



# **Women, Weight and Power: Weighing Women's Presence in the World**

An essay based on the content of an interactive workshop  
delivered at the Women's Worlds Conference  
Ottawa, Ontario  
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## **Women, Weight and Power: Weighing Women's Presence in the World**

An essay based on the panelists text for an interactive workshop delivered at the  
Women's Worlds Conference, July 2011  
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*This workshop was delivered at an international feminist conference  
with a focus on globalization and its impact on women and power.*

Panelists: Shannon Gander, Norah Richards, Dr. Carol Scurfield  
Moderator: Lisa Naylor

### Introduction

For more than 30 years, Women's Health Clinic has offered a range of feminist and community-based services to women of all ages. Our holistic approach to health emphasizes prevention, education and action. We encourage women to learn all they can about what contributes to their health and well-being so they can make informed choices.

The topic of weight preoccupation is as integral and relevant to our identity as an organization as is our extensive work in the area of reproductive health, primary care and mental health.

In the early 1980's we began to develop non-pathologizing ways of working with women experiencing eating disorders and the continuum of disordered eating. In 1985, we ran the first feminist-therapy group in Canada to help women who struggled with their issues of weight and shape.<sup>1</sup> Central to this program was the fundamental belief that women were oppressed by pressures to be thin - or by *fat oppression* and *thin-privilege*, - which is the language that we are using today.

Even as a group of feminists working at a clinic with a feminist mission, we have not always been immune to the assumptions, prejudices and discriminatory practices that are all too common when it comes to women and weight. Today, all clinic staff regardless of their area of work, are encouraged to be consistent in putting forward an anti-dieting, body-accepting message. Staff are also encouraged to address their own personal relationships to weight and shape concerns and prejudices.

Those of us on the panel have all worked in this area for many years; some of us in other roles in addition to our work at Women's Health Clinic. Working with women as long as we have, and providing mental and physical health care, we have each also become activists in our own way in order to change the conditions that lead to women's self-loathing, weight preoccupation and despair.

Today's presentation weaves together highlights from research that is not often reflected in the mainstream press and it weaves together the stories of our clients and

of our own experiences in different body types – some of us in fat bodies and some of us in thin bodies.

It is our hope that at some point in the future, the last thing we would need to talk about at a global feminist conference is the size of our bodies and how we feel about that. It seems that there are many more pressing issues. However, at this point in history, this dialogue is essential. Women who would resist any other form of discrimination may still make decisions of inclusion and exclusion based on body size. We hope to create awareness and inspire action to dismantle “fatism” and limit its spread with globalization. We know from our clients, and from our own experiences as women, that it is an act of resistance to the patriarchy and systemic oppression when a woman can peacefully inhabit her own body.

You were given some questions to reflect on when you arrived and we hope that has begun to stimulate your thinking in some new or different ways than how you may have considered the topic of weight in the past. You may notice that we are intentionally using the word fat as a descriptor today. Just as we will use the word thin or you might use the descriptors tall or short to describe someone. In a fat-hating world it may be a scary word to hear but the term obesity means exactly the same thing. Obese is the medical terminology for fat but for some reason, many people feel free to use it without apology or consideration that it may be hurtful or inappropriate. This afternoon, if we use the word obesity, it is a quote from another source. More often you will hear the word fat: this is to differentiate from a disease way of speaking about a body type that is normal for a significant percentage of the population.

### The War On Obesity

The War on Obesity was first waged by the U.S. Surgeon General in 1996. It was then World Health Organization and is now being waged by most countries in the world.

Its premises are:

- we are getting fatter
- being fat is a disease called obesity
- obesity causes many illnesses
- the illnesses caused by obesity cost western countries billions of dollars a year
- there is a solution to obesity: individual weight loss by diet, exercise and self-control

We are told that obesity is a national security risk. This link between national security and weight has existed for decades. During WWII, the government said, "U.S. needs us strong. Eat the Basic 7 every day." This was reiterated in 1961 during the Cold War when the president exhorted, "Our physical vigor is one of our most precious resources." And then again after 9/11, the Surgeon General called upon all Americans to lose 10 lbs. as part of their patriotic duty.<sup>2</sup>

This War on Obesity was launched 15 years ago in the service of the "Shape Up America" campaign that began with \$1 million donations from Weight Watchers, Kelloggs, Jenny Craig and Slim Fast. Like all wars – it had specific economic interests from the start. Those who profit by millions and billions of dollars from this war are obesity researchers, authors, the diet and fitness industries, bariatric surgeons, cosmetic surgeons, and the pharmaceutical industry.<sup>3</sup>

This powerful marketing of a war on fat was so compelling that many agencies of governments, even those not usually involved with health issues such as the Departments of Agriculture, Education, Housing, Labour and Transportation - plus all the media institutions - were charged with the responsibility to fight.

All of these institutions are promoting weight control and the idea that fat is a social issue of great concern. Fat is being marketed not just as a body size, but a disease caused by bad choices. They warn that these bad choices cost society as a whole - that we all pay for fat people's lack of control.

In every war there needs to be villains and victims and in every war there is propaganda defining who is who and turning "us" against "them". These campaigns rely on social stigmatization of and moral judgment against the villains. In this war, the villains are fat people. Our children are growing up in a world where fat people are seen as mentally, physically, esthetically and morally inferior; so much so that we need to do all we can to prevent and rid ourselves of fatness in the culture.

We'd like to challenge this view. The meaning of the word fat is, in fact, historically and socially constructed. It's meaning has changed dramatically over time. In struggling and developing societies, those who had enough to eat were the wealthy. Body fat was a visible sign of wealth, health and fertility. It was recognized that larger bodied people were better able to fight off infections, recover easier from illnesses and live longer.

This view of fat started to change in the west in the 1800's with the coming of the Industrial Revolution. There was an influx of immigrants into the west to work as labourers for the new industries. These immigrants were generally genetically stockier and able to put on weight more easily. At the same time, there was a move from an agricultural to an industrial society. This meant that large companies began to manufacture food, and most people became reliant on store-bought food. Only the very poor now didn't have enough to eat.

Being fat no longer was a sign of wealth. It started to become chic to be thin; "common" to be fat. As a way to distinguish themselves from the lower classes, middle and upper class people began to become purposefully thin. Romantic poets such as Keats and Emily Bronte suffered from tuberculosis, and then the "tubercular look" was all the rage in Europe. Other writers, including Lord Byron, apparently starved themselves to mimic them. This look was described as "intellectual, ethereal, fragile and spiritual" and was in a stark contrast to the muscular working men and women.<sup>4</sup>



At this same time, scientific modernism began to see bodies like machines; able to be worked at, transformed, controlled. Scientists believed that energy inputs and outputs could be measured and controlled; for the first time, specific diets began to be given to patients.

By the late 1880's, one British doctor felt compelled to write in defense of fat, saying, "Fat is innocent, protective, attractive". He said that even if one tried to diet it off, our bodies could only maintain at most 10% loss of body weight. By 1926, he

despaired that fat had become so hated, and that fat now carried a moral stigma, and fat people were seen as lazy, lacking in self-control and discipline.<sup>5</sup>

Thinness had by now become a sign of class, but also of morality. Indulging the body and its appetites became immoral. This moralizing against lower classes has a long history in the west. A good example is in the U.S. with the temperance movement. In the 1850's, the new immigrants to the States were mainly Irish, German, Mediterranean and Slavic. For those groups, alcohol was a part of daily life and integral to the culture of the community. The conservative, American-born Protestant Puritans developed a virtual witch-hunt that painted the new immigrants as self-indulgent, lazy, and depraved because they drank - and painted abstinence as morally virtuous. The Prohibition movement - which lasted about 100 years - was about middle-class fear and hatred of the new lower classes of immigrants expressed through a public health campaign.<sup>6</sup>

This Puritanism combined well with the strong western value of liberal individualism - the belief that through hard work, one can be successful - a belief that's at the root of capitalism. The new consumer society of that time saw that there was money to be made offering women a dream of thinness and beauty. All of these situations converged and made it possible and profitable to demonize fat and fat people. So fat has always been politically defined and the war on fat began as a way for the middle and upper classes to see themselves and to be seen as superior. This dynamic remains today and has intensified a thousand-fold.

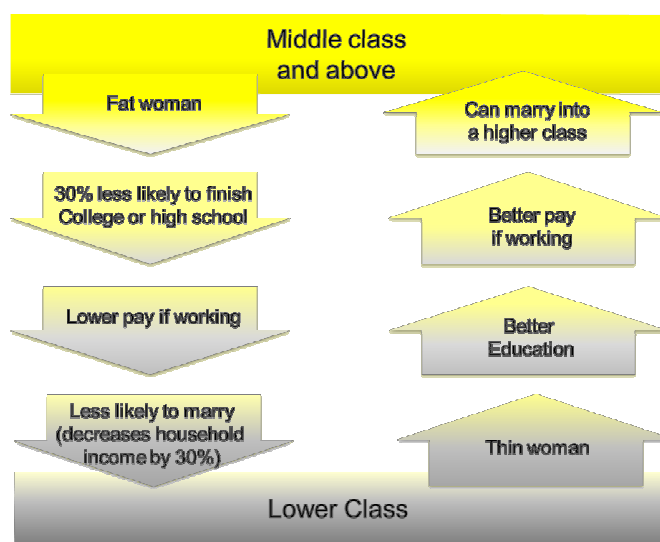
The result is that there has been a super-class created: white, thin and fit. As the body becomes bigger, socio-economic status decreases. In the west and in developed nations generally, weight is strongly related to income. Fat people are poorer than thin people, and this is especially true for women.

Many experts believe that poverty increases weight gain. There are a number of potential reasons for this. Poor people are more likely to live in unsafe neighbourhoods with fewer community recreational opportunities or green spaces. Calorie-dense but

low-nutrition foods are cheaper and more accessible than more nutritious foods. Chronic hunger can also lead to over-eating when food becomes available.

Poor people have poorer health outcomes regardless of body size and poverty is the most significant indicator of health in Canada.

It is interesting to note that fatness also contributes to poverty which we presume is due to fat stigma and discrimination. Statistically, if you are a fat woman in an upper middle-class family, you may be downwardly mobile. You may have lower-paying work, you are less likely to marry (which decreases your household income by 1/3), and you will be 30% less likely to finish college. If you are a thin woman in a lower-class family you may be upwardly mobile - you may have the opportunity to marry into a higher class, you will have better education and employment opportunities, and higher pay.<sup>7</sup>



In North America, a disproportionate number of Aboriginal and people of colour live in poverty. These same cultural and ethnic groups are often genetically likely to have a larger than the artificial "ideal". Because of this, the War on Obesity and the resulting discrimination is often focused on people of colour. The war on fat is directly connected to racism and classism.

Up until recently, non-Anglo cultures had a less narrow and confining definition of beauty. As a result the War on Obesity has intensified, this has changed. Now disordered eating problems and body image problems are prevalent for women of all cultures in the west.<sup>8</sup>

Some policy-makers and health care providers believe that this cultural protection against fat-hatred needs to be eradicated. They are working hard to "educate" these communities about how their cultures' foods are unhealthy, as is their attitude to weight. Traditional and culturally appropriate foods are often maligned as being unhealthy and take some of the blame placed on newcomer populations in the West.

Fat people are portrayed as eating a steady diet of junk food, not exercising and leaving their kids at home alone, parked in front of the TV. This stereotype of fat people being lazy and sloppy is perpetrated in everything from children's story books to public health campaigns.

All of this leads to the present situation in the west whereby the vast majority of people think it is okay to stigmatize fat people; to mock them, to discriminate against them, and even to harass them.



A recent *Grazia* poll found that an average British woman worries about the size and shape of her body every 15 minutes; a Harvard University study found that only a tiny 1% of women are completely happy with their body. This is affecting everyone, including women of all cultures.<sup>9</sup>

Everyone who lives in this fat-hating culture internalizes this fat hatred. We struggle daily to make our bodies acceptable. It has become

a cultural norm for young girls up to elderly women to fear fat, to diet, to loathe their bodies and see them as the enemy.

The War on Obesity has recently turned into the War on Childhood Obesity, and now mothers not only have to worry about their own body size, but are expected to obsess about and monitor their children's bodies. Mothers are blamed if their kids are large. Mothers are told they are putting their kids and their kids' futures at risk. Mothers are told they are abusive or irresponsible if their kids are fat.

Eating home-made, low-fat foods prepared in the context of a nuclear family with a stay-at-home mom has come to be seen as the natural and right way to eat. Thus, in addition to the stereotype of good mothers being heterosexual and middle class, we have a stereotype that good mothers are also thin and raise thin children. Given the intensity of this onslaught against mothers – it is helpful to remember that mother-blaming is often about social anxieties regarding the changing role of women; it is not really about a health crisis.

The War on Obesity also promotes violence against women. The media induces a state of permanent surveillance and judgment around our physical appearance. Successful marketing of beauty and diet products to women relies on us believing that there is something wrong with the way we look. Beyond diets and cosmetics, we become violent against our own bodies in order to look like that narrow ideal. Many women harm themselves through eating disorders. Diets that leave us hungry, depressed and anxious are the norm. We restrict, restrict, restrict. We have painful and often dangerous cosmetic surgery. We amputate our stomachs.

Stigma and bullying of larger children is not a new problem; but the public health campaigns to fight childhood obesity give permission for more hatred and harassment.



Young girls are increasingly the targets of the fashion and cosmetic industries. This sexualization of young girls who are just emulating the images of the ideal in the media makes them more vulnerable to sexual exploitation.

If we are fat, our need for acceptance in a non-accepting culture makes us vulnerable to being used and abused by men.

Research tells us that fat girls and women are vulnerable to sexual exploitation due to reduced self esteem. Some men make a game out of having sex with a fat woman so that they can brag about it with their friends and shame the woman for sport.<sup>10</sup> Abusive partners of fat women use fat hatred as a weapon in their arsenal, calling women down for their body size.

With all the hatred, stigma, and discrimination associated with being fat, it's no wonder women are at war with our bodies. Everyone. Fat, thin, feminists, women of all cultures and ethnicities. People all along the weight spectrum fear fat and experience fat oppression. Thin women are desperate to keep their bodies and their thin privilege. We know that our privilege can disappear at any time and we need to be constantly vigilant.

All of this leaves no room for women to recognize and revolt against the overall system that alienates us all from our bodies. Instead of a conflict between fat and thin, the real conflict is between all of us against a system that weighs our value as women. The War on Obesity limits our engagement with power and opportunity.

Recent research from the University of West England in Britain showed that:

- 30% of women would trade at least a year of their lives to achieve the ideal body weight and shape
- 16% would trade 1 year
- 10% would trade between 2 and 5 years
- 2% would trade 6 to 10 years
- 1% would sacrifice more than 20 years of their lives

As well, they would sacrifice a promotion, salary, spending time with their friends, family, partners, and they would sacrifice their health.

- 40% said they would pay for cosmetic surgery if and when they had the money
- 80% said they were trying to lose weight, although most were of so-called "normal weight or underweight"



- 95% said they had had negative thoughts about their weight during the past week, often several times a day<sup>11</sup>

Imagine if we released the billions of dollars misspent on this War on Obesity campaign and instead funded the War on Poverty, the War on Fatism, the War on Racism. For example: what if the money, concern and energy we spend on fighting fat was redirected to ensure that everyone in THIS country has access to clean running water?

We believe that this war over the shape and size of our bodies is a war against women that prevents us from taking up space in the world and claiming that space as our own. Imagine how much time, how much energy, and how many resources would be released and available to us if we just stopped. Just stopped fighting fat. Just stopped fighting body size. Just began accepting ourselves and treating the bodies we have with care and respect?

### **Reflection Questions**

- **What resources (money, time, energy, prayer, worry, anger, passion, etc.) have you invested in order to reach or maintain and “ideal” body weight, shape or size?**
- 
- **How has this affected your opportunities or engagement in work, education, creative pursuits, politics and family?**

### Medical Concerns

I (Carol Scurfield) have been a family physician for almost 30 years, primarily working with women and girls. In the medical world, I am bombarded with messages about the obesity epidemic in North America and the dire situation we are in. Over time, I have become increasingly concerned by this so-called War on Obesity and the damage being caused by the medicalization of body size, particularly with my women clients. I am sure many of you have been thinking, “But what about the health implications of being fat. Isn’t the war on obesity justified as it will save lives?”

How many of you believe that being fat is unhealthy? How many of you also believe that if a person tries hard enough, they can lose weight and keep it off? How many of you believe that if a person loses weight, they will be healthier and live longer? I would like us to spend a little time exploring these beliefs.

BMI - Body Mass Index - is a common way of expressing a person’s weight-height ratio. Often when a woman comes in contact with the healthcare system, her size is assessed

by calculating her BMI. This BMI is compared to a range of BMI's and she is told whether she is at a healthy BMI or needs to lose weight because she is at a dangerous size. A BMI between 19-25 is considered normal and between 26-29 is considered overweight. A BMI over 30 is considered obese in Canada.

By these definitions, one would assume that overweight and obese women would have an increased risk of dying over the normal weight women. Not so. Well-respected research has shown that those persons who fit into the overweight category actually live the longest (BMI between 25-29.9). Those persons whose BMI falls in the obese class one (30-34.9) have no increased risk of death over those in the normal weight category. There is an association between what is called "morbidly obese" (BMI's over 40) and an increased risk of death, but those that are underweight (BMI's under 18.5) also have this higher rate of death. It appears that there is a U-shaped curve with those at the extremes of weight being at risk.<sup>12</sup>

The belief that weight causes disease is also questionable. It is always challenging to prove whether a certain characteristic such as weight or height actually causes a health condition or whether it is just associated with the health condition. Certain diseases such as osteoarthritis and sleep apnea are associated with higher weights and may be made worse by a larger body size. However, Type 2 diabetes has also been associated with a larger body type but whether it is causing the problem or a symptom of the disease is questioned. There is evidence that Type 2 diabetes is genetically influenced and that a person's size may also be controlled by these genes.<sup>13</sup> In other words, the genes that predispose a person to diabetes also cause weight gain. Weight gain may be a side effect of diabetes or insulin resistance instead of the cause of it.

Health is a complex interaction of many factors. When assessing the impact of size on disease, the reality is that larger women are more likely to have lost and gained weight due to dieting, to be financially poor, or to live in difficult social situations. Larger women often experience stress or guilt because of their body size. Sometimes they are not able to participate in physical activity due to a lack of money to pay the costs associated with organized activities, no available local facilities, or shame about how they look when they exercise. All of these factors -no matter what the size of the woman - can increase the risk of many diseases. So why do we focus blame on the number on the scale?

Being fat is not nearly as unhealthy as the those waging the War on Obesity would have us believe. With some health conditions, fat people actually do better. For example: fat people have less lung cancer, less chronic bronchitis, less osteoporosis and less early menopause, which can put you at risk for a number of health conditions.<sup>14</sup> Some studies show that obese senior citizens live longer than thin ones.<sup>15</sup> Fat gives you stores of energy to draw on in times of sickness. Research shows that fat women who are physically active have better health outcomes than thin women who are not physically active.<sup>16</sup>

Health care providers often assume that a fat woman is unhealthy and a thin woman is healthy. There are plenty of thin women who have poor health habits that could benefit from some help to address these. A health care professional who assumes this may be doing a disservice to thin women.

Some of the health conditions attributed to fat bodies may actually be related to the dangerous practices women resort to in order to lose weight - often with the blessing of their health care providers and the encouragement of the weight loss industry.

Restrictive, nutritionally unbalanced diets, medications with potentially serious side effects - and even invasive surgeries - have all been supported by healthcare providers and can permanently negatively effect the health of the woman, or even cause death. It has been suggested that the extreme weight loss practices that desperate women engage in create some of the health conditions that are attributed to their weight.<sup>17</sup>

The next belief I would like to challenge is the idea that fat is your fault. How many of you believe that, if you just tried harder, exercised more, and were not a weak person who ate too much - that you would be thin? Do you think your weight is a sign of your lack of self control? Do you feel shame about your body? Studies suggest that genes play a significant role in what size you will ultimately be. How a person's body responds to exercise (energy output) and what they eat (energy input) can vary widely, with some people gaining weight in the same situation where another one doesn't. Your appetite is controlled by hormones in your body that tell you when you need to eat and when you have eaten enough. This system works differently in each person. It is not natural to not eat when you are truly physically hungry any more than it is not natural to eat after you are full. Dieting, however, can create a situation where people do this regularly.<sup>18</sup> This leads you to become out of touch with your body and its needs.

Dieting does not work. At least not in the long term. Many diets will make people lose weight in the short term but the vast majority - at least 95% - will regain that weight and more.<sup>19</sup> A history of losing and gaining weight is common in people with larger body types. Under the influence of their healthcare providers, the media and the diet industry, larger women try and try again to fit into the "healthy weight range or healthy BMI". Unfortunately, this yo-yo dieting, as it is called - with weight being lost and gained and lost and gained - is quite likely more dangerous to a person's health than if she stayed at her natural weight, even if that natural weight is high. For example, this cycle of weight loss and gain has been associated with increased risk for high blood pressure and other conditions. Dieting has also been associated with the development of serious eating disorders such as anorexia and bulimia. Dieting requires a disassociation between your body's natural cues of hunger and fullness. Dieting also tends to accompany body-hatred or preoccupation which make you vulnerable to disordered eating.<sup>20</sup>

Another interesting observation is that it is not clear in the research if losing weight makes you healthier, even if you do sustain the lower weight. Forced thinness - as it is called when someone sustains an artificially low weight for her body - has not clearly

been associated with anything other than short-term positive changes in some health measures. It may not be the weight loss that is improving measurements of health. The improved nutrition and increased exercise the person undertook in hopes of achieving weight loss may be what is affecting short-term health measurements. At the same time, there is clear evidence that if a fat person increases their exercise, they will improve their health outcomes, even without any weight changes.<sup>21</sup>

A very disturbing side effect of women's shame about their weight is that they stop seeing health care providers for necessary care. Some women avoid these visits because they do not want to get yet another lecture from their doctor about the need to lose weight, nor want to hear how you are damaging your health, how you need to try harder - or even from some health care providers, that they will not see you or operate on you until you lose 20 or 30 or 60 pounds. These women then lose out on the opportunity to receive care that may benefit their health; health screening tests such as pap smears or breast exams, or necessary treatment for conditions they all ready have such as high blood pressure or diabetes. How many women do you know put off going for their check-up because they want to lose a little weight before they go? Some studies suggest that as many as 15% of women put off visiting their doctors because they are uncomfortable about their weight.<sup>22</sup>

Simply living in a culture that is weight biased is dangerous to your health. As author Linda Bacon says, "Feeling fat may impact your health more than being fat."<sup>23</sup> This statement is backed up by research that looked at 170,000 people and found that dissatisfaction with body size was more predictive of poor health status than BMI<sup>24</sup>.

So why do health care professionals continue to encourage weight loss and dieting despite the overwhelming information that weight is not nearly as dangerous as it is being made out to be, that we have no good way of changing weight over the long term, and that dieting and weight cycling is actually more damaging to people than encouraging healthy living at whatever size you are?

It is likely a combination of health professionals falling prey to the push by society to be thin, to not wanting to believe that weight is actually not something that the vast majority of people can change, and for some, the money that is to be made in the weight loss business.

So what should we do? At our clinic, we have adopted an approach called Health at Every Size. Weight is only a small part of what determines a woman's health status. There are many more important determinants of health that you can actually do something about. What we want women to know is that your body is not your enemy. Instead of focusing on body size - which is really not changeable - and wasting time dieting, that you consider another approach.

Linda Bacon in her book *Health at Every Size* suggests the following approach to resist the War on Obesity:

1. Accept your size. Love and appreciate the body you have. Self acceptance empowers you to move on and make positive changes.
2. Trust yourself. We all have internal systems designed to keep us healthy and at a healthy weight for us. Support your body in naturally finding its appropriate weight by honouring its signals of hunger and fullness .
3. Adopt healthy lifestyles. Find ways to become more active in pleasurable ways for you. Do it, not to lose weight, but to feel healthier. Develop and nurture connections with others and look for purpose and meaning in your life. Fulfilling your social emotional and spiritual needs restores food to its rightful place as a source of nourishment and pleasure.
4. Embrace size diversity. Humans come in a variety of sizes and shapes. Learn to appreciate and celebrate the uniqueness of all persons.<sup>25</sup>



### **Reflection Question**

**What is one thing you could do to improve your health without focusing on your weight or body size?**

### The War on Obesity Limits our Engagement with Power and Opportunity

A 40 year-old female client was asked in a counselling session how she wanted to feel. Her response was “Thin”. When asked “What would thin feel like for you?”, she replied, “If I were thin, I would feel confident, accepted... and free”.

Through her 20’s and 30’s, this woman left an abusive relationship, raised 2 children on her own, put herself through school and had a thriving career. During this time, she even managed to save for her children’s education. When asked what she saw as her greatest accomplishment, she replied, “I once lost 20 pounds, but that was a long time ago and I really haven’t done anything since”.

Isn’t that what we do as women? Regardless of our successes, we weigh our presence in the world according to the scale. Too many women exist with the constant goal of losing weight so that they can feel accomplished, be accepted in our society, and start living.

Working in the eating disorder community in Manitoba for almost 20 years now, we have witnessed the tragedy brought to women's lives on the quest to be thin or keep thin. Countless women are living with the mentality of "Just 10 more pounds and then I will feel good about myself. Then I will start eating normally and stop dieting".

It is far too common to hear women's stories of visiting their doctor only to be told, "You're obese and you have to lose weight or your weight will kill you. You need to go on a diet and start exercising!" These same women have usually spent their entire lives on diets. Sometimes their well-intentioned parents started them on diet programs when they were only children feeling the pressure from society that they should really do something about their child's weight. As a result, these women continue to support the billion dollar diet industry, and feel ashamed that they haven't been successful at changing their bodies.

While the factors contributing to an eating disorder may vary, the single common denominator that remains constant to the onset of an eating disorder, no matter the person's background, age or body size: dieting. We have never waged a war on the diet industry despite a 95% failure rate. Rather, we blame the individual and keep this booming industry going.

How is a woman to feel good in her body when we have gone so far as to create a public health outcry waging a war on our bodies?

Michelle Allison, who calls herself, "the fat nutritionist" wrote a guide entitled, "How to Eat In Front of Other People".<sup>26</sup> Why? Because she was fed up! She was tired of people's reactions to her eating and recognized how many fat-bodied women face the same stigma. To need a guide like this is an example of what we have done as a society to stigmatize and discriminate against an individual's body. As if cake were made for a body type, not to be eaten by everyone for a celebration.

It certainly does not help that the media's portrayal of a fat-bodied woman perpetuates fat stigma. Photos lead people to believe that a woman with a fat body does not take care of herself and eats only foods that society has termed as junk foods. When is the last time you saw a thin-bodied woman portrayed in the media with her shopping cart overflowing with junk food?

As you have already heard, the history on this issue is long-standing and the impact pervasive.

We have only to look to the workforce, insurance companies, and healthcare for this evidence. The 2009 Rudd report on *Weight Bias as a Social Justice Issue* provides this summary:

Compared to job applicants with the same qualifications, obese applicants are rated more negatively, are less likely to be hired and are seen as unfit for jobs that involve interaction with the public. The assumptions are that "obese"

individuals have poor discipline and hygiene, are less productive and have less ambition.<sup>27</sup>

Two separate studies from Germany and the U.S. - totaling almost 24,000 working women - reported that thin women, weighing 25 pounds less than the group norm, earned an estimated average of \$16,000 a year more than their peers.<sup>28</sup>

A large 2007 study of 2800 Americans showed that overweight adults, compared to their “normal” weight colleagues, are 12 times more likely to experience weight-based employment discrimination, and severely obese adults were 100 times more likely. It is clearly identified that fat women are particularly vulnerable.<sup>29</sup>

Most workplaces have a harassment policy. Policies typically outline discrimination against race and sex. They provide guidelines for appropriate conduct. What you are less likely to see in a workplace harassment policy is a statement regarding discrimination based on body size. On the contrary, body size is seen as legitimate reason in many workplaces to not interview or hire someone.

Depending on where you live in North America, overweight or obese individuals will pay more for health insurance, or they may be denied health insurance entirely.<sup>30</sup> In fact, even if you have normal blood pressure and low cholesterol, solely based on your body mass index, you may be charged up to 50% more than the normal premium - if you can get insurance at all.<sup>31</sup>

Ironic, given that if you have a history of a low BMI or of being underweight, you won't pay any higher premiums for the potential costs associated with this. You may be at risk to a hip fracture which is very costly to the medical system. You may have more sick days from work from lowered immunity. You may be less productive but because thin privilege exists in our society, you can pay the normal rate for insurance.

As you heard earlier, fat women are continually faced with weight bias in the medical system. For this reason, fat women may avoid the shaming exercise of going for a physical, of putting on a paper gown that barely covers her body, and of hearing for the umpteenth time from her doctor, “You need to get your weight under control, remember we talked about this at your last appointment.”

Based on the biases of the medical system, heaven forbid a woman falls into the overweight or obese category and needs surgery for a knee reconstruction or replacement. If she can even get on the list without losing weight, she will wait in line behind her so-called healthier “ideal weight” counterparts.

To be clear, this is not about pitting fat against thin; it is about fat stigma and our society's biases about weight. It is about the serious consequences of living in a society that has made fatism a “socially acceptable form of discrimination”.<sup>32</sup>

We have gone so far as to make weight a moral issue - to the point where “a thin body has been equated with living a moral life”.<sup>33</sup>

Let’s give some thought to our own experiences and biases. Let me ask you to reflect for a moment on some time in your life that you were in a group of women – perhaps it was today or last month or five years ago – where you bought into the notion that somehow the thinnest woman in the room was the one who has it all together. You may have assumed that this woman practiced self control as part of her value system, and that this was reflected in her body shape and size. On the flip side, have you ever observed a fat woman and assumed simply by the size of her body that she was lazy, weak-willed or had let herself go? Ponder that for a moment.

I think of my own feminist community and again, I will ask you to do the same. As feminists, we have strong values that are grounded in egalitarianism, honouring that we are all equally worthy as human beings. We believe that women across many diverse experiences are capable and deserving and we celebrate each other’s successes. Even as we practice these sacred values, how many of us remain stuck in this belief that a body shape or size is somehow a statement of self-worth?

That any of us could let ourselves feel inferior or superior to another person for not having the “right” size buttocks, hips, waist or breasts? That we can rail against sexism, racism, classism, and at the same time, acquiesce when it comes to fatism and body stereotyping - which is certainly a form of oppression for women? We have to ask ourselves: are we authentically practicing our feminist values across every facet of our lives?



As we wrote the proposal for this session, we were abundant with ideas and questions. We couldn’t help but to ask the question: at what point is society violating a woman’s human rights in the War on Obesity?

In the state of Mississippi, in 2008, lawmakers proposed House Bill #282 - legislation that would have forbidden restaurants from serving food to anyone who was obese as defined by the State. Under this bill, food establishments would have been monitored for compliance under the State Department of Health and violators would have their business permits revoked.<sup>34</sup> This House Bill #282 did not pass but it was actually proposed, debated and considered.

Does this sound familiar? This is less than 45 years after the Civil Rights Act was signed by U.S. President Johnson and restaurants in Mississippi and other states were no longer able to refuse service based on the colour of a person’s skin.

An equally chilling example of discrimination is the ability of government to take a child away from his or her parents because that child is considered to be too fat. This was the case in separate instances in the UK and the U.S.<sup>35</sup>



In another family, a child eating the same food types, may be thin or possibly even considered underweight because of their genetics. In fact, in the family with the thin child, comments might be made about how that child is a big eater, “Look at his appetite”. These comments would be prideful, perhaps a badge of honour. Of course, if it is a girl, observers might say, “Whoa, she had better stop eating like that”. There would be fear that she might get fat. Even still, there would be no question of abuse or neglect. A fat child attempting to negotiate a world of fat stigma desperately needs the support, love, and protection of their family. Yet only in a society that has declared a War on Obesity could we imagine that this child would be better off living with a foster family that will enforce strict dietary controls. We call this child protection?

Perhaps we need to consider waging a war on policies that are an assault on an individual’s human dignity. Or rather, we do away with the war terminology altogether and we work on public health policies that support each person’s right to health independent of body size and eradicate all forms of discrimination.

Now let’s consider the potential negative implications for women and their families as Western standards of an ideal body weight are enforced through globalization

As pointed out earlier, through globalization of a mythical ideal body weight, we have added another class system to every culture, in every country. The research has proven that it takes very little time for a group to catch on to fat stigma and oppression.

If we don’t do something to address this global culture on fat stigma, the consequences are significant. Women around the world are at risk of living in a society with different standards for different body types. Where eating is for thin people, jobs that involve leadership roles are for the right body type, and your parenting can be questioned if your child is fatter than his or her peers. Where a woman’s human rights that may have already been violated will be further violated.

Globally, women already waste precious energy and resources on dieting. Children in North America already devote their energy to weight preoccupation. Some schools in the United States, the United Kingdom, and now in Malaysia, are reporting a child’s Body Mass Index on his or her report card. Similar proposals have been made in Canada.<sup>36</sup>

As we further stigmatize fat children, the incidence of eating disorders is on the rise around the world. The fear of being fat is so overwhelming that, in a study by the American Psychiatric Association, young girls have indicated in surveys that they are more afraid of becoming fat than they are of cancer, nuclear war, or losing their parents.<sup>37</sup>

Around the world, women’s value is articulated by clothing labels. Let me illustrate this. In North America, clothing designers have defined the smallest clothing size as a “0” or even a “double 0”. In Argentina, despite attempts to legislate retailers to carry larger

sizes, it is very difficult to find clothing above a size 8. If clothing is marketed for a woman above a size 14, her size is tagged as “anonymous”.<sup>38</sup>

Do you hear that? You can be a “0” or you can be anonymous! In any language, you’re nothing or you’re nobody. Is this not a classic example of weighing a woman’s presence in the world?!

As great as the media and retail industry’s impact is on Western and non-Western countries, research has shown that the greater impacts come from public health policies. When a government develops partnerships - be it with plastic surgeons, the diet industry, or pharmaceutical companies - and declares war on a body shape, fat stigma abounds, no matter the country or community.

As Alexandra Slade has stated, “Of all of the things we could be exporting to help people around the world, really negative body image and low self-esteem are not what we hope is going out with public health messaging”.<sup>39</sup>

It is critical that we encourage leaders and public health decision and policy makers to focus on the social determinants of health improving the health status of all individuals across the globe, independent of weight and to rail against another form of discrimination. The one called ‘fatism’.

Linda Bacon talks about the enormous power we would have as women if our fat phobia were harnessed for social change.<sup>40</sup> Now that’s a challenge that we are up for. We hope you are too!

### Reflection Question #3

**What might it look like to create BODY FRIENDLY ENVIRONMENTS?  
Consider what that might look like, feel like or how you may experience that at work, at school, in your community, at this conference and in your social and political groups of women.**

**Additional Material Given to Workshop Participants**

**Women, Weight and Power: Weighing Women’s Presence in the World**

**Welcome!**

**Please take the time to reflect on these ideas, concerning your own relationship to weight, your body, and your assumptions about other bodies.**

**How often do you?\***

	<b>Never</b>	<b>Rarely</b>	<b>Often</b>	<b>Daily</b>
Compliment someone on her weight loss?				
Encourage someone to go on a diet				
Tease or admonish someone about her food or eating habits				
Criticize your own or someone else’s eating habits or food choices				
Admire rigidly controlled eating habits.				
Make negative comments about your body size or shape.				
Make negative comments about someone else’s size or shape.				
Disapprove of fatness in general.				
Assume someone is <i>doing well</i> because she has lost weight.				
Say something that presumes that others around you want to lose weight.				
Say something that presumes that fat people eat too much.				
Admire someone who is compulsive and/or rigid about their exercise routines.				
Talk about your weight.				

*\*Adapted from Working With Groups to Explore Food and Body Connections  
Ed. Sandy Stewart Christian*

**How do you benefit from thin-privilege or lose out from fat-oppression?  
Please take a moment to reflect...**

***Due to thin-privilege, I benefit in these ways....***

- I have easier access to meeting and gaining approval from other people socially.
- I can go in to a clothing store, get treated with respect and have a diverse choice of fashions at a wide variety of price options.
- When I enter a waiting room, a friend's home or a restaurant I know that I will fit into any chair that I find there.
- While at the doctor's office all the equipment is adequate for me including the blood pressure cuff, gown, exam table, scales and speculum.
- People who don't know me assume that I have a healthy lifestyle due to my size. This is true if I work out or not, eat reasonably well or not, get enough sleep or not.
- When I speak up to challenge fat oppression my words are treated as more legitimate than when a fat person says the same things.
- My size communicates very little to most people and is value neutral. That is, most people don't assume anything about my values, morals, etc. because of my size.
- I can go into any restaurant and not worry about whether the seating will accommodate me.
- I can stand on the street or in the middle of a mall, and eat an ice cream cone, or hot dog, or enter a restaurant and order whatever I choose and no one is going to stare, point, whisper, laugh or silently judge my food choice.
- I can walk through a crowded room and not worry if I might have to ask someone to move out of my way; if that happens they won't assume it is because I am taking up too much space.
- If I am not selected after a job interview, I can assume it was not because of the size of my body.

***Due to fat- oppression, I face discrimination in these ways...***

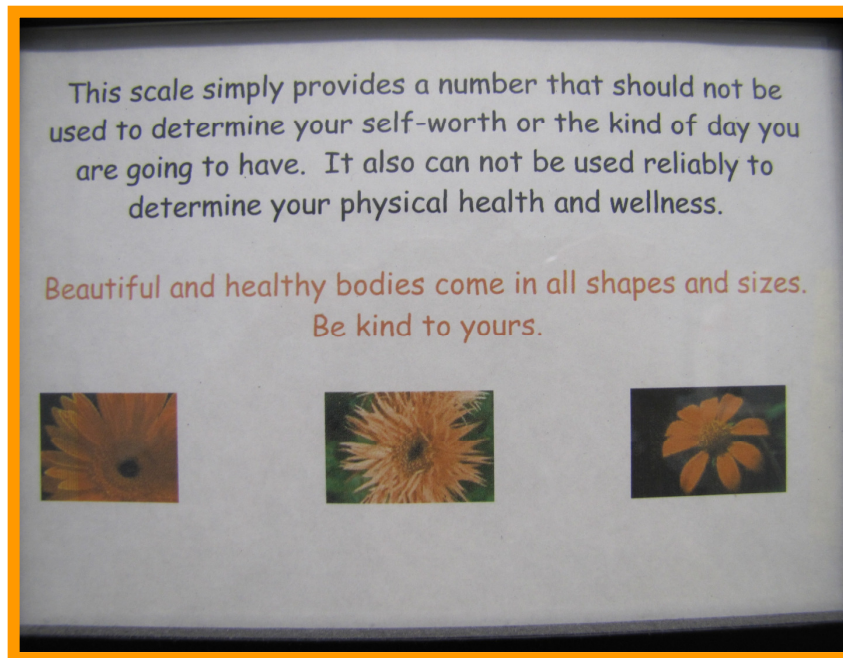
- If I get sick, my weight will be seen as a contributing factor and may reduce the compassion offered to me by others.
- I experience critical looks or comments whenever I ride public transit, go into restaurants or just walk down the street.
- My weight has been blamed as the reason a partner left our relationship.
- It is very difficult to shop for clothing appropriate to my size. Styles are limited and prices are higher than at regular clothing stores; in some communities there are no stores that carry my size at all.
- When I enter a waiting room, a friend's home, a support group, church or restaurant I don't know if there will be a chair that fits my body comfortably.
- I fear going to the doctor because I am certain he/she will blame my health issue on my weight and possibly tell me to lose weight before treating my other issues.
- I fear going to the doctor because none of the equipment feels adequate for my needs. This includes the blood pressure cuff, gown, exam table, scales and speculum
- I have been told I can not have certain medical procedures until I lose weight
- I am perfectly healthy but friends or family assume that I have to lose weight to be healthy or to maintain my health as I age.
- When I ride a bike or enter a gym, I am judged for my body size or people assume I am trying to lose weight.
- I would love to have more activity in my life but I am too ashamed to enter a gym, take a yoga class or put on a bathing suit.
- I feel judged because my children are fat; People assume I feed them the wrong things or don't provide them opportunities to be physically active.
- I have avoided opportunities and/or positions of power or influence due to my shame about my weight.
- I have lost out on opportunities and/or positions of power or influence due to other people's assumptions or judgments about my weight.

## **20 Tips to Resist to the Fat War on Women's Bodies & Peacefully Inhabit Your Own**

- Admire and appreciate your own body and all it does for you. Consider the value of your body's functional role and stop valuing it only for its decorative or ornamental role.
- Consider throwing out your scales or at the very least remind yourself that the number on the scale is not a measure of your worth or discipline.
- Take your life off of hold; Whatever you are waiting to do once you have lost weight - do it now. Get that haircut, buy clothes that fit your body right now, pursue that degree, apply for that job, find a size-friendly yoga class and have fun!
- Stop negative body talk about yourself and other women.
- Practice self-care. We experience our bodies differently when we take care of ourselves physically, emotionally, and spiritually.
- De-objectify yourself. Instead of focusing on the body parts you dislike when you look in the mirror – look into your own eyes at least once a day and say “hello”.
- Make a point of enjoying your body physically. Try yoga, massage, sex, stretching or cuddling.
- Believe and act as if your body is your business and do not accept unwelcome evaluations of your body.
- Think critically about the media/popular culture messages about bodies, weight, and health.
- Challenge myths about dieting, weight and health.
- Encourage other women to accept their natural bodies.
- Approve of spontaneous eating and refuse to participate in diet talk or food shaming of yourself or others.
- Stop using comparative language such as “good” and “bad” to describe your choices related to food or activity. This kind of evaluation ultimately criticizes others who would make different choices.
- Compliment others on their creativity, ideas, compassion, skills, achievements and efforts.
- Openly admire the appearance of women who also happen to be fat.

- Actively oppose fat-stigmatizing or oppressive comments or jokes.
- Advocate for policies and programs that address size related discrimination in your schools, workplaces and communities.
- Refuse to make character judgments based on body size.
- Check out the podcasts and articles from the Endangered Species Summit held in March 2011 [www.endangeredspecieswomen.org](http://www.endangeredspecieswomen.org)
- Learn more about health at every size and responding to weight based stigma at The Association for Size Diversity and Health [www.sizediversityandhealth.org](http://www.sizediversityandhealth.org)

A reminder of what hangs over the scale at Women's Health Clinic. **Try this at home!**



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Endnotes

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