response would reinforce the idea that being fat is neither normal nor desirable, perhaps worsening Sally's fear of gaining weight, while making life more difficult for those children who really are fat. Should her mother take another tack altogether by trying to teach Sally to accept and love her body at whatever size it is? Should she ask her if she has been teased about her weight and emphasize that it is not OK for other children to tease her (or others) about her weight?

While Sally and her mother are fictional characters, the issues they face are real. Moreover, what seems like a personal struggle over how best to talk about weight is inextricably linked with larger societal-wide debates over this issue. Reactions to a 2011 children's book entitled *Maggie Goes on a Diet* nicely illustrate some of the divergent views on this topic.[1] As the book opens, kids at school call Maggie "fatty" and "chubby." However, by changing her diet and exercising, Maggie loses weight, joins the soccer

team, and becomes popular: "Losing the weight was not only good for Maggie's health, Maggie was so much happier and proud of herself." Later: "More and more people were beginning to know Maggie by name. Playing soccer gave Maggie popularity and fame."[2] According to *Los Angeles Times* reporter Karen Kaplan, the book offers "sensible advice recommended by experts." A commentator on an Amazon.com customer discussion board agreed, misquoting a prediction that was actually debunked years earlier, namely, that this generation of children "is NOT expected to outlive its' parents. That's right . . . If we continue this trend we will be burying our children."[3] In fact, the discredited—but widely disseminated—back-of-the-envelope calculation to which this comment is referring had estimated that, if rates of obesity continued to increase unabated, this generation of children will die at a younger age than would their parents, not that they would die *before* their parents died.[4]

However, *Maggie Goes on a Diet* also raised the ire of hundreds of commentators who warned that the book would trigger eating disorders and body-image problems and that it condoned weight-based bullying.[5] One commentator on an Amazon message board wrote: "It's bad enough that the messages and images in the culture have co-opted most women into loathing their bodies but targeting the insecurities of young girls, vulnerable to the risk of developing an eating disorder, borders on promoting risk behaviors and attitudes that are destructive both physically and psychologically." Another asked: "Does the book also tell 'Maggie' about the failure rate of all diets? The long-term affects [*sic*] on her body from the damage they cause? The weight you gain and gain after every single attempt?"[6] Others objected to a story line in which the solution to bullying was self-transformation through weight loss, rather than confronting the bullies: "An overweight child who reads a story like this is led to believe that she is responsible for the bullying and should lose weight to avoid it. A thin child learns that if she bullies the fat kids, they'll go on a diet and get healthy (so, really, the bully is doing the fatty a favor; right?)."

The reactions elicited by *Maggie Goes on a Diet* expose strong and divergent views in the United States today about the potential medical and social hazards of being fat and how they should be addressed, if at all. Almost forty years ago, Canadian-born sociologist Erving Goffman talked about the way in which people use conceptual *frames*, or definitions of situations, to organize their experiences and guide their actions.[7] For instance, you might look out your window and be terrified to see a "gang member" waving a gun and screaming obscenities, causing you to fall on the floor and call the police, only to find out later that the alleged gang member was *actually* a film student acting out a scene. Framing is an unavoidable part of

life. The world is too complex to be perceived in all its intricacy. If we did not frame our experiences of the phenomena we encounter, we would be overwhelmed by the sheer mass of information, or the "blooming, buzzing confusion," in the words of William James.[8] Cognitively, we are obligated to focus on some things at the expense of others. The particular way in which events are framed often has material implications, as the example of the film student who was mistaken for a criminal demonstrates.

Later, researchers expanded Goffman's concept of frame to examine how social movements strategically define issues in particular ways to "mobilize potential adherents and constituents, to garner bystander support, and demobilize antagonists."[9] For instance, Mothers Against Drunk Driving reframed the misfortune of the tragic loss of a loved one as an injustice that demands an increase in the severity of penalties for drunk driving.[10] Communication scholars have used the concept of frame to show how news media reports construct and promote particular ways of framing social problems, which in turn have important implications for which solutions appear feasible and legitimate.[11]

In this book, I will use the concept of framing to shed new light on contemporary debates over corpulence. Once you put down this book, you will never hear the word *obesity* the same way again. This book will show that the term *obesity* implies a medical frame and examines the material consequences of this frame. A medical frame implies that fat bodies are pathological. It has become so pervasive and taken-for-granted in the contemporary United States and elsewhere that most people do not even realize that it is a frame and that there are alternative ways of understanding fatness, as, for instance, beautiful, sexy, healthy, or a positive form of human diversity.

At this particular moment in the United States and much of the postindustrial world, fat is typically understood as a looming public health disaster. In contrast, many of the disparaging reviews of *Maggie Goes on a Diet* identify weight-based bullying, eating disorders, and body-image issues as greater social problems and assert that people of all sizes have a right to respect and dignity. In addition to examining the origins, logic, and implications of the most authoritative and powerful understandings of fat as a medical problem and public health crisis, this book also examines competing frames of fat as healthy, beautiful, or a basis for civil rights claims. Rather than advocating for particular frames over others, I offer an explanation for the dominance of certain frames and an analysis of the social implications.

One could try to imagine a world in which fatness signified neither health nor illness but was seen as a relatively neutral form of human

variation, such as, say, eye color.[12] In such a world, one would not assume that it is possible to predict how a person eats, the extent to which a person exercises, or a person's risk of disease based on body size. Certainly abhorrence of fat is not universal. Among a tribe of Nigerian Arabs studied by anthropologist Rebecca Popenoe in the early 1990s, fat women are the epitome of female beauty, and elite young girls are fattened up for marriage. Before stepping on a scale to be weighed, elite Nigerian Arab women leave on their shoes, jewelry, and extra clothing in the hopes of weighing *more* than last time. Nigerian love songs wax poetic about stretch marks. Simple dolls made of clay often have no arms or legs but clearly demarcated buttocks, while cloth dolls have stretch marks stitched onto their bellies. In this cultural context, thin women are considered undesirable, ugly, and sickly.[13]

Reliance on particular frames can make it difficult or impossible to perceive contradictory information. Here is an example from another context: when scientists viewed the process of fertilization of a human egg by a human sperm in terms of a gendered romance of a strong, active male (sperm) and a weak, passive female (egg), they were unable to perceive the ways in which eggs actively selected and joined with sperm.[14] Today, scientists often portray fat cells like they portray fat people: bloated, greasy, flabby. This is despite research showing that fat cells play an important role in the regulation of appetite and metabolism.[15] Framing bigger bodies as obese (i.e., diseased and risky) bodies makes it difficult, if not impossible, to see these bodies as healthy or good bodies.

In addition to problem frames—different ways of framing corpulence as a problem or not—there are competing *blame* frames. Thus, some people blame obesity on bad personal lifestyles (a personal responsibility blame frame), while others blame the food industry, urban planning, or poverty (a sociocultural blame frame), and others see it as primarily determined by genetics or other biological factors (a biological blame frame). There are heated debates over what is to blame for rising rates of obesity, and yet collectively, these debates serve to reinforce the *problem* frame of fatness as a medical issue and public health crisis.

There have been a lot of books written about the causes of obesity or of the "obesity epidemic." This book turns that question on its head by asking what obesity, as a frame, causes. In other words, this book examines the social implications of understanding fatness as a medical health risk, disease, and public health crisis. To do this, it is necessary to understand where these frames come from, what their internal logic is, and how and why have they come to dominate our understanding of fatness. The medical and public health crisis frames make it difficult to think of fatness in other

terms, such as, for instance, an ascribed characteristic and a form of human diversity that should be valued. To demonstrate this, this book also examines the origins, internal logic, supporters, and very different social implications of other kinds of fat frames, including those that cast fat as beautiful, healthy, and as a basis for rights claims.

LANGUAGE CHOICE AND DEFINITIONS

Before going further, let me specify my use of terms. In the spirit of the budding fat studies subfield, I use the terms *fat* and *fatness* as neutral descriptors, not as derogatory terms.[16] I sometimes use the word *corpulence* as another neutral term for bigger bodies. This is an imperfect solution. Given the extent to which fatness has been condemned and pathologized over the past century, it is impossible to choose a truly neutral word for *fat*. Despite protestations that *fat* is not a four-letter word, it is still treated as such, so that some schools forbid its use along with other "dirty" words.[17] And some people find the term *corpulence* derogatory as well. Terms like *plus-size, voluptuous, plump,* and *Rubenesque* refer exclusively to women and *plus-size* excludes women too large for plus-size clothing. Moreover, some argue that these terms function as euphemisms, suggesting that the truth is so distasteful that it needs to be masked.[18] The terms *overweight* and *obese* explicitly affirm a specific interpretation of bigger bodies as *medical problems*. I use these terms when discussing how others have framed bigger bodies as indicative of disease or health risk. Sometimes I place these terms in scare quotes or refer to people "who would be categorized as overweight (or obese)" as a way to signal a critical distance from these categories, while simultaneously acknowledging that they have real social implications. Even when I do not use scare quotes, this critical distance should be assumed.

Webster's New World Dictionary defines *obese* as "very fat, stout, corpulent," while the *Merriam-Webster* online dictionary defines it as "having excessive body fat."[19] In contrast, the official public health category *obesity* includes people who do not look especially fat, because it does not differentiate body weight coming from fat, muscle, or bone. Specifically, among adults, one is obese if one has a body mass index (BMI) of 30 or greater. (BMI is calculated as weight in kilograms divided by height in meters squared and thus does not measure fat mass or percentage.) Based on current definitions, a woman of average height (5'4") would be obese at 175 pounds, and a man of average height (5'10") would be obese at 209 pounds. This is a very new and contested way of measuring obesity. As recently as

1995, the World Health Organization (WHO) issued a report warning that one cannot measure obesity based on BMI since obesity is "the degree of fat storage associated with clearly elevated health risks" and BMI does not measure fat mass or percentage.[20] This concern was disregarded, however, in a subsequent WHO report, widely circulated in 1998 and formally published in 2000.[21]

Webster's New World Dictionary defines *overweight* as "above the normal, desirable, or allowed weight," signaling a subjective aspect and an emphasis on body weight, rather than on fat composition. In 1985, the National Center for Health Statistics defined overweight as having a BMI of 27.8 or more for men and 27.3 or more for women.[22] The National Institutes of Health (NIH) lowered the cutoff to a BMI of 25 in both men and women in 1998, following reports published by the WHO in close collaboration with the International Obesity Task Force (IOTF), causing an additional 29 million Americans to become overweight overnight.[23] Some scientists contested this change, arguing that the new cutoffs were not associated with increased risk of mortality. "They have misquoted the data," said Judy Stern, the one member of the NIH advisory committee who had voted against endorsement of the guidelines.[24] Based on current definitions, a woman of average height (5'4") would be overweight at 146 pounds, while a man of average height (5'10") would be overweight at 174 pounds. Based on BMI, actors George Clooney, Brad Pitt, and Matt Damon are all overweight, while Arnold Schwarzenegger is obese.[25] Oprah Winfrey is technically "obese" at her typical weight and was still technically "overweight" at her lowest weight ever of 160 pounds at 5'7" (see image 1.1).

Today, sometimes U.S. researchers speak of three levels of adult obesity, including obesity 1 (BMI equal to or greater than 30 but less than 35), obesity 2 (BMI equal to or greater than 35 but less than 40), and obesity 3 (BMI equal to or greater than 40). Obesity 2 and 3 are also often referred to as "extreme" and "morbid" obesity, respectively. Based on these definitions, a woman of average height (5'4") would be extremely obese at 204 pounds, and morbidly obese at 233 pounds, while a man of average height (5'10") is extremely obese at 244 pounds and morbidly obese at 279 pounds.

Different measures are used for children and teenagers under 18 years old, which adjust for age. Among children, overweight and obesity is typically based, respectively, on the 85th and 95th percentiles of BMI-for-age in a specified reference population; however, the reference population varies by national context, and other methods have also been used.[26] These cutoffs were originally intended for surveillance and screening purposes only and were not meant to be indicative of a physiological state per se.[27] Until quite recently, one did not speak of "obesity" in children at all but

Image 1.1:
Oprah Winfrey, "obese" at her highest and "overweight" at her lowest weight

instead referred to those above the 95th percentile as "overweight" and those above the 85th percentile as "at risk for overweight." The original intent of the expert committees that established these guidelines was that those with a BMI value at or above the 95th percentile of a suitable reference population would undergo an in-depth assessment to see if they were truly obese and in need of treatment. Those children with BMI values between the 85th and 95th percentile, it was thought, might also possibly be obese, although with lower probability. For them, a second-level screen was recommended, including consideration of family history, blood pressure, total cholesterol, large recent increase in BMI, and concern about weight. The in-depth evaluation would only be recommended if any of the items in the second-level screen were positive. Over time, however, these BMI cutoffs have been interpreted as themselves establishing childhood overweight

and obesity.[28] Yet several expert committees have noted that the implications of a child's BMI for his or her future health remain unclear. A growing prevalence of type 2 diabetes in children and adolescents is frequently cited, but this remains a very low prevalence condition among youth, occurring primarily in children with a strong family history of diabetes or who have a BMI in the 35 to 40 range or both.[29]

FRAMING MATTERS

This book will show that the way fatness is framed matters. I ask: Do beliefs that fatness is a disease mean that we are less likely to blame people for their weight? Or is obesity most often understood as a disease that people bring upon themselves? How does understanding fat as obesity affect how we feel about our bodies? How does it inform how medical professionals and the general public treat visibly fat people?

It is crucial to note that different ways of framing blame and responsibility for obesity imply different courses of action.[30] Believing that weight is under personal control may give some individuals a sense of agency and facilitate positive lifestyle changes. However, people who fail to lose weight despite their best efforts may end up feeling guilt and shame. The belief that body size is under personal control would also justify policies that make people personally accountable, by, say, charging people more for health insurance if they fall into the obese category or obligating them to buy two seats on an airplane if they are too big to fit in a single seat. In contrast, if being fat is seen as due to factors beyond personal control, one can reason that fat people deserve public accommodations, like the disabled enjoy. If being fat as a child is a serious health risk that is due to poor parenting or parental neglect, it may be seen as desirable that social services try to educate the families of fat children or, in extreme cases, even remove fat children from their parents' custody.

If, however, one attributes high rates of obesity among the poor to food insecurity, defined as lacking the money to buy food at some point in the past 12 months, then different policy solutions are likely to be on the table.[31] For instance, one might argue that the food stamp program needs to be more generous so that people do not experience food acquisition cycles, in which food-spending peaks in the first three days after benefits are received and sharply drops at the end of the month when food stamps run out. This perspective relies on research suggesting that this cycle leads to binging on high-calorie foods when the new month's supply of food stamps arrives.[32]

If blame is heaped on the food industry for encouraging unhealthy eating, this implies a need for greater regulation of this industry. If obesity, particularly among the underprivileged, is economically driven by the high cost of fruits and vegetables and the low cost of high-calorie processed foods, this would suggest a need to increase access (e.g., via subsidies) to fruits and vegetables or decrease access (e.g., via taxes) to "bad" foods and drinks.[33] If people are fat because they do not have a safe place to exercise, this may point to a need to improve neighborhood safety and provide public gymnasiums and recreational spaces. If the working poor's weight stems from the fact that they cannot look after their health due to the pressures of working two or three minimum-wage jobs, one could argue that the minimum wage needs to be raised so that people working in these jobs have more time to eat well and exercise. Alternatively, if a penchant for cooking and eating fried food or an aesthetic preference for curvy women is to blame for higher body mass among certain ethnic groups or social classes, some sort of educational intervention may be justified. If obesity is genetically or biologically determined, it may be desirable to invest more in biological interventions. As these examples demonstrate, different ways of framing blame and responsibility imply different solutions.

While advocates for these various positions disagree about the causes of and best solutions for the "obesity epidemic," they agree that obesity is a health crisis that urgently needs to be addressed. Indeed, the shared framing of higher body weight as obesity, that is, as medically pathological, allows a wide range of social actors to gloss over different views regarding the causes of fatness and appropriate public health responses to it. Diverse commentators may disagree about why people are getting fatter or how to stop or reverse trends in "obesity," while concurring that higher body weights represent a pressing medical and public health problem. This is an advantage for anti-obesity advocates, as concern over a given issue is more likely to spread when there are multiple causal frames available, and when it is possible to gloss over disagreements regarding these frames, so long as the issue itself is generally acknowledged to be a problem.[34]

Illustration 1.1 provides a visual depiction of my argument. Here, the narrative of an obesity epidemic is imagined as an opera. From the balcony, three figures view the opera through three different opera glasses: (1) personal responsibility; (2) societal factors; and (3) biology. Each lens leads to a different interpretation of the story line. For the man with the personal responsibility opera glasses, it is a "timeless story of desire, transgression, and its inevitable consequences." For the man with the "society" glasses, it is "a wrenching portrait of poverty and ignorance," and the woman with the biology lenses sees "the tragic saga of

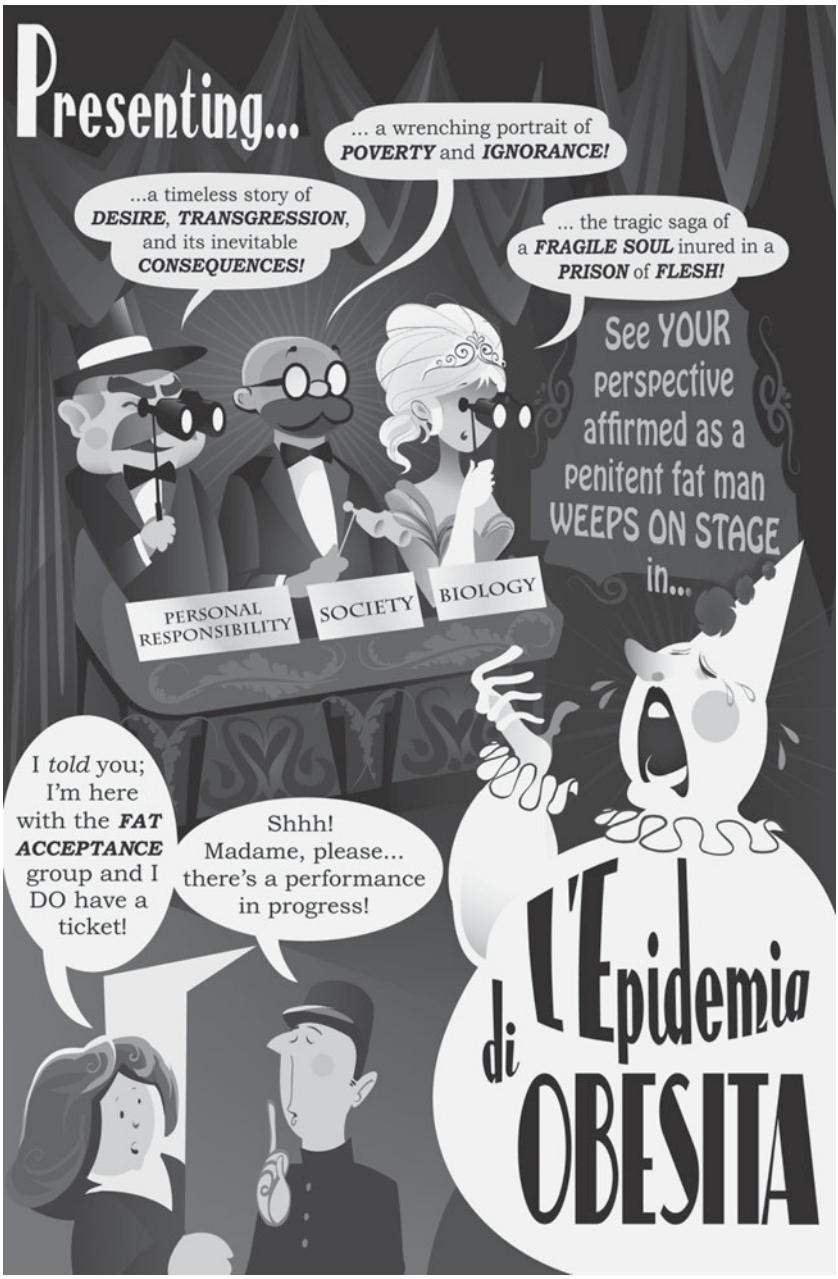

Illustration 1.1:
Different viewers see the same opera in different ways because they are looking through different opera glasses, representing different fat frames. Illustration by Ian Patrick

a fragile soul inured in a prison of flesh." While seeing the opera via different blame frames, all take for granted the problem frame, of obesity as public health crisis, imposed by the opera itself. Meanwhile, on the bottom left, we see an usher (a literal gatekeeper) telling a woman from a fat acceptance group, who is trying to enter the opera, to be quiet. Her perspective will not be heard this evening.

Framing fatness as a matter of health raises the stakes. No longer merely a question of appearance, fatness becomes a matter of life and death. At the same time, the reframing of fatness as a health problem, rather than, say, as a feminist issue, obscures the ways in which women are judged more harshly based on their appearance than men and are more likely to go on weight-loss diets, take weight-loss drugs, and undergo weight-loss surgery.[35]

Women's concerns about weight are as much or more about class as about health. Achieving and maintaining thinness is an important way in which the contemporary elite in rich nations, and especially elite women, signal their status. This has been well documented in France, where elite French women both are thinner and strive toward an even thinner ideal than do poorer French women, and has also been shown to be true for American elites as well.[36] The pursuit of (female) thinness is an integral part of elite and middle-class (but not working-class) habitus, or a largely unconscious, taken-for-granted, and embodied worldview.[37] The reframing of fatness as unhealthy lends medical authority to this century-old dislike for fatness among the elite and white middle classes. At the same time, it casts as irresponsible cultural preferences for heft among the working classes and, in the American context, some ethnic minorities. The idea that "obesity kills" thus can and is used as a justification for imposing elite white preferences of thinness onto working classes and people of color, in an instance of what French sociologist Pierre Bourdieu calls symbolic violence.[38] At the same time, the framing of obesity as illness brought on by bad personal choices can and is used to blame the poor, rather than poverty or inequality, for negative health outcomes.

While the United States is on the front lines, nations across the globe are fighting a world war against obesity. For instance, Japan, which has the lowest rates of obesity among the Organisation for Economic Cooperation and Development (OECD) member countries at 3.2 percent, nonetheless passed a 2008 law setting a stringent maximum waistline size for anyone aged 40 and older that entailed financial penalties on companies and local governments that failed to meet specific targets.[39] France has also enlisted in the war on obesity, despite received wisdom—and supporting statistics—that French women don't (or rarely) get fat.[40]

Some researchers and journalists have disputed the public health crisis frame, arguing that the obesity issue has been blown out of proportion. For instance, a 2005 *Scientific American* article entitled "Obesity: An Overblown Epidemic?" punches holes in some of the most alarmist claims about the "obesity epidemic," including the prediction that this generation of children is likely to live shorter lives than their parents will. This article quotes one of the authors of a widely cited special report that provided the original basis for this claim, explaining that the estimates were based on "back-of-the-envelope, plausible scenarios" that were "never meant [. . .] to be portrayed as precise."[41] Others point out that a more recent study suggests that the U.S. government is understating the likely rate of future *increases* in life expectancy and faces a looming financial crisis as a result.[42] Government estimates that overweight and obesity combined were associated with 400,000 excess deaths in the year 2000 were replaced with news estimates of less than 30,000 the following year.[43] And a growing body of literature on the "obesity paradox" documents health advantages to having a BMI greater than 30.[44]

Rejecting the obesity problem frame entirely would imply different conclusions about what should be done and why. For instance, fat acceptance groups assert that the central question is not about medicine or public health but about civil rights. They reclaim the word *fat* as a neutral or positive descriptor, as the civil rights movement reclaimed *black* and the gay rights movement reclaimed *queer*.[45] This movement argues that we would do better as a society to invest public resources in raising consciousness about the negative social implications of weight-based stigma and discrimination, rather than engage in a futile and unethical attempt to eliminate fat people. Drawing on the disability movement, they demand public accommodations for larger bodies, as well as weight-based antidiscrimination laws and full access to respectful medical care. They affirm the moral values of equal access and equal protection. Some fat rights activists support programs to improve access to fruits and vegetables in inner cities, efforts to reform the food industry, or raising the minimum wage. However, they insist that those initiatives be justified on their own terms, and not as means to ending the "obesity epidemic." For, they argue, raising alarm about obesity worsens antifat stigma. Despite the symbolic sway of arguments about the importance of equal rights, fatness is only rarely discussed in these terms. This is because the personal responsibility framing of "obesity" makes people unable to see fatness as an ascribed trait. In other words, frames vary in their power and those differences matter as much as the frames themselves.

BUT ISN'T IT UNHEALTHY TO BE FAT?

"But, isn't it unhealthy to be fat?" you ask. The argument that obesity is unhealthy is deployed to various ends. It is used to invalidate the claim that fatness should be accepted, treated as a basis for rights claims, or valued as a form of human diversity. (How can we accept or value ill health or disease?) It is also used to suggest that, if we perceive obesity as a health problem, it is because it *is*. In other words, the facts speak for themselves. But, as sociologists of science have shown, we only become aware of "the facts" through social processes.[46] Even if there were irrefutable scientific evidence that being overweight or obese causes ill health—and this is, in fact, hotly contested[47]—it would still require social action to bring this issue to public attention and make it a public health priority. Indeed, by current standards, more than 50 percent of the U.S. population were overweight in the 1970s. Yet it took more than twenty years and concerted advocacy before widespread public concern erupted over an "obesity epidemic." This is consistent with research on social problems, which shows that an issue only becomes recognized as a social or public problem when "members of a society define a putative condition as a social problem."[48]

Moreover, it is important to recognize how frames inform understandings of health risk.[49] For instance, African American men have extremely high mortality relative to other groups. There are heated debates about whether this can or should be addressed via biomedical treatment or requires intervention into underlying causes of inequality.[50] However, no one proposes to solve this problem by making black men white, since, unlike weight, race is perceived as immutable and, in many circles, as a valuable form of diversity.

Social values also influence which choices are seen as desirable, or even possible. Consider that an average American man has a shorter life expectancy than an average American woman. There is also evidence that castration would increase men's life spans.[51] Should we encourage men to seek castration, as a means of prolonging their individual lives? Should we finance a public castration campaign to improve rates of mortality at the population level, in order to stem the "epidemic of virility"? Clearly, no one in their right mind would seriously recommend or publicly finance this *choice* as a means of decreasing mortality, because masculinity and its associated organs are socially valued.[52] In the context in which fatness is socially devalued, amputating a part of a healthy stomach—through bariatric surgery—is an increasingly popular weight-loss treatment. In other words, even if there are some health risks associated with higher body mass, this does not—in itself—tell us why public concerns about obesity have reached

such a fever pitch, why blame and responsibility are discussed in the specific ways they are, and what the social implications of all this talk are.

That said, many readers will still want to know where I stand on the medical and public health risks, and so I will briefly address that. I believe there are some health risks associated with higher body mass, but I am also aware that there are some health risks associated with lower and, in some cases, "normal" body mass. Careful epidemiological studies demonstrate that people who are "obese" (but not those who are only "overweight") are, on average, more likely to die of cardiovascular disease than those people who are of "normal weight" (have a BMI between 18.5 and 25). Yet they further show that people who are "underweight" (have a BMI below 18.5) or of "normal weight" are, on average, more likely than those with a BMI between 25 and 35 ("overweight" and "grade I obese") to die of chronic respiratory disease, acute respiratory and infectious disease, or infections.[53] While obesity is a risk factor for developing cardiovascular disease in the first place, among those who already have heart disease, it has been shown that being overweight or obese *lowers* mortality risk.[54] Having a BMI over 30 has been shown to increase risk of breast cancer among postmenopausal women but to decrease risk of breast cancer among premenopausal women.[55] What this book will show is how our uncritical reliance on a medical and public health crisis frame of corpulence leads us to emphasize the risks associated with overweight and obesity, while glossing over the health risks associated with "underweight" or "normal weight," as well as those cases where being "overweight" or "obese" seems to be protective of health. This begs a social, not a medical, explanation.

Moreover, as college students will learn in any introductory course in statistics or epidemiology, association is not the same as causation. Many studies that point to an association between "obesity" and a negative health outcome do not adequately examine whether both "obesity" and the negative health outcome may, in fact, be caused by a third unmeasured variable. Cervical cancer is a case in point. "Obese" women have higher rates of cervical cancer, and yet the causal mechanism appears to be mainly social rather than physiological. Namely, weight-based prejudice and discrimination on the part of medical-care professionals make fat women more likely than thinner women to avoid doctor's visits, resulting in infrequent Pap smears.[56] In fact, there is some evidence that many doctors refuse to perform Pap smears on fat women.[57] In this case, to say that obesity *causes* higher rates of cervical cancer is misleading. A more accurate statement would be that weight-based stigma represents a barrier to health care access, which, in turn, leads to later detection and increased rates of cervical cancer among "obese" women. Similarly, higher

rates of heart disease among people categorized as obese may be caused by poor nutrition, sedentary lifestyle, or stress produced by discrimination—all factors that are more common among those categorized as obese and positively associated with heart disease—rather than by obesity per se.

This point is actually not especially controversial, although many mainstream obesity researchers dismiss it as a question of semantics. Thus Professor of Pediatrics, Director of the Center for Human Nutrition at the University of Colorado, and the cofounder of the National Weight Control Registry James Hill said in an interview with me: "We're getting all hung up in the words. . . . I'm happy if you want to focus on nutrition, on physical activity, on obesity, on diabetes; it's all one cascade. . . . It's really hard to separate out what's causing what." "Poor diet, physical inactivity, and weight kind of go together. Who knows what drives what?" asked Kelly Brownell, a psychologist, prominent obesity researcher and activist, cofounder and director of the Rudd Center for Food Policy & Obesity, and director of an eating disorders and weight-loss center. Mainstream obesity researchers readily admit that researchers rely on BMI in large part because it is easy to measure. In the words of professor emeritus of medicine at Columbia University and founder of a weight-loss clinic that bears his name, Theodore VanItallie, "Whether [obesity is] a risk factor because it is, in part, a marker for lack of exercise . . . needs further investigation, but obesity is something we can measure."

My personal sense, if forced to articulate it, is that, while there are some medical risks associated with higher levels of body weight, this issue has been blown out of proportion. I have seen little empirical support for many claims that are taken as fact, including that this generation of children will die at a younger age than their parents due to obesity or that obesity will soon overtake smoking as the leading cause of death. That these claims are so widely accepted also begs a social explanation, which I offer in this book (see especially chapter 4). However, the goal of this book is not to demonstrate that concerns over obesity have been overblown or, for that matter, to get to the *truth* of obesity as a medical or public health crisis.[58] Rather, it takes a step back to reveal that debates over obesity-related health risks are part of larger framing contests over the meaning of fat bodies. Drawing on a long tradition of research on social problem construction, this book puts "the process by which members of a society define a putative condition as a social problem" at the heart of the analysis.[59] The use of the word *putative*, or *reputed*, *hypothesized*, or *inferred*, emphasizes that, in focusing on the claims-making process, "we put aside the question of whether those claims are true or false."[60]

THE RESEARCH

To examine framing contests over fat bodies, this book draws on a rich corpus of original data and diverse sociological methodologies, including (1) 35 in-depth interviews with people at the forefront of debates over fatness, including researchers studying various aspects of body size, nutrition, or physical activity; fat acceptance activists; and journalists; (2) participant observation at fat acceptance conferences and list servers; (3) analyses of the scientific literature on obesity and on weight-based stigma and key policy documents; (4) basic statistical and discourse analyses of more than 650 U.S. and French news articles written about obesity or eating disorders; and (5) experimental studies with more than two thousand participants, measuring the effects of exposure to different news media fat frames.

I draw on the interviews to illuminate the production of knowledge about fatness. The analyses of the news media and scientific literature provide detailed information about the content of popular and scientific accounts of fatness. The participant observation, at fat acceptance conferences and on list servers, supplements my understanding of both fat rights frames and fat acceptance strategy. Finally, the experiments examine the reception and impact of different fat frames. This approach reflects the view that a tripartite focus on the production, content, and reception of culture—as opposed to examining only one or two of these dimensions—provides a more complete understanding of cultural meaning.[61]

BODY SIZE AND INEQUALITY

This book speaks to central concerns in sociology about the collective construction (and contestation) of social meaning and its implications for social inequality. It also contributes to the burgeoning new field of fat studies that, following in the tradition of critical race studies, gender studies, and queer studies, is "an interdisciplinary field of scholarship marked by an aggressive, consistent, rigorous critique of the negative assumptions, stereotypes, and stigma placed on fat and the fat body."[62] My specific contribution to this new field is to provide systematic analysis of an array of different fat frames and their social implications.

Drawing on the insights of critical race theory, I examine how class, race, and gender are represented in discussions of fat and how the war on obesity affects people differently based on these characteristics.[63] For instance, while modern states have become increasingly concerned with, and therefore

more likely to regulate, population health, reproduction, and demography—a tendency that French philosopher Michel Foucault calls biopolitics—the poor are consistently more vulnerable to such forms of state control, given their reliance on public resources and relative lack of privacy.[64] Stereotypes of African American women as having unbridled appetites inform discussions not only of their sexuality but also of their food consumption and body weight.[65]

Science studies scholar and MD Robert Aronowitz has argued that upper-middle-class Americans' concerns about an alleged obesity epidemic is largely fueled, albeit unconsciously, by the desire to put symbolic distance between themselves and people from lower socioeconomic classes. He argues that the primary purpose of the medicalization of fatness may, in fact, be to signal and maintain "social difference" between the upper and lower social classes.[66] I would go farther and argue that these discussions also serve to put limits on social solidarity. Discussions of lazy, fat people as a drain on public resources echo discussions of lazy, black "welfare queens," which have been evoked to limit solidarity and the scope of U.S. social welfare programs.[67] To the extent that fat people are also poor minority women, discussions of irresponsible "fatties" shore up prejudices against women of color. However, such discussions also further limit solidarity on the basis of body size. Stated differently, fatness has become an independent (but understudied) dimension of inequality.

Body size also intersects, however, with class, race, and gender in important ways.[68] For instance, weight-based discrimination has been shown to be most salient for middle-class white women, who are penalized more for being fat—in the workplace, in the marriage market, and in public spaces—than are both white middle-class men and also, according to several studies, women of color.[69] The reasons for this are not entirely clear. For the gender comparison, the greater premium put on beauty for women, compared to men, may explain the difference. In comparison with women of color, white women have more class and racial privilege to lose by being fat, whereas the prospects of women of color of all sizes are limited by racism. For instance, in an interview with me, Bill Fabrey, the founder of the National Association to Aid Fat Americans (NAAFA, later renamed the National Association to Advance Fat Acceptance), explained how he was outraged when *The New York Times* declined to publish a photo of his fiancée in the marriage announcements in the late 1960s. Because their class and racial background were similar to those whose wedding announcements were published, Fabrey chalked this up to weight-based discrimination. If he and his fiancée had been poor blacks, however, they may not have sent in a wedding announcement in the first place and, if they had, may very well have

assumed the rejection was due to racial or class bias. And yet, in a context in which overt expressions of racism are decreasingly tolerated, and in which rates of "obesity" are disproportionately high among the poor, African American women, and Mexican American men and women, condemnation of people for being fat may offer a socially acceptable way of expressing racism and classism.[70]

FAT DEVILS AND MORAL PANICS

Previous research has shown that particular issues are more likely to become lightning rods for cultural anxieties when they evoke deeper fears about marginal populations. Thus, U.S. legal scholar Dorothy Roberts has shown how heightened public concern in the 1980s United States about a "crack-baby epidemic" drew on fear and hatred of poor black women and led to greater social control and punitive policies concerning them, while obscuring other forms of substance abuse that were more common among wealthier white women (and men).[71] Based on this line of work, we would expect higher rates of "obesity" among the poor, African American women, and Mexican American men and women both to intensify public concern over the "obesity epidemic" and also to color how this issue is discussed.[72]

Indeed, U.S. political scientists James Morone and Rogan Kersh have shown that galvanizing support for government intervention into personal consumption (e.g., alcohol, cigarette, or drug consumption) has historically required, among other things, that a behavior be mentally connected to "demon users," that is poor, immigrant, or otherwise socially marginal populations.[73] British sociologist Stanley Cohen coined the term *moral panic* to speak of an exaggerated concern over an issue that involves an alleged breakdown in public morality and *folk devil* to speak of the people who are blamed.[74] In discussions of obesity, the folk devils (or demon users) are portrayed as fat people themselves, who are seen as bringing obesity on themselves through bad personal choices, thereby creating problems for society as a whole. (One could call them "fat devils.")

A satirical cartoon published in *The New York Times*, and shown in image 1.2, entitled "How Obese People Are Responsible for Everything Bad," pokes fun at the idea that fat people are scapegoated, while obscuring how this often reinforces other forms of inequality based on class, race and gender.[75] It shows the following sequence: 1. Obese person [depicted as white male of unknown class background] eats cake, causing 2. a button to pop from shirt, turning on a propane torch, 3.which causes *global warming* and 4. heats water, *killing endangered species*. 5. Condensed water causes

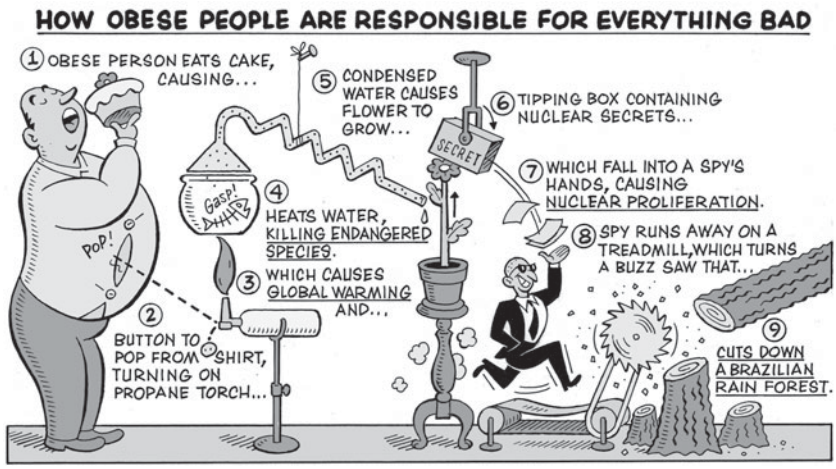

Image 1.2:
A satirical rendition of the scapegoating of fat people. Credit: Ron Barrett

flower to grow, 6. tipping box containing nuclear secrets, 7. which fall into a spy's hands, causing *nuclear proliferation*. 8. Spy runs away on a treadmill, which turns a buzz saw that, 9. *cuts down a Brazilian rain forest*.

While this cartoon is satirical, real news stories present similar arguments. "If Americans continue to pack on pounds, obesity will cost the USA about $344 billion in medical-related expenses by 2018, eating up about 21 percent of health-care spending," a 2009 *USA Today* article claims.[76] "America's growing waistlines are hurting the bottom lines of airline companies as the extra pounds on passengers are causing a drag on planes," according to a 2004 *USA Today* article, concluding, in the words of a spokesman for the Air Transport Association of America, "Passengers gain weight, but airlines are the ones that go on a diet."[77] "The extra fuel burned also had an environmental impact," this article notes, "as an estimated 3.8 million extra tons of carbon dioxide were released into the air, according to the study."[78] A 2009 CNN article notes: "Another reason to stay in shape: Thinner people contribute less to global warming, according to a new study." This article cites research claiming "because of food production and transportation factors, a population of heavier people contributes more harmful gases to the planet than a population of thin people. Given that it takes more energy to move heavier people, transportation of heavier people requires more fuel, which creates more greenhouse gas emissions, the authors write."[79]

Such accounts obscure the fact that wealthier people tend both to be thinner and to fly more on average than the less affluent. Accounting for these patterns would complicate the claim that fat people contribute more

to global warming than do thinner people. In contexts in which food is scarce, being fat signals access to limited resources. Yet in the contemporary rich nations, in which there is an abundance of cheap sources of calories, the wealthiest—who still consume far more per capita than average citizens—are now often the thinnest. Despite this, fat bodies continue to be read as the embodiment of greed and overconsumption. In fact, fat people's relative lack of power (both because they are less likely to be wealthy and because fatness is independently stigmatizing) makes them an easy target.

Cohen argues that, in order for a moral panic to emerge, there must be a consensus that the beliefs or actions being denounced not only are damaging in themselves but are also symptoms of a deeper condition.[80] The alleged obesity epidemic is seen as a symptom of a wide range of issues, including moral laxity, corporate greed, and addiction. Cohen further argues that moral panics identify sympathetic victims. In the case of childhood obesity, fat children are often depicted as victims of child abuse, as in this news article: "Parents who do nothing to prevent obesity in their children are guilty of abuse, if not legally then morally."[81] In the context of airplane travel, thin people are described as victimized by heavier travelers. "Why is it that if I say anything about being stuck between two huge people on an airplane, I'm being politically incorrect?" asks a Los Angeles actor in a 2010 *Los Angeles Times* article. "I work out religiously, watch what I eat and am very healthy. Yes, I'm fed up with [obesity]."[82] Reports on the economic costs of obesity paint the nonfat as victims, in that they are unfairly burdened with the cost of fat people's unhealthy lifestyles. In the words of one woman: "I am completely and utterly frustrated with rising healthcare costs due to the deluge of fat Americans taxing the healthcare system."[83]

Economic analyses suggest that there are many institutional and social structural factors contributing to higher spending on health care in the United States over time and as compared to other industrialized democratic nations, including the higher incomes of medical professionals and expensive new technologies.[84] Yet these forces are abstract and do not lend themselves to simple morality tales. It is easier to blame fat people for bankrupting society because of their self-indulgent ways. Such rhetoric draws on increasingly influential arguments that individuals are personally responsible for taking care of their health and guarding against illness.[85] Such arguments are at the heart of neoliberalism, also known as trickle-down economics and championed by Ronald Reagan in the United States and Margaret Thatcher in England. Neoliberalism shifts responsibility for public welfare from governments to individual people and markets. It represents a marked departure from a risk-sharing approach to health, which

assumes that illness depends largely on genetic and social factors beyond individual control. According to this view, even those who do everything right can and will get sick at some point. A risk-sharing frame asks not how much a specific person will cost, but how a health insurance policy can equitably fund a system that ensures that every participant will receive the care he or she needs, while acknowledging that some people will have greater health care costs than others.[86]

As the above news media examples illustrate, scientific expertise plays a central role in debates over "obesity" (i.e., fat as a medical and public health crisis). Indeed, medical science is another one of the factors that has been shown to trigger moral crusades.[87] The science does not even have to be accurate to have an impact, but it does have to be disseminated by policy entrepreneurs.[88] The news media are one important arena for the spreading (and contestation) of such medical findings. People and groups engaged in debates over obesity are keenly aware of the important role science plays in shifting public opinion. In fact, some science is produced with its political effects in mind. For instance, the authors of the editorial cited in the news media suggesting that obesity is driving up airline costs admit that their primary goal in doing this research was to highlight a new area in which "the obesity epidemic has unexpected consequences beyond direct health effects."[89] It was neither to test this assumption nor to evaluate the importance of increasing body weight relative to other factors that may also be contributing to airline costs.[90]

ESTABLISHING AND CONTESTING MEDICAL AUTHORITY

Gender scholars have long criticized the fashion media for glorifying emaciation and contributing to body-image and eating problems.[91] However, they have been relatively quiet about how medical science and news reporting may contribute to the very same problems. This is surprising given a long tradition of feminist critiques of medical authority in other areas.[92] This book fills this gap by examining how medical research, public health campaigns, and news reports contribute to a "cult of thinness."[93] It investigates how publication bias and interpretive bias shape how research is conducted and written up, what research is published, which research is covered in the news media, and how journalists and the public interpret it.[94] It examines how "the desire not to be drowned out by the cacophony of information about health and the body" leads health policy campaigns, researchers, and journalists "to minimize methodological problems, overstate findings, and exaggerate danger."[95] In addition to explaining the

dominance and implications of understandings of fat as a medical problem and public health crisis, this book also examines competing frames of fat as healthy, beautiful, or a basis for civil rights claims.

This book builds on research showing how cultural assumptions shape the production and reception of scientific knowledge.[96] For instance, U.S. political scientist Joan Wolf has demonstrated how ideas that good mothering requires "behavior that reduces even infinitesimal or poorly understood risks to offspring, regardless of the potential cost to the mother" influence how scientists, journalists, and health policy campaigns discuss the health benefits of breast-feeding and health risks of bottle-feeding with infant formula.[97] She argues this is part of a neoliberal risk culture, in which social problems are "individualized and internalized, and crises linked to poverty or prejudice are perceived and lived as personal failures."[98] Similarly, U.S. sociologist Elizabeth Armstrong shows how beliefs about maternal responsibility lead to punitive responses to women who drink when pregnant.[99] One might similarly expect attitudes about personal responsibility for health to shape scientific and popular understandings of the causes and responsibility for "obesity."

I borrow U.S. sociologist Steven Epstein's concept of *credibility struggle* to examine how different researchers and activists (and activist-researchers) compete to establish their own credibility and discredit their opponents in debates over corpulence. Epstein has shown not only how Acquired Immunodeficiency Syndrome (AIDS) activists rejected mainstream medical knowledge about AIDS but also how they sought to "stake out some ground on the scientists' own terrain." In addition to reforming science by exerting pressure from the outside, they sought to "perform science by locating themselves on the inside."[100] The AIDS movement, in turn, provided a model and new spaces for other activist-experts, including fat acceptance and Health at Every Size® activist-researchers, to challenge scientists on their own turf.[101]

I draw on Bourdieu's concept of *field*, or a semiautonomous social space with its own rules, to explain why certain people and organizations develop specific frames. For instance, most of the leading obesity "experts" run weight-loss clinics, which may make it difficult for them to consider the possibility that weight-loss diets are counterproductive. In contrast, most fat acceptance activists are extremely fat women with firsthand experience with weight-based discrimination and a long history of unsuccessful weight-loss diets. This may make them more likely, than thinner people or people without a history of unsuccessful diets, to focus on weight-based discrimination and to question the emphasis on diets. The concept of a *fat field* also helps explain why certain people and organizations have more credibility and influence

than others based on the amount of economic, cultural, and bodily capital they possess.[102] Whereas several economically powerful and culturally authoritative groups and individuals, including the IOTF, Hoffman-La Roche pharmaceuticals, and the Centers for Disease Control and Prevention (CDC), are promoting a public health crisis frame, advocates of the fat rights frame possess relatively fewer economic and cultural resources. Yet, by drawing on the symbolically powerful theme of equal rights, the fat rights movement is able to exert more influence than one might expect.

MY PERSONAL STORY

People often ask me how I came to work on this topic. I typically explain that this topic builds on long-standing intellectual interests I have in the issues of framing, gender, and social movements. "Yes, yes," my interlocutors say, conveying with their bored expression that this is not what they meant. They want to know if I have a personal stake in this issue. They don't see me as fat and are therefore puzzled by my interest in this topic. Some ask if I lost a large amount of weight. I do not have such a dramatic tale to tell. My adult BMI has always been in the "normal weight" category. As a result, I have never suffered weight-based discrimination or stigma. In fact, I have benefited from *thin privilege* (as well as white and middle-class privilege), in that people tend to attribute positive traits to me and other thin people solely because of our body weight. Because of my relative thinness, I am often unfairly considered a more objective, and thus more credible, commentator on debates over fatness than if I were fat, in that people assume that I have no personal axe to grind. (That a thin person might be equally biased regarding the subject, but in another direction, is rarely taken into account. In this sense, thinness in our culture is what sociologists call an "unmarked category.")

Yet exposure to pervasive cultural messages that women can never be thin enough has nonetheless contributed to difficult personal struggles with eating and body image at different points in my life. In this respect, my story is similar to that of many women (and men, who struggle with pressures to be muscular). To the extent that the war on obesity is about convincing us that fatness is a pathology that we need to fight in ourselves and in others, it affects many of us on a very personal level. I also have a personal stake as a mother of two young children whose weight has hovered around the 85th percentile for their sex and age (the current cutoff for "overweight"). Like the mother of "Sally" described at the beginning of this chapter, I have struggled with how best to speak to my children about body

weight. I am keenly aware that fat kids are often targets of bullying and, like many parents, I want to protect my children from pain.[103] Yet I also worry that emphasizing the importance of thinness may lead to problems with self-esteem, body image, and even eating disorders down the road. I worry that, by reinforcing the thin-is-good message that my children will tease others who are heavier than they, thereby contributing to intolerance, hatred, and pain for other people's children.

PLAN OF THE BOOK

The rest of this book includes five additional chapters, including the conclusion. Drawing on analyses of key texts, interviews with scientists and activists, and participant observation in fat acceptance meetings and online forums, chapter 2, "Problem Frames," examines three ways that fatness is framed as a problem, including (1) an immorality frame, in which fatness is seen as a moral problem; (2) a medical frame, in which fatness is viewed as a medical problem; and (3) a public health crisis frame, in which corpulence is viewed as a public health crisis. I also discuss three different ways in which fatness has been framed as *not* a problem, including (1) a Health At Every Size® frame, according to which corpulence is potentially compatible with health; (2) a beauty frame, in which fatness is seen as beautiful; and (3) a fat rights frame, according to which weight-based discrimination, not fatness itself, is the problem. This chapter examines in detail the internal logic of each of these frames, as well as how the groups and individuals promoting each frame are situated within a larger fat field, in terms of their economic and political power. This discussion is crucial for understanding why certain voices are heard loud and clear, while others are muffled.

Chapter 3, "Blame Frames," then examines the main ways in which blame and responsibility for a perceived obesity epidemic are typically framed, including as resulting from bad individual choices, sociocultural factors, or genetics/biology. As in chapter 2, I provide both a detailed discussion of the internal logic of each of these frames, as well as the relative power of their advocates. Drawing on a comparison of 261 articles on overweight or obesity and 70 articles on eating disorders—all published in *The New York Times* and *Newsweek* between 1995 and 2005—this chapter examines the extent to which there is greater tendency to evoke a personal responsibility frame when discussing obesity than when discussing other issues. I show that news reports are more likely to blame people for being "too fat" than for having eating disorders that lead them to be "too thin."

Drawing on a comparison of these U.S. articles with 108 French news reports on obesity, this chapter further examines the extent to which an emphasis on personal responsibility is especially pronounced in the United States. I show that, while the U.S. news media stress individual responsibility for obesity, the French news reports tend to emphasize sociocultural and individual factors more equally.

Medical research on the health risks of obesity and news media reporting on such research have each played a crucial role in framing fatness as a medical problem and public health crisis and in assigning blame and responsibility for this perceived problem. Drawing on two different paired samples of scientific studies of obesity and news reporting on those studies, chapter 4, "Fashioning Frames," examines the respective roles played by scientific research and the news media in framing fat and assessing blame and responsibility for the "obesity epidemic." It further examines how the news media evaluate the credibility of specific claims and the scientists and activists making those claims.

Chapter 5, "Frames' Effects," examines the material impact that different fat frames have on how public policies are formulated, on what forms of political action are possible, and on individual attitudes. To get at the latter, this chapter draws on the results of several experimental studies that test how exposure to different fat frames, as communicated in news reports, affects people's attitudes about weight-based discrimination and stigma, obesity policies, weight-related health risk, and the value of size diversity. It further draws on interviews and the secondary literature to discuss the real impact these various frames are having in the world. The conclusion teases out theoretical and material implications of this study.

NOTES

ACKNOWLEDGMENTS

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CHAPTER 1

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