Life in this Fat Body
Exploring the multiple realities of fat embodiment

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Cover Image: Kath Read and Zoe Holmes

Photographer: Mark Calleja
This thesis is an anthropological enquiry of the fat body. It explores the narratives of eleven individuals in New Zealand and Australia who are fat, or who have experienced life as a fat person. In the midst of an ‘obesity epidemic’, biomedical narratives dominate public understandings of ‘obesity’ and present fat individuals as a picture of poor-health, as lazy and morally irresponsible. This discourse dominates current discussions of ‘obesity’ to the extent that narratives engaging with lived experiences of the fat body are frequently excluded from public discussion and popular thought. Using Annemarie Mol’s (2002) claim that reality is multiple, this thesis challenges this dominant discourse through a combination of personal narrative and photography. Participants were asked to take photographs and provide images that represent their experience of fat. Using their stories, I argue that understanding fat bodies is best explored through participants’ narratives of the multiple bodies they occupy and experience. My findings are used to challenge current representations of fat bodies in western society as I explore the multiple ways in which fat bodies are experienced, felt and negotiated. This thesis reveals that there are diverse types of bodies that emerge in different ethnographic moments, settings and relationships and these are political, social and embodied.
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Chapter One: Introduction

“That is how we create a single story. We show people as one thing, as only one thing, over and over again... and that is what they become”.

- Chimamanda Ngozi Adichie (2009)

The Single Story

I first met 30-year-old Dana, a science major, one winter morning in the small office I had booked for our interview. After reading a recruitment poster I had put up in the women’s bathroom at university, Dana contacted me telling me not only was she fat, she had opinions on the topic of ‘obesity’. As soon as Dana walked into the room, coffee in hand, she sat down and launched straight into it. There was no mucking around with her. For the next few hours, I sat and listened as Dana, the first person I interviewed spoke with frustration about her own weight, about western society’s perception of weight and her stories and experiences as a fat woman.

I mean there are some people who are fat and eat okay, some eat salads, some eat chocolate, some eat what they fucking want and they are healthy – fucking good on them! I think it’s... we are just so desperate to stick people into moulds and it’s totally pointless. I just want to be neutral. I just want to exist and not have to take a side of being fat or skinny... just fuck. I just want to be a person!

This quote from Dana stuck in my head throughout the duration of writing this thesis. Essentially, Dana was telling me there was no neutral way for her to exist as a person; as a fat woman, she was always going to be viewed in line with what the fat body seemingly represents in western society.

The increasing concern about body size, particularly fat bodies, is widespread. The fear of an ‘obesity epidemic’ has resulted in government-led, weight-based policies around the world, based on the notion that fat bodies are unhealthy. In addition to this, news media articles bombard us with stories about the health costs associated with ‘obesity’. Fatness is dramatised as we turn on our televisions to see competitions with cash rewards to contestants who can lose the most amount of weight, and documentaries show the struggle that ‘obese’
individuals have in their journey of weight loss, their lives are depicted as miserable, sad and lonely on screen for our entertainment. The famous 2004 documentary ‘Super Size Me’ showed Morgan Spurlock stuffing his face with McDonald’s fries, creating public awareness of fatness and its relation to the fast food industry. In January 2015, a British reality television programme called ‘My Fat Story’ aired, following television personality Katie Hopkins as she purposely puts on weight to prove that ‘obesity’ is caused by laziness. These mainstream depictions of what fatness represents tell one story. They paint a picture of the health costs of ‘obesity’, telling us that ‘obesity’ is caused by eating junk food and that fat individuals are lazy and irresponsible. The danger in only telling this side of the story is not just that it creates stereotypes, but that it also makes the story incomplete. This is a version of what Chimamanda Adichie (2009) has called ‘the danger of the single story’, a dominant version of the past, or a people that homogenises inconsistent stories. The consequence of the single story, Adichie argues, is that “it robs people of dignity. It makes our recognition of our humanity difficult and it emphasises how we are different, rather than how we are similar”. Michael Jackson (2002) suggests that storytelling does not necessarily help us understand the world conceptually or cognitively, rather, it changes our experiences of events that have befallen us by symbolically restructuring them. As a form of ‘mastery play’, storytelling reworks and remolds subject-object relations in ways that subtly alter the balance between actor and acted upon. This allows us to feel that we actively participate in a world that for a moment, seemed to discount, demean and disempower us (16).

This thesis allows eleven participants to actively participate in the world by telling the stories of ten New Zealanders and one Australian who have at some point in their lives, experienced living as a fat person. Through personal narrative and photographs chosen by the participants, I explore the diversity of fat identity. By dismantling stereotypes of fat bodies in western society and allowing individuals to visually represent the way they experience life as a fat person, this thesis explores the multiple ways in which fat bodies are experienced, felt and negotiated. I argue that fat bodies should be explored through the multiple bodies that they occupy and experience and that these bodies are social, political and embodied.

Fat: The Current Story

The mid-2000s was a pivotal point at which intense concern about an ‘obesity epidemic’ intensified and peaked. Time magazine named 2004 ‘The Year of Obesity’, in the same year, the World Health Organisation’s ‘Global Strategy on Diet, Physical Activity and Health’ was released and the Centres for Disease
Control predicted that ‘obesity’ would soon claim more lives than tobacco-related disease in the United States. Through the use of melodramatic terms such as ‘epidemic’, ‘crisis’, and ‘war on fat’, media reference to fat bodies began to include shock headlines in articles, photographs, graphs and statistics that amplified the seriousness of a ‘public health concern’ (Monaghan et al. 2010:52). In this sense, fat presents itself today in the form of a ‘moral panic’. Moral panics serve to reassert the dominance of an established value system at a time of perceived anxiety and crisis (Jenkins 1992:7), an episode, condition, person, or group of persons that have in recent times been “defined as a threat to societal values and interests” (Cohen 1971). Due to their ‘threat’ to the moral order, Samantha Murray (2005) argues that fat bodies have become publically understood as failed projects that are unsuccessful, immoral, undisciplined, undesirable and defiant signs of moral decay. This heightened concern with excess weight has thus propelled fatness to the centre of western popular discourse.

Visualising Fat

This thesis is based on photo-elicitation interviews, enabling participants to create new representations of their own fat bodies. This comes from my desire to challenge current popular visual representations of fat bodies in western society. Often casting people as a particular ‘kind’, or ‘type’, Margaret Walker (1998) argues that visual representations construct socially salient identities. By constructing specific understandings, the visual houses the potential to hamper, in subtle or overt ways, individual and group identity work. Issues of exclusion, stereotyping, categorisation, idealisation, exoticisation and the portrayal of social roles have been identified as concerns related to images that may limit opportunities or undermine reputations (Borgerson and Schroeder 2005). This is exacerbated by careful processes of selection, editing and reproduction that images are usually produced under, despite seeming to function as visual records of people or an event (Gurrieri 2013:198).

Fat bodies are often portrayed in news media reporting and popular media as bulging and distended, often using close-up camera effects to distort their bodies. Strategies of exposure and shaming are frequently used when representing fat bodies in news media as they are regularly shown gorging on food deemed to be unhealthy [see figure 1 and 2]. Deborah Lupton (2013) suggests that this visual link perpetuates the assumption that fatness is caused by the excessive and greedy consumption of the ‘wrong’ kinds of food. Similar to this is the image of the ‘headless fatty’ [see figure 3], a term coined by Charlotte Cooper (1997). This is an image of fat that is heavily drawn upon to generate public disgust towards
fatness through a rhetoric of ‘health’ as the headless fatty is often paraded across magazines and newspapers with headlines declaring the ‘obesity epidemic’. Without a head, a brain, or even a mouth to speak with, the headless fatty becomes a symbol for the ‘obesity epidemic’ and therefore a symbol of cultural anxieties that regulate the engagement of viewers with scare tactics as an attempt to normalise knowledge of the fat body as a symbol of a global health crisis.

Figure 1

Figure 2

Kiwis among laziest in world: study

PALOMA MOONE

Last updated: 10:35 16/07/2012

New Zealand is among the laziest countries in the world, with nearly 50 per cent of the population not active enough, according to a new study.

Research published today in the medical journal The Lancet rated physical inactivity by country, and placed New Zealand 27th on a list of 122 countries (number 1, Malta, being the most inactive and 122, Bangladesh, the most active).

The study defined inactivity as not doing five 30-minute sessions of moderate activity, three 20-minute sessions of vigorous activity, or 600 metabolic equivalent minutes per week.

It showed more Kiwi women were inactive compared to men - 50.4 and 48 per cent respectively. Australia did better than New Zealand, rating 52nd with 37.9 per cent.

Auckland University associate professor Ralph Madison, who.

Figure 3
Two more common visual images are the ‘work-in-progress’ [figure 4] and the ‘success story’ [figure 5]. The work-in-progress represents the fat people in reality television shows such as the Biggest Loser, where overweight contestants attempt to lose the most weight in the hope of a cash prize. Success stories are the poster people for companies such as Jenny Craig and Weight Watchers. Success stories are often pictured in the process of losing weight by dieting and exercising, or with ‘before and after’ shots, showing their weight loss. These are the bodies that fat bodies are expected to be, ones that have taken responsibility and have decided to take the step to engage in a continual process of transformation and becoming.

Figure 4

Figure 5
In popular television shows and films, the fat sidekick is used for comedic relief. Rarely, if ever, are the fat sidekicks romantic leads, successful lawyers, doctors or action stars. They are often mocked for their loud, obnoxious and slovenly behaviour or their size and awkwardness around the other sex.

![Figure 6](image)

Another representation is the ‘(f)athlete’ – the fat person who is exceptional at sport and is framed in the language of power, physical ability and extraordinary capability. The fat athlete may be seen to benefit their sport, or simply be excused for their size as they become ‘immune’ to the stereotypes of fatness, specifically laziness. It has been suggested that there is a moral value assigned to the (f)athlete as they have managed to maintain a ‘useful’ body (Bias 2014).

![Figure 7](image)
The fat man is the child-like, bumbling oaf, lacking typical masculine authority and power (Mosher 2001). Lupton (2013:63) notes that the archetypal fat man on television is soft and round bodied, stupid, greedy, lazy and worthy only of contempt. It has been argued that the fat man is often associated with social class, either as the working class 'head of the family', or as the comically indulgent figurehead of affluence (Bias 2014).

Figure 8

Figure 9
While there have been recent attempts to create positive visual images of fat people, primarily women, such representations are still far from the reality of what it means to be fat for most women. For example, the ‘real woman’ [figure 9] – the plus sized model who is the heroine of body positivity campaigns. She is described as curvy, sexy and voluptuous. This representation, however, draws a line at a new median where the everyday woman is comfortable in her skin, but will never cross the line at becoming a ‘truly fat’ woman who symbolises the ‘obesity’ epidemic. Although this representation promotes body positivity and allows for the consideration of fat to be accepted, women must be a certain type of fat – confident, sexy, fashionable, with a beautiful face and most importantly, not too fat.

These visual images have created particular ideologies and relations of power within popular western culture. Fat bodies have become labelled as sick, diseased, awkward and lazy and are expected to aspire to be thin, or are accepted only if they show qualities that excuse them from normative conventions of the fat body’s worth. These stereotypical understandings of the fat body that have been constructed have the potential to damage individual identity for fat people across the globe as their bodies have been transformed into a spectacle – a visual object with largely negative connotations associated with it. Such images have been empirically proven to heighten weight bias (McClure et al. 2011) and further contribute to physical and psychological ill for those who experience weight stigma (Puhl and Heuer 2009). Furthermore, these stereotypes dominate how many people define and understand the social world around them (Gurrieri 2013) and do not leave room for fat individuals to have multi-faceted personalities.

‘Obese’, Overweight or Fat?

The word ‘obese’ originated from the Latin word *obesus* which means ‘having eaten until fat’ (Lavie et al. 2014:3) and so carries the semiotic implication that ‘obese’ individuals overindulge and eat too much. Consequently, identifying someone as ‘obese’ is judging their behaviour as well as their physical state. Additionally, ‘obesity’ as a category in the BMI\(^1\) designates it as pathological. To

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1 Body Mass Index (BMI) is an anthropometric measure that divides weight in kilograms by the square of height in metres and works to distribute and classify individuals into categories of underweight, normal, overweight and obese. The BMI as a universal measurement of health implies that all bodies are comparable and suggests that all body shapes and weight are universally equivalent. Researchers are beginning to argue that the BMI is not the most accurate way to measure body weight as it cannot distinguish between fat and muscle and can tip more toned individuals into an overweight status, even if their fat levels are low. Even relatively thin people may have high levels of fat, which may mean they might be considered healthy by BMI standards, but they may internally be at a higher risk of health problems.
describe someone as ‘obese’ places that person as someone who has the ‘disease’ of ‘obesity’. One of the major contentions of this thesis concerns the culturally constructed nature of the ‘obesity epidemic’, hence my use of quote marks around the phrases ‘obesity’ and ‘obesity epidemic’ throughout this thesis to denote its contested meaning. In the late 2000s, overweight became a clinical entity itself. Where once the term overweight was used predominately as an adjective to refer to a sign or symptom, it started to appear more frequently to describe a condition or disease in itself. Like ‘obesity’, overweight became a medical condition (Jutel 2006). In order to counter the assumption that the physical appearance of an individual represents the nature of that individual, I have chosen instead to use the word fat. Fat is understood as a political labelling of the body that has multiple meanings; as Trudie Cain and her colleagues (2014) claim,

fat is ambiguous; placed simultaneously under the skin, yet materialised as a substance in and of itself. We can eat fat, but we can also be fat. Fat can be a state of being, an identity claim. Fat is outside the body, in the body, on the body and of the body. Fat crosses the boundaries of both substance and experience (124).

Additionally, just as the lesbian, gay, bisexual and transgender community chose to appropriate the word ‘queer’ for its own purpose, attempting to reinstate it as a positive and self-identifying political term, the word fat can be used to describe people in a positive and accepting manner. In acknowledging the derogatory conditions of the word fat, many fat studies academics view the term as at least outside the medical sphere of influence. As Marilyn Wann (1998) claims, there is nothing negative or rude in the word fat unless someone makes the effort to put it there. Therefore, using the word fat as a descriptor and not a discriminator can help in understanding the multiple experiences of living a fat body.

**Multiple bodies**

This thesis contributes to an anthropology of the body by providing an insight into the multiple bodies, and the multiple ways a fat body is experienced. Bodies have been, and continue to be reshaped in a myriad of culturally relevant ways, therefore, an understanding of fat bodies is best explored through participants’ narratives of the multiple bodies that they occupy and experience. There are diverse types of bodies that emerge in different ethnographic moments, settings and relationships and different narratives are also used to understand and foreground these different bodies and bodily experiences.
In the ethnography ‘The Body Multiple’, Annemarie Mol (2002) offers thick description of how the disease atherosclerosis is ‘done’ in the varying areas of a Dutch hospital – the outpatient clinic, pathology lab and operating theatre. This analysis shifts the grounds for thinking about what a medical object is – a singular underlying object that is replaced by a multiplicity of intricately related practices. According to Mol, because relations between objects are not given, but are instead ‘done’, they are inevitably done differently, in different places, by different actors. As a result, no object, body, or disease is ever singular. Rather, reality is multiple. Ontology, Mol claims, “is not given in the order of things but... instead, ontologies are brought into being sustained, or allowed to wither away in common, day-to-day, sociomaterial practices” (2002:6). Using Mol’s claim that reality is multiple as a framework, I use this thesis as a way in which to explore the multiple realities that the participants in this thesis embody.

Nancy Scheper-Hughes and Margaret Lock (1987) argue that there exist three perspectives from which the body may be viewed, namely a phenomenally experienced individual body, a social body and a body politic. The individual body is the phenomenological sense of the lived experience of the body-self. It is the way in which the mind, matter, psyche, soul and self is received and experienced. The social body refers to the body as a natural symbol with which to think about nature, society and culture. The body politic is the regulation, surveillance and control of bodies in sickness and in other forms of human deviance and difference. These perspectives highlight that bodies are more than biological entities, but carry social meaning as well. In using these bodies as a basis of exploration in this thesis, I note that my approach to the body and the self within the three bodies is not fixed, or essential, but rather fluid and in a state of flux. Each body is separate, but overlaps. In this sense, we could see the ‘three bodies’ in the context of Gilles Deleuze and Felix Guattari’s (1987) articulation of the body. They have developed the concept of the ‘assemblage’ to acknowledge the ways in which bodies interact with other bodies, but also with discourses, practices, material objects, non-human living organisms and space. Understanding the ‘three bodies’ as an assemblage acknowledges the fluidity and dynamic nature of embodiment.

The Three Bodies

Unfinished at birth, bodies are moulded and modified over the course of a life through an intermingling of biology with culture and society. We imagine ourselves experiencing the world through our ‘social skin’, the surface of the body representing “a kind of common frontier of society which becomes the symbolic stage upon which the drama of socialisation is enacted” (Turner
In her book ‘Natural Symbols’ Mary Douglas (1970) argued that the human body is the most readily available image of a social system. The social body constructs how the physical body is perceived and examined, and in turn, these perceptions themselves sustain a particular view of society. In this work, Douglas argues “there is a strong tendency to replicate the social situation in symbolic form by drawing richly on bodily symbols in every possible dimension” (1970:vii). Given this notion that the social situation is reproduced, or “replicated through bodily symbols”, the body is viewed metaphorically as a text that can be ‘read’ as a symbol or a signifier of the social world that it inhabits (Reischer and Koo 2004:300).

‘Obesity’ as a concept is formulated around a particular society’s norms of a culturally accepted body size. However, what counts as fat and how it is culturally valued is far from universal, as Jana Evans Braziel and Kathleen LeBesco (2001) note “these judgements [about the fat body] are saturated with cultural, historical, political and economic influences” (2). Igor De Garine and Nancy Pollock, in their book ‘Social aspects of obesity’ (1995) discuss the various ways in which the ‘obese’ body is a part of society’s cultural order – the shape of particular bodies and the messages they convey are part of larger value systems that are a distinctive feature of each society; the means by which a particular body shape is attained and maintained is culturally specified. Because in most western cultures we generally take the body to be a message about the self, Susan Bordo (1993) argues that the size and shape of one’s body has come to signify the moral state of that person, therefore, the contemporary abhorrence of fat is not about the aesthetics of physical size, but rather about the social symbolism of body weight and size. Bodies thus transmit an array of complex information about who that person is, and what their body represents. With or without intention, members of a certain culture become expert at reading those culturally specific meanings almost instantaneously; the socially ascribed meanings of fat bodies are consequently ‘read’ from one’s body as confessing the ‘truth’ about that subject. The fat body in contemporary western society has become a symbol of poor health, lack-of-control and deviance. Developing and displaying an ideal body type therefore signals one’s cooperative participation in a culturally meaningful system of values.

The body politic refers to the social, political and economic regulation of bodies. Michel Foucault was a pioneer in connecting bodies and politics by pointing to the privilege of nation states to dispose of the bodies of citizens as they see fit in times of war and to choose what forms of aid to provide in cases of poverty and sickness (Foucault 1973). Many anthropologists influenced by Foucault point to the relations of modern forms of power that operate through bodily disciplines and modifications. Based on the observation that from the eighteenth century, forms of power changed in such a way that repressive measures were no longer a desired or effective means of controlling people, Foucault (1979) argues that
political authorities now seek to govern and improve a ‘population’ by taking on
the role of managing life itself. This role entails making life an object of study and
gathering information about individuals’ lives and bodies. With this knowledge,
administration techniques could be employed to plan health services and
regulate social life, giving rise to modern life sciences, the clinic and concepts of
argues, has to find a symbolic expression of its beliefs concerning the sources,
sustenance and potential threats to the orderly conduct of its members, thus the
imagery of the body politic recurs in our reflections on the nature of order and
example, that when a community is threatened, it will respond by expanding the
number of social controls regulating the group’s boundaries. Points where
outside threats may infiltrate and pollute the inside become the focus of
particular regulation and surveillance.

Disciplinary power through medicine relies heavily on a belief in individuals'
autonomy, and the individual has come to believe that it is his or her own
decision to improve and master their body through techniques of the self.
Disciplinary power therefore functions by encouraging individuals to monitor
their own conduct and measure it in relation to dominant health discourses
(Howson 2004:128). In other words, we are expected to be strong, able-bodied,
heterosexual and sexually desirable; not just for ourselves, but for the well-being
of an ordered society. Susan Greenhalgh (2012) views the ‘obesity epidemic’ as a
biopolitical field of science and governance that has emerged to study, name,
measure and manage ‘obese’ subjects. Reframing the question of ‘obesity’ as one
of biopolitical governance – that is, a field of politics aimed at administering and
optimising the vital characteristics of human life at individual and population
levels, allows us to understand ‘obesity’ as an issue of discourse, subjectivity and
power.

Human beings are embodied, and everyday life is dominated by the details of
corporeal existence. A phenomenological approach to the fat body acknowledges
the complexity of subjective experience and has recognised that subjects are
intrinsically embodied, embedded in social and political life-worlds, and
essentially involved with other embodied subjects in an intersubjective world.
Maurice Merleau-Ponty insists on the interrelatedness between the mind and
body and argues that we are our bodies and they are our ”vehicle(s) for being in
the world” (1962:82). He claims that the body is not an object among other
objects, but it is the condition and the context which enables one to experience
and give meaning to the world. This acknowledges the body as a fundamental
aspect of the acting self, thus seeking to transcend the dichotomy of self as
subject, versus body as object. Within this framework, a self that acts on the
world necessarily does so through the medium of the body, accordingly, this
approach is called ‘embodiment’ (Csordas 1990). Thomas Csordas’ approach to
embodiment begins from the methodological postulate that the body is not an object to be studied in relation to culture, but is to be considered as the subject of culture, or in other words, as the existential ground of culture (1990:5 emphasis in original). For Merleau-Ponty, the body is a “setting in the world” and consciousness is the body projecting itself into the world. Elizabeth Grosz (1994:86) articulates this notion:

Insofar as I live the body, it is a phenomenon experienced by me and thus provides the very horizon and perspectival point which places me in the world, and makes relations between me, other objects and other subjects possible.

Essentially, an embodied approach to the fat body explores the work that subjectivity does, how each participant enacts their identity in what they choose to express and how their choices are related to their perceptions of self, and lived experiences of their own body. Phenomenological theorising of the body reveals a fundamental ontological distinction between the ‘subjective body’ (as lived and experienced pre-reflexively) and the ‘objective body’ (as observed and scientifically investigated). The subject body is the body as it is lived; it represents a particular view of the world, as well as one’s being in the world. One does not simply possess a body, they are a body. As Linda Finlay (2006) articulates, “my lived body is an embodied consciousness that engages in the world. I find myself in the world of my projects, daily activities and relationships – these are encountered as a context for the body’s possible actions” (20). This approach to the body is useful in documenting the knowledge of individuals as real and existentially ‘true’ ways of knowing.

The three bodies are a useful framework as they reveal a plethora of ways to experience, talk about and interact in relation to the fat body and self. Multiple symbolic representations of the body, phenomenological experiences of the body and various modes of body regulation are thus amply demonstrated within this framework. Furthermore, these body perspectives are a pragmatic approach to breaking down sociocultural norms in efforts to identify their role in the manifestation, production, treatment, and lived experience of the fat body.

**Thesis Outline**

In the next chapter, I reflect on my fieldwork and the methods used in this thesis. This chapter allows for consideration of my role as a researcher, as I provide insight into my experience as a thin researcher interviewing fat individuals and discuss how this shaped my interviews and analysis. I also use this chapter as a place in which to reflect on the benefits of photo elicitation and the use of visual...
methods and personal narratives for exploring fat identity and lived experience. This chapter introduces the participants in this study and explores the process of recruitment, interviews and my analysis.

Each subsequent chapter introduces a core theme that can be seen across the diverse bodies that the participants occupy and experience. In Chapter Three, I examine ‘The Relational Body’. This chapter situates fat identity in relation to other individuals and examines the impact that relationships, particularly family relationships, have in the development of self-identity and self-consciousness. Much of this chapter is grounded in a feminist perspective of the body and acknowledges the imperative for the female body to stay slender in order to adopt the role of an ‘object’ to be looked at. In this chapter, I note the importance of relational experiences in the creation of a coherent life narrative.

Chapter Four, titled ‘The Sick Body’ explores the dominant health discourse that has ultimately situated fat bodies as a social symbol of ‘ill-health’. This chapter examines the responsibilisation of the body and the intensified medicalisation of the fat body in western society. Here, narratives demonstrate the internalisation of this health discourse, yet also demonstrate the diverse ways in which a fat body can be ‘sick’. This chapter highlights the politicisation of the fat body as I explore the body as a ‘statistic’ and the role of the doctor in treating fat patients.

The stigma of fat has the ability to transform the body into a spectacle due to the negative social connotations that are applied to the fat body. In Chapter Five ‘Visualising the Body’, I argue that the visibility of the fat body contributes to feelings of ‘disgust’ due to its connection with Douglas’ ‘matter out of place’. This chapter explores the effect of this on the embodied experience of the participants as I look at self-image, spoiled self-identity and internalisation of failure. This chapter argues that the visibility of the fat body has an impact on embodied experiences of clothing as the participants narrate practices of dressing and shopping.

Chapter Six, ‘The Moving Body’ addresses the way in which the fat body moves. This chapter acknowledges that social constructions of the fat body have an effect on embodied experiences leading to self-management practices such as navigating space and ‘hiding’. I argue here that social construction of the fat body as ‘lazy’ and ‘irresponsible’ exclude the fat body from public spaces such as fitness centres, having an impact on the way in which the fat body moves within them. This chapter combines the three bodies within movement as it explores the way in which the moving fat body can be seen as a form of bodily resistance.

Chapter Seven examines the multiple relationships that fat individuals have with food. This chapter focuses on the fat body in relation to food as a symbol of poor self-control and focuses on dieting as a means of self-regulation. This chapter also acknowledges that the fat body can relate to food in ways outside of social
representations of it as I explore the narratives of two mothers and food as a symbol of nurturance.

Control, or rather 'lack-of-control' is commonly associated with the fat body. In Chapter Eight, I focus on the various ways in which the fat body takes control. This chapter introduces fat activism and explores the way in which acceptance of the fat body is a political statement that takes back control of the body. It also acknowledges the concept of 'choice' in taking control, and explores one of the participants’ experience with weight-loss surgery. I argue here that the notion of control does not have to be aligned with discourses of eating, dieting and exercise and is enacted in a multitude of ways.

Chapter Nine concludes this thesis by bringing together the main themes discussed in each of the chapters. Here, I acknowledge the use of visual methods in creating narratives and emphasise the importance of creating new stories. The conclusion acknowledges that living the fat body is a complex and diverse phenomenon that is best understood through the multiple bodies in which it occupies and experiences.
Chapter Two: Methodology

"When our voices are dismissed in favour of academics or professionals, it further stigmatises us as human beings, yet even further damage is done when those academics or professionals dismiss us themselves, ignore their privilege and treat our lives and realities as case studies or mere data".
- Kath Read (2012)

Introduction: Situating the Field

This thesis examines people and it examines bodies. Merleau-Ponty argues that the body not only connects us to the world, but also offers us a way to understand that world, including ourselves and others. The recognition that one is an embodied being includes the acknowledgement that even in the situation of being an observer, one is being an involved observer; someone is being affected by, and is affecting what is taking place. Therefore, being a researcher, argues Finlay (2006), requires that one becomes fully and thoughtfully involved. The body thus needs to be reflexively acknowledged by the researcher, given that the bodies of the researcher and the participant are both subject to interpretation and production through cultural discourses. Embodied subjectivity in a research situation is thus about attending to the bodies of both the researcher and participant as they share an intersubjective, relational space (Burns 2003). This chapter provides an insight into my experience in writing this thesis as I contextualise my place within this research and reflect on my role as a researcher. I also use this as a space to discuss the use of visual methods, the benefits of exploring embodied experience through photography and processes of recruitment, interviews and analysis.

Privilege in the Field

I started to think about my own position as a thin person studying fat culture during my honours year. For the duration of the year, the thought constantly ran through my mind “how would fat people feel about having a thin woman talk about the lives of fat people when she has never experienced being fat herself?” I
talked to a few people about this concern and I was given similar responses “don’t worry about it, anthropologists are always studying the ‘other’”, or “It’s fine, as long as you go about it the right way”.

When I sat down at my office at the start of the year and began to plan my research, I started to think to myself, “what is the right way to go about this?” I began research to help with this when I came across a blog post written by Kath Read, a fat activist, blogger and a participant in this research. On her blog, ‘Fat Heffalump’, Kath had written a post that was based on a paper she presented at the 2012 Fat Studies Conference titled ‘Save the Whales: An examination of the relationship between academics/professionals and fat activists’. The following passage from her blog post resonated with me for a while:

“I don’t have a string of letters after my name. I have never attended a fine university... But what I have done, is spent a lifetime in this fat body. I have spent almost 40 years learning exactly what the world thinks of fatness. I have lived in this fat body, loved in it, laughed in it, cried in it... I am the world’s leading expert on life in this fat body... And yet, despite the growing media attention on fat bodies, actual fat people are in the minority of people who get to speak on the topic of fatness....People who have no connection to fatness, either personally or professionally are given forum to express their own opinions on fatness” (Read 2012).

After reading this, I began to search for academic literature on the experiences of fatness, particularly in western society and Euro-American culture, where the ‘obesity epidemic’ is presumed to be at its worst. What I came to notice was that much of the literature focused on ‘obesity’ as a health problem to be solved through scientific research; cross-cultural studies of ‘obesity’ focused on dieting and eating habits and social science researchers were deeply critical of how ‘obesity’ is framed. I began to notice that many of these studies shared one commonality; the fat person was always talked about, rather than given the opportunity to talk for themselves, anthropological perspectives that prioritised the voices and lived experiences of fat individuals were few and far between. In Kath’s blog post, she acknowledged that the opportunities for academics to collaborate with fat activists like herself can result in powerful projects. However, even when making the same argument that fat activists make, the failure to acknowledge their privilege does harm as it gives agencies such as the media unspoken permission to dismiss the voices of fat people as well.

In her 2010 article on thin privilege, Samantha Kwan borrows and refines Peggy McIntosh’s (1989) concept of white privilege to understand a parallel concept of body privilege. Despite white privilege’s roots in colonialism, it becomes a good
basis to understand body privilege.\(^2\) Like structures that privilege whiteness, cultural and social structures privilege the thin, or at least what has been deemed a ‘normal’ body size. In other words, a western cultural body-hierarchy creates body privilege – an invisible package of unearned assets that thin or ‘normal’ sized individuals can take for granted on a daily basis. These ‘normal’ bodies unwittingly avert various forms of social stigma, while eliciting social benefits (Kwan 2010:147). Linda Bacon, an advocate for the Health at Every Size Movement, a fat-rights activist\(^3\) and a thin academic explains thin privilege as:

receiving unjust advantages at the expense of the other... thin privilege is not a binary phenomenon that you either have or not, but expresses itself differently across the weight spectrum... thin privilege exists only, of course, because fat oppression exists (2009:2).

In a keynote Bacon delivered at a Fat Acceptance conference in 2009, she described an experience she had in one of her lectures. A fat woman confronted her position as a thin person, and said “you don’t represent me. I don’t trust you. You’re just another skinny bitch telling me and everyone else what it’s like to live in my body. It’s not okay that you get to define my experience”. Bacon reflected on this in her keynote, saying “she was absolutely right that she deserves the space to make her experience known, but it’s not just about having an audience, it’s about gaining the trust of that audience” (2009:10). Essentially, Bacon is claiming that when a thin academic speaks out for fat rights and against thin privilege, most audiences see the thin academic’s work as far more credible than the same words articulated by a fat person. People attach more of a sense of legitimacy to her words as they cannot write it off as a way of rationalising her fatness. Bacon’s experience reminded me of a conversation that I had with Cat Pausè, a fat activist, a fat woman and an academic living in New Zealand. About half way through writing my thesis, we were talking on the phone about how my research was going, I told her that a lot of people misunderstood my research as ‘trying to solve the obesity problem’. Cat went on to answer,

most scholars in my area know exactly what it is that I do and so I experience a lot of “that’s not real research” or “keep your politics out

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\(^2\) While hard for some people, body size and shape is seen as something that can be changed through diet and exercise, whereas skin colour cannot. Regardless of work or effort, white people are likely to gain systematic privileges that others might not. I therefore recognise that white privilege and body privilege operate under different institutional, historical and social systems, however, the concept of white privilege can help assist in understanding privileges that are granted to certain bodies.

\(^3\) Health at Every Size (HAES) is based on the premise that the best way to improve health is to honour your body. It supports people in adopting health habits for the sake of health and well-being rather than weight control. The fat acceptance movement (also known as the size acceptance, fat liberation, fat activism, fativism, or fat power movement) is a social movement seeking to change anti-fat bias in social attitudes. This will be explored in more detail in Chapter Eight.
of your scholarship” because there’s no misunderstanding that possibly I’m trying to solve the ‘problem’. You don’t have to be under the scrutiny of whether or not what you’re doing is for personal gain.

This made me realise that not only is my body privileged, but my opinion may often be privileged over fat bodies as well. However, the concept of privilege is a little more complicated than this. Nancy Scheper-Hughes (1992) argues that many young anthropologists today are sensitised by the writings of Foucault on power and knowledge and have come to think of ethnography and fieldwork as unwarranted institutions in the lives of vulnerable, threatened peoples. Moreover, Kwan (2010) conceives of the overweight male body as still having privilege, in the form of ‘male privilege’. Avoiding greater social sanction in public for their bodies and experiencing a higher level of comfort in daily interactions may be part of the invisible package of ‘unearned assets’ that men – simply as men, can acquire. In fact, the two men in this study are currently thin and of European descent, so therefore hold more ‘privilege’ than I do according to this analysis. Despite my thin privilege, as a young woman and a student, my privilege is still checked by these realities. It is therefore crucial to acknowledge that my body has a privilege that many of the participants’ bodies do not have, however, the power relations are layered and contextual.

Taking this into consideration, I draw on Scheper-Hughes’ (1992) method of what she calls a ‘good enough’ ethnography. The anthropologist, she argues, is an instrument of cultural translation that is necessarily flawed and biased; we cannot rid ourselves of the cultural self we bring into the field. As a thin person, I would never be able to fully participate in being fat, and therefore participant observation was never going to be an option for me. I began to realise, however, that my position brought with it a sense of naiveté, curiosity, and a drive to understand. As Scheper-Hughes notes, we, as anthropologists do the best we can with the limited resources at hand. While I could never participate in being fat, I had the ability to listen and observe carefully, empathically and compassionately. I have gone further than positioning myself as an observer of culture, rather, I have given the participants an opportunity to tell their story, reflecting Scheper-Hughes’ belief that the role of the ethnographer-writer is in giving voice, as best she can, to those who have been silenced.

Photo Elicitation Methods

This thesis is a participatory visual ethnography that explores the multiple lived realities of fat people through photographs selected by the participants. Each participant was asked to take photographs or collect images that represent their experience of being fat. Each individual was given approximately a month before
our scheduled interview to collect images and these images were used as a basis of discussion in our interview. This method is known as photo elicitation, a method based on the idea of inserting a photograph into a research interview. There are a variety of ways this can be done, in many cases researchers provide their own images, however, it has been suggested that for a more inductive approach, researchers ask participants to take their own photographs to be used as interview stimuli (Clark-Ibanez 2004:1509). By asking the participants in this thesis to provide their own images, I was allowing them to decide how their body should be represented and control over the topics that were discussed. More so, it allowed me to steer clear of pre-written questions in order to avoid an interview shaped by my own opinions and knowledge. This choice came out of the recognition that this is their story to tell, rather than my own.

In common with the move from realism to the social construction of identity within the social sciences, in photo elicitation methods the focus has shifted from seeing the visual as an objective representation of the other, to seeing it as a collaborative method between observer and observed (Evans and Hall 1999). Photo elicitation methods thus offer a way of gaining insight into the other’s perspective by asking the participant for their interpretations of the visual, and in the process, gaining greater access to their constructions of self. For this reason, there is now more emphasis on methods that involve using participants’ own photographs. Douglas Harper (2002) suggests that the photo elicitation method be regarded as a postmodern dialogue based on the authority of the subject, rather than the researcher, thus, this method has allowed for the participants to have control over their story and become active co-creators in the outcome of this thesis. This relates to Malcolm Crick’s (1982) suggestion that “the ethnographic enterprise is not a matter of what one person does in a situation, but how two sides of an encounter arrive at a delicate workable definition of their meanings” (25). Similarly, Frederick Steier (1991) views the research process as one in which the researcher and participant are engaged in co-constructing a world. These ideas about the production of visual images have found favour with a number of researchers who wish their research relationships to be collaborative and to offer opportunities for subject empowerment (Harrison 2002:860).

Barbara Harrison (2002) argues that photography and the use of images as a research method can produce new experiences of identity as varieties of images have explicit aims to use self-generated imagery to symbolise and make visible aspects of the self. The power of photography can be best grasped if it is

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4 A misunderstanding occurred between Aroha, one of the participants, and me as she was unaware that photographs were a part of the method. We continued the interview and made plans to go through photographs together at a later date and have another discussion. Unfortunately, due to unforeseen circumstances, this has been unable to happen so Aroha’s thoughts and discussions will still be included in this thesis with the absence of photographs.
understood not merely as a technology of visual representation, but as a constitutive type of visible action within the social world. In other words, photography is a “performance of representation” (Frosh 2001:43) in which both the act, and the material of the act (the photographic image) generate multiple and interrelated meanings. The difference between interviews that use image and interviews that use words alone lies in the way that we respond to these two forms of symbolic representation. Harrison (2002) suggests that this is due to a physical basis – the parts of the brain that process visual information are evolutionary older than the parts that process verbal information, thus, images evoke deeper elements of human consciousness than do words. In this sense, we can understand a photo elicitation method not as an interview that elicits more information, but one that evokes a different kind of information. The specific ways in which these accounts might differ from purely verbal interviews have not been examined, however, photographs give the opportunity to participants to explain more obscure aspects of experience and to use non-verbal accounts to contextualise the image, enabling individuals to address delicate and non-stereotypical aspects of identity that might not have arisen otherwise (Croghan et al. 2008).

Creating a Self-Narrative

The stories and photographs in this thesis are ‘self-narratives’, a term employed by Kenneth and Mary Gergen (1983) to refer to an individual’s account of the relationship among self-relevant events across time. In developing a self-narrative, an individual attempts to establish coherent connections among life events and attempts to understand these as systemically related. Terence Turner (1995) pointed out that a ‘self’ is a social structure and process that arises in, and from social experience, that it involves the body and that the self is multiple and composite (See also Turner and Bruner 1986). It has been argued that creations of self-narratives are essential in giving one’s life a sense of meaning and direction and contribute to the understanding of individual experience as part of general social relations and cultural values (Steffen 1997). Narrative is important in this context as it places emphasis on representations and experiences of self. Photographs taken by participants are interwoven throughout this thesis and invite the reader to engage with their stories on another sensorial level. A key contribution of narrative to research resides in the manner in which it frames the study of human experience. The need to create a self-story is related to the need for modern subjects to create coherent, reflexive narratives of the self. Anthony Giddens (1991) argues that reflexive awareness is characteristic of all human action and is a specific condition developed as an intrinsic component of modernity (35).
Roland Barthes (1982:91) claims that the photographic image is a ‘counter-memory’ because of its relationship to time. Memory, both historical and personal, involves the present weaving of selected past events into an integrated and meaningful narrative. Moreover, Paul Frosh (2001) argues that the relationship between photography, memory and time means that images not only manifest the power of photography to represent the present, but also its power to fix the past. As well as serving dominant versions of the past, photographic memorialisation can also become a powerful tool in the hands of groups seeking to redress past suffering. Therefore, the use of photography for the participants in this thesis becomes part of the narrative process as they are “reinterpretations of what happened in the past” (Lambert and McKevitt 2002:211) rather than events that I have witnessed through participant observation. By looking through images of the past, and recounting experiences, these photographic narratives are “a form in which experience is represented and recounted, in which events are presented as having a meaningful and coherent order” (Good 1994:139).

When working with photographs that are a reflection of identity, a key feature of photography is its dependence upon, and reference to, a physical person or object at the time of the original exposure. It therefore gives the illusion of capturing ‘authentic’ identities (Croghan et al. 2008:355). The photo-elicited interview thus produces a particular account; one that deals with, and accommodates the uncompromising fixity and seeming authenticity of the photographic image as a representation of self. As Barthes (1982) notes, photography has a certain ambiguity arising from the discontinuity between the moment recorded and the moment of looking and interpretation. This opens up the photograph to a range of subsequent interpretations. Photo elicitation invites the participant in this case, to bridge the gap of discontinuity in order to invent a story that explains the photograph. With this in mind, it must be noted that images produced from this research project need to be understood not simply as authentic representations of self, but also as a product of the task that was set to my participants, how this was framed, and the time and opportunities afforded to the participants. Therefore, it seems reasonable to assume that there are going to be aspects of self, identity and their life that have not come out in the interviews. Additionally, in a method that only relies on narratives rather than participant observation, I am unable to grasp a full perspective on social interactions and political history. Furthermore this thesis only captures the experiences and thoughts of the participants in one moment of time – that is, the time of our interview. Nevertheless, these images and the narratives alongside them can be read and understood as exercises in self-presentation in which participants emphasised particular aspects of self.
In order to avoid being representative, I chose to gather a range of perspectives within a small sample of individuals and recruited participants through a number of mediums. My first round of recruitment came through email and social media; after gaining ethics approval, I created an information sheet and forwarded this to family and friends and posted on my personal Facebook account. This was the most successful way of recruiting and from where the majority of the participants arose. I also emailed well-known people within the fatosphere who passed my information around to people they knew. The last round of recruitment came from information posters that I printed out and put in the women’s bathroom at my university, this garnered a lot of interest, and three of the participants arose from this.

In recognising the limitations of the BMI (see chapter one), I decided to recruit participants not by their BMI, or weight, but rather with the criteria that they viewed themselves as a fat person. This was anyone whose weight struggles had dominated an aspect of their life or anyone who had taken on a fat identity and the constellation of emotions, social behaviours and experiences that go with it. Once participants made contact with me and expressed their interest, I emailed them an outline of the project and explained the method of photo-elicitation and its benefits. I outlined that they could take or collect photographs from their past based on things that reflected their weight, or their experience of their bodies. I sent a consent form to the participants to sign, along with a consent form for people in their photographs to sign as well. When consent has not been granted by a person in an image, I blurred his or her face to ensure anonymity. I offered all the participants a chance to have a pseudonym; most of the participants declined this offer as their face and images would be provided, however a small sample of the participants have been given a pseudonym to protect anonymity.

When deciding upon a place to hold the interviews, I asked the participants to choose a location where they felt safe and comfortable. Most of the participants invited me into their homes, or chose a space such as a study room at the university. Kath informed me that she did not bring fat activism into her house as it was one of her safe spaces, so we chose to meet over lunch instead. Interviews ranged from 1-3 hours. I began each interview by outlining that I wanted them to

5 Ethics was approved by the Victoria University Human Ethics Committee on 30 April 2014.
6 The fatosphere refers to a space on the internet where fat acceptance bloggers, campaigners, allies, and followers come together to discuss and support the rights of fat people to live their life without discrimination.
7 The poster I created to hang up at the University was only put inside the women’s bathrooms. I acknowledge that this has limited, and also shaped my participant pool as almost a third of the participants are young, academic women. This has ultimately meant that there is a lack of young male voice. I am aware of this limitation of my study.
feel comfortable to voice their experiences and that anything discussed was their choice, if they wanted to stop the interview at any time they could. I started each interview by asking the participant to choose a photograph and talk about it. Conversation flowed from there and I asked questions that came to mind throughout the interview. For Aroha, whose interview did not include photographs, our interview consisted of a number of stories and experiences that came to mind. Some of the interviews were based solely on the photographs, each photograph was talked about, once they had finished talking about that one, they would move onto the next. Other interviews consisted of both talking about the photographs, and other stories that would come to mind. The photographs in the interviews provided what Linda Viney and Lynne Bousfield (1991) term the ‘orientation’ of a narrative. The orientation introduces the people involved and the context or setting for the story. Participants would select a photograph, tell me where, or when it was taken, who took the image and then the narrative would follow. The purpose of the photographs was made clear as stories were identified by the photographs, and each photograph told a story. At times in the interviews stories from one photograph would lead into other stories that related, but did not have a photograph to represent it. In this sense, the photographs not only told their own story, they elicited information that may not have arisen otherwise. Stories naturally emerged during the course of the interview as the participants sought to attach stories and examples to both the photographs, and also broader themes of discussion.

I transcribed and then coded interviews. Martha Feldman and colleagues (2004) argue that transcription of oral narratives is a complex process that can affect interpretations and that a videotaped interview provides more information. However, I had made an early decision to not film my interviews and instead transcribed my interviews in a way that would preserve all information that might affect interpretation such as pauses, emphasis and non-verbal communication. I coded the interviews two ways; firstly, I coded based on common themes across all the participants such as food, childhood, medicine and so forth. Secondly, I coded each individual interview based on the story and its corresponding photograph. Once I had coded the interviews, it became clear that there were emerging core themes across all the participants, these themes have provided the basis of each chapter in this thesis. While coding the interviews, I noticed that each participant had what is termed a ‘core narrative’ (Viney and Bousfield 1991:759). The core narrative is the most central and complex component of narrative analysis. It represents the essential meaning of the story in terms of its informational content, its interpersonal impact and the language in which it is being told. I identified the participants’ core narratives as they would often say comments such as ‘this is the most important photo for me’, or ‘this experience has had the most impact on me’. I have included each of the participants’ core narratives in this thesis. Furthermore, I recognised that often
the participants would evaluate their narratives. William Labov (1997) uses the term ‘evaluation’ in his narrative analysis as a way to describe those parts of the story where the narrator indicates what he or she is getting at by telling the story. Events are evaluated to ensure that they are not perceived as pointless by the listener. Participants would often conclude a story by telling me why they found it important to them or how it fit into broader themes that we were talking about. This assisted in coding as I was able to identify the most important stories for each participant, why they found it important and how it linked to wider social and political issues.

Out of the eleven participants, ages ranged from 24-54 and two are male. Occupations range from university students, to office workers, to high-school teachers. The majority of the participants are Pakeha and have grown up influenced by Euro-American notions of body size and fatness, therefore, in this thesis I deal with mainly white/Pakeha mainstream cultural notions of fatness that are dominant in New Zealand and Australia. In acknowledging the cultural perspective with which I approach this thesis, I must also acknowledge the gendered approach to the fat body as I deal with both cis-male and cis-female participants. Suzie Orbach, one of the first feminist scholars to argue that the fear of fatness is intricately linked to patriarchy argues that fat is a social disease, and that fat is a feminist issue. “Fat is not about lack of control, or lack of willpower. Fat is about protection, sex, nurturance, strength, boundaries, mothering, substance, assertion and rage” (1978). Furthermore, Lupton argues that women’s bodies are conceptualised as permeable, leaky and more open to the world by virtue of their supposed volatile emotionality and their particularly female bodily processes such as menstruation, lactation, pregnancy, birth and menopause (2013:60).

Without disputing the accuracy of these claims, the manifestation of patriarchy in these arguments disguises the more complex dimensions of the construction of fatness and fails to take into account the experience of males. This leaves men as universal subjects and makes patriarchy seem static as opposed to something that is continually undergoing change and being created in new ways. Sander Gilman (2004) claims that “the fat male body generates multiple meanings, many of which present different sets of images than do those of the fat, female body.

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8 Pakeha is a Maori term for New Zealanders who are of European descent. I must note that three of the participants in this thesis are Maori women, however they did not describe their cultural upbringing as Maori-centred and most of the time they do not identify their experiences of fatness and body image as relating to their emergent Maori identity.

9 Cisgender and cissexual describe related types of gender identity where individuals’ experiences of their own gender match the sex they were assigned at birth. The participants in this study all identified as cisgender. I realise that without the inclusion of transgender, gender neutral, or androgynous participants that an exploration of gendered experiences of fatness is incomplete. I am aware of this limitation; however, as discussed earlier, the aim of this thesis is to gain a range of perspectives within a small sample of participants.
These meanings are often complex, contradictory, yet unexamined historically" (6). The performance of masculinity means that when men do experience body consciousness, it is of a different type than women’s. Instead of a concern with weight loss, social expectations may induce greater anxiety about not conforming to the firm, muscular, Adonis ideal. Acknowledging the possibility of male weight concerns does not minimise the findings about women, weight and body image, rather, it contributes to the complex issue of fat people in contemporary western society. Therefore, with the inclusion of two male participants in this thesis I offer an exploration into the way in which men and boys are increasingly subjected to normalising body discourses and practices that are shaped by bodily ideals in western society.10

Conclusion

In this chapter, I have sought to position myself in relation to the research by acknowledging thin privilege, and reflecting on how my body privilege has affected the outcome of the methodological techniques I undertook. I have also outlined my decision to use photo elicitation and its benefits for expressing the embodiment of identity while at the same time acknowledging that the images produced are the result of a task that was set forth to participants in a short amount of time. My aim is to not seek, or discover a singular ‘truth’ of what fat identity is, or what it means, rather, I am seeking to unearth the multiplicity of experiences and selves through photographs chosen by participants which represents their story that they wish to tell.

10 This thesis is more heavily weighted toward the experiences of women as the majority of the participants are women, however, I am making clear that this thesis does explore the concept of male experience, and acknowledges that male’s experiences should be taken into consideration as well.
Chapter Three:
The Relational Body

“I find myself in the world of my projects, daily activities, and relationships – these are encountered as a context for the body’s possible action.”

Finlay (2006:20)

Family Relationships

It’s the middle of winter. I’m sitting in my pyjamas in Shelley’s lounge, her cat Bella is in my lap and the fireplace is going behind me. Shelley is in her usual spot, the kitchen, making us a cup of tea. Shelley is my best friend’s mum, and like a second mother to me. We had talked about my research in the past, particularly during my honours year and I noticed she always had a strong opinion on the social and cultural aspects of fat bodies. When I began my Master’s degree, she asked if she could be a part of this thesis, and organised her friend Erin, a woman she had known for years, to also come along and be a part of our interview.

As Shelley finished pouring our cups of tea, Erin burst through the front door, walked over to the couch and sat down with a cheeky grin on her face. “You’ll never guess what!?” She exclaimed, before a quick “Hi Tayla!”

So my mum just rang me as I was leaving and I told her I was going out and I couldn’t talk and she said “where are you going?” and I said “I’m going to talk to a lady about being fat” and she said “don’t be so bloody ridiculous” and I was like “well I am and I wasn’t going to tell you because I knew you would tell me I was being bloody ridiculous but that’s what I’m going to do!”

Shelley made her way down to the couch to sit with us, “Oh she’s a hard lady isn’t she!” She said to Erin, “I can tell that’s going to be a thing today, our families’ aye?”

When she was young, Erin’s mother was a professional singer. She left New Zealand when she was 20-years-old and went overseas to sing in restaurants around the world, sang on the radio, sang for the Royals and made her own album. After travelling the world, Erin’s mother came back to New Zealand and
became a 1960s housewife. Pulling out this photo of her mother, Erin describes her as ‘impossibly glamorous’.

![Figure 10](image)

Erin: And even as an 80-year-old she’s still glamorous and in good shape. And she often used to pull out these photos of her and say “well how come you girls aren’t like that?” I found a letter she had written to her parents when I was born and it says “well here’s a photo of my dearest child, it’s a shame she’s so very plain, maybe she’ll grow into something”. I found that when I was fourteen and I remember thinking, that’s just so mean, mum. And now she just says “I just can’t believe how big you girls are, I was never that fat where did that come from?”

Shelley: So she thinks it’s a reflection on her?

Erin: Yeah she’s completely embarrassed by us. And she doesn’t try to hide that. So I get myself into this really twisted headspace where I’m not okay with me... And it’s not even about the health, it’s only about appearances. You know how Maori people have their mountains? Well when I went up for mum’s CD release party last month I walked into the room and mum goes “here comes our mountain” and her sister said “shut up! Don’t speak to your kids like that! And mum said “well look at her”.

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Shelley: So image is huge for her... see you have her and I have my brother, and it's really hard because when he's with me he just can't help himself. He's really image conscious, he seeks friendships and alliances because of how people look. I have this family photo that we took at Christmas and there's me in the back, side on...

![Family photo](image.png)

Figure 11

... I remember when they took the photo, feeling so fat compared to everyone so I stood side on. But that's where I feel really overweight, is with my family. That's one of the places where I feel like I'm a failure because of my weight, because I've let them down. I feel like I've betrayed them by letting myself put on weight and I feel like they judge me. Doesn't matter what else I do, if I get A's in my study, or I'm doing good at work, if I'm a great mum I feel that they are always like “Oh Shelley, if only she would lose some weight then she'll be alright”. And it's not my children, it's my mum and my brother. The other day my mum said to me “Oh have you been to Kmart recently? They are so good... their plus sizes...” And she will always insert comments like “I have a top for you... oh wait, I don't know if it will fit you.”
Erin: And I see Shelley, and she’s colourful and vibrant with a larger than life personality and I never even look at you and think you’re overweight!

Shelley: Thank you, the only time I feel overweight is when I’m with mum, Dad and my brother. And every time I see my brother... I mean I know he loves me and he is so good to me but every time I see him the first half hour he talks about how “you should try swimming Shelley I’ve lost so much weight” or “I’ve cut wheat out Shelley and I’ve lost so much weight you should try it”. And I’ve got arthritis in my feet and he goes “oh you don’t want any extra weight on your feet” and I can’t dare complain about the arthritis to my brother or mum because if I wasn’t carrying around this weight it wouldn’t be so bad and I know they have conversations about that stuff.

Tayla: When you’re not around?

Shelley: You can tell when people have been talking about you because at different times they’ll say the same thing to you. God just leave me alone guys. It’s just like, this is who I am. If they all just stopped picking holes at me and weren’t so mean to me and celebrated who I am I think we would all be a whole lot happier.

Susan Haworth-Hoeppner (2000) suggests that although eating habits and relationships with food and weight are culture-bound, these are mediated through intimate groups such as the family, in which the fundamental work of identity is carried on. Through interactions within families, the ‘wider cultural context’ is defined for members (McGoldrick 1993:331). Shelley and Erin both expressed that the concerns and messages that were directed at them regarding their weight were about appearances and attractiveness, rather than their health. While I could take a Foucauldian approach here, and analyse the surveillance of Shelley and Erin’s families as a form of parental governance, the gendering of what is often framed the ‘healthy body’ is rarely considered in Foucauldian critique. As Judith Butler (2005) points out, a central problem in the Foucauldian approach is that it takes regulatory power to have ‘broad historical characteristics that are not gender specific’. In this respect, gender becomes “but one instance of a larger regulatory operation of power” (Butler 2005:41). It is here that feminism could make a real contribution. The importance placed on these women’s body image reflects a gendered understanding of the body. According to Grosz, the body does not, in fact, belong to the realm of the ‘natural’, but rather serves as a “a neuralogic locus for the projection and living out of the unreflective presumptions regarding the sexes and their different social, sexual and biological roles” (1994:x). To reinforce this notion of focus on appearances
and the feminine body, I also turn to the narratives of three other women who told stories of family and parental surveillance over their bodies as children.

Kylee was told as a child by her family that she was ugly and felt that she was constantly compared to her siblings and her cousins. As we looked at this photograph of her as a child, Kylee became emotional as she reflected on this time of her life. Although she was emotional, Kylee also seemed confused and angry while looking at this image as she could not comprehend why anybody would say such a thing to a young child, given she was so slim and beautiful.

Look at that, that is the epitome of a beautiful little girl and I hate that I was told that I was ugly all the time and that I wasn’t right. Even when I was little, like 4 or 5 years old I didn’t like my smile because I thought I looked weird and I think that’s really bizarre for a child to think.

Like Kylee, Kath was told by her family that she was fat as a child, and was constantly made to feel bad about herself.

Kath: This was me when I was 11 and I was told I was fat. All my life I was told I was fat. Everyone told that little girl she was fat. And it wasn’t until I found this old photo album and I found this photo and I was like...
I wasn’t fat? I wasn’t fat at all, why did people tell me I was fat? And my nickname was fatty, one of my first memories was being called fatty.

Tayla: Was it family saying this to you?

Kath: It was family, people at school, everyone, everywhere people used to call me fatty. And I was dieting myself then. Just before I turned 13 I started making myself throw up and then my mother started putting me on a diet. You know that shit starts from a young age. My question is, how much damage are we doing to girls by telling them that they are fat and that they are unworthy... like how much of being called that then contributed to all the shit stuff I felt about myself later? Like how much damage did that do?

Although she was never explicitly told to her face that she was fat, Helen was put on diets as a child that created an idea in her head that her body was wrong, like Kath, this focus on her body at such a young age became a major marker in her later experiences of body self-consciousness.
My parents always dieted and I was on those diets. They did crazy diets, like as a teenager they put us on this diet where we would eat bread and water one day and then normal food the next day, or we would do the cabbage soup diet, or we would only eat fruit until 3pm. So we were always on some new diet. And because of that I was very conscious of what I looked like, I would look at all my school photos as soon as they came out and I would look at everyone's legs and compare them to mine...

The Family as a Cultural Mediator

Women have been encouraged in contemporary Western societies, argues Lupton (2013), to take up as little space as possible, to contain their bodies by keeping their arms and legs close to the body and not allowing their flesh to grow too large. Largeness of the body is seen as unfeminine, as a male attribute: women are expected to look dainty, weak and fragile as part of their subordination to men (61). Since the emergence of second-wave feminism, feminist writers have critiqued the coercive ideals of slenderness emanating from western hegemonic patriarchal culture and have pointed out the damaging effects the construct of white, heterosexual femininity can have on body image (Bordo 1993; Orbach 1978; Thone 1997; Wolf 1991). Within traditional
femininity, the body is something that to be displayed and preserved, the result is a strong sense of self-awareness and self-interestedness. These ideas stem from Orbach (1978) where she claims "fat is an adaptation to the oppression of women" (22). Sarah Moore (2010) argues that although such a discourse is liberating and can foster a sense of empowerment and self-esteem, for the average woman, feminine self-interestedness is born out of demands that woman transform themselves into an object. This process of objectification requires that women perfect the task of being object-like.

It is hard to determine whether the experiences of these women are the results of dysfunctional relationships within the family, or consequences of these larger broader systems of cultural bodily ideals, however, given that these women were children in the 1960s and 1970s, when there was no intense focus on a 'global epidemic of obesity', we can assume that concern over their bodies was born out ideas of the 'ideal' feminine body. In the late 1960s, attention began to shift from the large bust to the trim body, reasserting the need to diet. This was followed in the 1970s, with the growth of diet and exercise industries promoting slender bodies. Allan Mazur (1986) suggests that cultural pressure to conform to this slim-hipped ideal lead to a rising incidence of anorexia nervosa and bulimia amongst women in the early 1970s. I therefore argue that these narratives reflect the family’s responsibility to transmit cultural messages and expectations of the woman’s body onto their daughters. This is grounded in Froma Walsh’s (1993) claim that the family operates as a formidable influence on identity, contributing to the development of self and the formation of self-image. Amplification from family members of cultural messages regarding thinness, particularly as these involve notions of femininity, creates a climate in which weight becomes crucial to identity.

In the context of a critical family environment, talk about weight that occurs routinely and becomes a central organising principle in family dynamics, represents what Erving Goffman (1961) terms a 'dominating encounter', predisposing members of a family to value thinness and consequently framing how they come to think of their own bodies. Such talk, when emerging in a critical environment creates a ‘context of believability’ that underscores the value and importance of thinness for these women. (Evans and Maines 1995). Within their families, these women have come to learn that a discourse on their body and their weight operates as a defining mechanism for their identity.

Body self-consciousness

For our interview, Aroha decides to drive me out to one of her favourite places in the small town where she lives. We drive alongside the river, down a long road
sheltered by trees and arrive at a sandy bankside with a rope swing hanging over the river. As we sit on the bank, mosquitos biting my ankles and teenage boys jumping off the rope swing next to us, Aroha tells me stories and memories of her childhood. These stories have had a critical impact on the way she has perceived, and lived in her body throughout the rest of her life. The first memory Aroha had of being affected by her own body was when she was only three years old:

*We lived in a really small community. And my mum took my older sister to ballet classes and my older sister, she was like mum, Maori looking with brown eyes and dark skin and black hair and she was in a black leotard with white stockings on and she had a white paisley chiffon scarf and she was going to do ballet. And I said to mum, “can I do ballet?” and she said, “no you’re too fat”.*

When Aroha was five-years-old; her family broke up and, at the age of seven, her father re-married,

...to a 28-year-old Pakeha woman and her only sibling was 12 years older than her, her elderly parents she had nursed until they died so she came from this completely different world.

The Pakeha mother, as Aroha described her, decided to take Aroha’s sister back to ballet classes. Once again, Aroha asked if she could do ballet with her sister, to which her stepmother turned around in the car and said, “No you’re too big”.

...and it was almost a direct reflection, and that was a really defining moment because twice said really. And both by a mother figure so that compounded it. And she was little... she was a little ballet dancing, tap dancing, drama club girl. So completely alien to me.

For Aroha, her body self-consciousness was heightened with the introduction of her mother-in-law into her life, a woman who she could not relate to.

*My mother in law was Pakeha and she was tiny, 4-foot-nothing, petite, well-groomed, OCD. Everything there was about perfection so I felt like I had no show once again. And I remember this one time driving past her nephew’s house and his wife and she was American – with all that American self-care, and this was in the late 80’s and I didn’t even know what hair conditioner was, whereas this American woman was really cool, getting her needs met. And whenever I saw her I felt so self-conscious that I’m sure I put on a stone in weight because I felt like my body just ballooned, like it’s an immediate expansion. At the time it was a really physical and traumatic thing. Just the thought of seeing them and*
my own shame and embarrassment of my own body, and my clumsiness and my awkwardness, not even my Maoriness because I wasn’t aware of my Maoriness then, but just not fitting in the world... shame-based life.

Aroha’s reflection of her own body in relation to the other female bodies around her demonstrates that her body was constituted by being with another. Finlay (2006) notes that we have an ‘objective body’, that is, the body that is known by the ‘other’. We can observe and objectify another’s body; we can peer at, admire, criticise, probe, investigate and dissect another’s body. In doing so, we become aware of it as a contained, material, biological thing (21). We can also do this to our own body. Jean-Paul Sartre (1969) draws our attention to an ontological dimension of the body: bodily self-consciousness. As we become aware of the regard of another, we begin to exist in new bodily self-conscious ways. In being surrounded by women who Aroha could not relate to and bodies she could not relate to her own, she began to objectify her own body at a reflective level and thus a disruption of the lived body occurred. By reflecting on her own body, and positioning it in relation to what it is not, the body has thus become an object for scrutiny. From the age of three, Aroha learnt that she possessed a body, and recognised that the worth of her body and its ability to do certain things, such as ballet, is determined by its size. Furthermore, by being placed in comparison with her sister’s body, Aroha has battled her own body by reflecting on its position and worth in comparison with others.

Like Aroha, Dana was able to pinpoint a moment where she first became body conscious, and this too was in relation to another body, her personal trainer. Growing up, Dana tells me, body image was never an issue for her, it was never anything that was consciously encouraged when she was a child and she was never overweight as a child. At the age of seventeen, Dana began fighting with kickboxing and led a very fit and healthy lifestyle. Believing that she possibly had always struggled with depression, but had never realised it, Dana told me that she began to develop a strange relationship with her kickboxing trainer and this brought on her depression. This was expressed through two photographs that are both contradictory, yet complimentary in the context of her story. Figure 15 shows her with her friends at the gym, a time where she felt happy and in control of her life, she is seen smiling and hugging her friends. Figure 16 is a photograph of her anti-depression medication that represents the aftermath of an unhealthy relationship with her gym trainer.
... he was giving me lots of shit and I tried to have a discussion with him by saying “you telling me that I’m not good enough is really triggering for me” and he didn’t listen but I kept going, kept training. And after my last fight I asked him if I could fight again in a month and he just dismissed me so I started to think right so nothing I fucking do is ever going to stop you from being an asshole to me. And I started having panic attacks about going to training because he gave me so much shit and I just stopped doing anything pretty much. And then it got worse because I stopped leaving the house at all, I stopped doing anything. I felt like I started eating as a comfort thing consciously... because I never really felt the need to do it, but eating was better than sitting there doing nothing. I just started to develop a really weird fucking relationship with food.

This moment in Dana’s life was clearly, for her, the moment where she began to develop a complex relationship with food, began to understand her own mental health, and began to view her body in a different way. Dana situates her weight gain in the development of an abusive relationship with her old trainer. At a time where her body became the means of demonstrating her ability to perform and to fight, when she was disregarded and ignored by her trainer, her body then became the site of resistance towards the negative experiences she was having at the gym. Dana contributes the weight gain to her depression, and the onset of depression to the treatment she received from her trainer. In this sense, Dana has used the relationship with her trainer as a context for understanding her body and thus, she is able to make sense of her emergent fat identity.

Conclusion

The extent to which the people in these women’s lives have transmitted messages about thinness, body shape and their worth, and the manner in which they have conveyed these messages have become crucial in their own self-understanding of their bodies. In conditions of later modernity, Giddens (1991) argues, we live ‘in the world’ in a different sense from pervious eras of history. Everyone still continues to live a local life, and the constraints of the body ensure that all individuals, at every moment, are contextually situated in time and space. However, the transformations of place, combined with the centrality of mediate experience radically change what ‘the world is’. Living in the world is thus both on the level of the embodied individual, and the general universe of social activity within which collective social life is enacted. This involves various distinctive tensions and difficulties on the level of the self. Socially constructed messages about the feminine body have been mediated through family
relationships and have thus impacted, and transformed the meaning of the body for these women as children. Their body image issues are thus situated within familial relationships and friendships and have had major impacts on their self-identity and views on their own body. As will be revealed throughout this thesis, the body in relation to others serves as an important site by which to examine emergent identities and the impact these relationships have on sense of identity in later life. This chapter acknowledges the impact that relationships have on mediating social messages and meanings, and how these messages affect the individual experience. For these women, these narratives 'set the scene' for their story and thus should be viewed as memories that have contributed to their self-narrative, and the 'beginning' of a coherent narrative.
Chapter Four: The Sick Body

What has become increasingly frustrating is answering the “So what is your thesis about?” question. Not because I am unsure of how to answer it... but because of the responses I’m getting. “Why are we becoming more obese?” “It’s because of sugar isn’t it?” “But obesity is a major impact on the health system, you can’t deny that. It’s fact”. Oh and my personal favourite... “I think it’s really good that you’re putting these people on a programme to help them lose weight, you’re doing an amazing job”. It's so hard trying to explain what I’m doing, and even after I think I’ve explained it really well, they still answer back with something like “But tell me about the people who are fat AND unhealthy”. As annoying as it is though, I’ve realised that all these comments just sort of prove what I’m trying to say, that our thoughts on fat bodies are so deeply engrained in this health stuff. No matter how much I explain how problematic the mainstream discourses on ‘obesity’ are, people will still simply ignore all that and insist on focusing on the health of my participants.

- Fieldnotes extract (23.09.2014)

‘Knowing’ the Body

As the above fieldnotes extract notes, in the process of writing this thesis, I’ve come to notice how many of those around me seem to hold a particular ‘knowingness’ about the fat body; they assume that the participants in this thesis are unhealthy, lazy and they want to know how or why they are that way. Linda Alcoff (2001) argues that different bodies always mean something different to us, and the bodily knowledge we carry with us always structures our relationships with the bodies of others, as well as our own bodies. Eve Sedgwick (1993) theorises this idea as a culture of ‘knowingness’:

Our culture as a whole might be said to vibrate to the tense cord of ‘knowingness’. Its epistemological economy depends not on a reserve force of labour, but on a reserve force of information always maintained in readiness to be presumed upon... a copia of lore that our
public culture sucks sumptuously at, but steadfastly refuses any responsibility to acknowledge (222).

Essentially Sedgwick is arguing that western culture relies heavily on systems of knowledge, that is, ‘truths’ or ideas that have become naturalised and these systems of ‘knowing’ seem natural and unquestionable. Murray (2005) claims that our understandings of others, of the world, and of ourselves through this ‘lore’ of knowledge enable us to locate ourselves within a social framework. We embody these knowledges, live them and interact with each other based on the visibility of particular bodies and the knowingness we take from them. This chapter explores how the fat body has come to represent ill-health, and seeks to explain why a ‘knowingness’ of the fat body as unhealthy has come to dominate many opinions of fat bodies, including self-perceptions and experiences of one’s own body.

Pathologising fat: The Global Epidemic of ‘Obesity’

Medicine and public health are situated within a cultural context in which certain long-held beliefs and assumptions about certain kinds of bodies circulate (Lupton 2013:33). The framing of excessive body weight as problematic is one of the most dominant health discourses of the twenty-first century. In the second half of the twentieth century, the intensified medicalisation of excess body fat and the definition of ‘obesity’ marked a major cultural shift in the concern of fatness from self-control to health. Medicalisation is when a bodily process is defined as a problem, affliction, disease or form of distress in medical terms, described using medical language, understood through the adoption of a medical framework, or ‘treated’ with a medical intervention (Conrad 2008:5). The main point in considering medicalisation is that an entity that is regarded as an illness or disease is not in fact a medical problem, rather, it needs to become defined as one. Furthermore, medicalisation is often linked to deviance, that is, behaviours that were once defined as immoral, sinful or criminal have been given medical meaning moving them from badness to sickness (Conrad 2008:6).

Within national health discourses in New Zealand and Australia, fatness has become ‘obesity’ and ‘obesity’ has become conceptualised as an ‘epidemic’ as well as an illness and a disease. In the annual meeting of the American Association for the Advancement of Science in February 2002, scientists warned the government that obesity was now a ‘global epidemic’. This reflected a growing consensus in the 1990s that ‘obesity’ was going to be the major public health issue of the new millennium and according to many official health bodies, ‘obesity’ levels continue to increase. In the 2012/13 New Zealand Health Survey,
it was reported that 31% of New Zealand adults are ‘obese’, and 34% are overweight (Ministry of Health 2014). In the 2007/08 Australia National Health Survey, it was reported that 61.4% of the Australian population are either overweight or ‘obese’ (Australian Bureau of Statistics 2008). As a result, governments are now urged to produce nationwide public health campaigns, encouraging individuals to diet and exercise in order to achieve a normal BMI. A 2004 report issued by the New Zealand Ministry of Health argued that health problems resulting from ‘obesity’ such as diabetes, cardiovascular disease and cancer were becoming increasingly prevalent among the New Zealand population (Ministry of Health 2004). This report describes these health problems as increasing causes of preventable illness, disability and death that require long term treatment and support. Similarly, a 2001 World Health Organisation report describes ‘obesity’ as a “chronic disease” so common that it is “replacing the more traditional health concerns including under-nutrition and infectious disease as one of the most significant contributors to ill-health” (WHO 2011:1-2). The disease status as outlined by these official health bodies seem to depend on ‘obesity’s association with various illnesses such as heart disease or non-insulin dependent diabetes because fatness, or weight gain itself is not a disease.

The terms ‘obesity’ ‘crisis’ and ‘epidemic’ are so frequently used that they have seeped into the collective community consciousness primarily due to the massively increased coverage of the issue. While the socio-demographic dimensions of ‘obesity’ and overweight are mentioned occasionally, Michael Gard and Jan Wright (2005) point out that the mass-media coverage of the ‘obesity epidemic’ has tended to portray it as affecting “everyone, everywhere” (19). The ‘health crisis’ that is the ‘obesity epidemic’ which has been constructed as ‘catastrophic’ and a “social and environmental disease of epic proportions” (WHO 2011) has been one of the most salient health themes occupying media attention over the past decade. As such, media representations of ‘obesity’ do not only inform the public about medical ‘facts’, but may also, as Antonia Lyons (2000:350) suggests, create meanings that influence how certain sub-groups of the population are viewed. A quick search of ‘obesity’ into New Zealand’s most popular mainstream media news website, Stuff.co.nz and Australia’s ABC News Website brings up articles titled ‘Australia’s obesity epidemic worsens’ (ABC 2013), ‘Obesity Epidemic costing Australia $3 Billion a year’ (ABC 2006), ‘Obesity epidemic at crisis point’ (Stuff 2014) and ‘Two-third of Kiwis overweight or obese’ (Stuff 2014). Rather than read such media as isolated texts, Emma Rich (2011) argues that they “have to be critically engaged within the social anxieties and assumptions that prompted their production and their circulation as public texts in the first place”. That is, current media on ‘obesity’ are part of a broader network of institutions which have been shaped by, and constitute what is commonly referred to as an ‘obesity epidemic’ (Rich 2011:4).
While there is an obvious need for scientific understandings of health issues, and I do not dispute the work that science and medicine have done regarding the ‘obesity’ debate, I agree with Emma Rich and John Evans (2005) who remain concerned by the ways in which a biomedical narrative dominates public understandings of ‘obesity’. As Gard and Wright (2005) suggest, biomedical narratives not only dominate the health discourse of fat bodies, but do so to the extent that narratives engaging more critically with the moral and ethical aspects of cultural ideals of the body are excluded.

**Responsibilisation in the New Paradigm of Health**

One of the consequences of the dominance of health narratives of the fat body is the responsibility it places on those with fat bodies. In the ‘old model of health’ public health was principally directed towards curing illness. However, as Moore (2010) argues, this has been supplanted by an approach that prioritises the prevention of illness and the promotion of health, leading to an introduction of health awareness campaigns and in the context of ‘obesity’, the government’s constant recommendations to lose weight. This model of health is underlined with the suggestion that health should be a ‘way of life’ and should be promoted, constituting the terminology of a ‘new paradigm of health’ (Nettleton 1996). Nikolas Rose argues:

> The state tries to free itself of some of the responsibilities that it acquired across the 20\(^{th}\) century for securing individuals against the consequences of illness and accident. Thus, we have seen an intensification and generalisation of the health-promotion strategies developed in the 20\(^{th}\) century... enhancing the obligations that individuals and families have for monitoring and managing their own health. Every citizen must now become an active partner in the drive for health, accepting their responsibility for securing their own well-being (2001:6).

50-year-old Andy’s weight has been a struggle, and a journey of many years. Growing up in England, Andy had a physical job and played a lot of sport; weight was never an issue for him. When he moved to New Zealand as an adult, he took on a desk job and due to a knee injury, had to stop playing sports. Soon after settling in to his new life in New Zealand, Andy began to gain a lot of weight. Andy’s wife heard about my study through my Grandfather at one of their weekly bridge games and asked if she could have a copy of the information sheet for her husband. Andy’s first email to me was short and simple, saying he had struggled
with weight for many years and was interested in participating in my study. After a few emails and exchanges, Andy revealed exactly what his 'struggle' was:

...after many years of struggling with weight, diets etc. finally decided I had to do something drastic to ensure that I was around (alive) for my grandkids (assuming my daughters have some). So after thinking long and hard had a stomach bypass last May. Best thing I have ever done. Whole new life.

In our interview, I asked Andy to elaborate on the point he had made in his email, asking him to tell me what health problems he had experienced due to his weight. Andy replied “even though I was overweight... well obese, I was never sick with it”. Aside from aches and pains, and a sore back and knees, Andy's trips to the doctors were few and far between. Before Andy's doctor's appointment to get a referral for weight loss surgery, his last appointment had been five years prior, to which the doctor had said to him “well you've obviously not had any health issues because you haven't been coming to see us”. Despite this, Andy still viewed his body as at risk of developing health problems,

...because I just realised that unless I did something, you know I mean I would have probably cut 10-15 years off my life. It does play on your mind. Although you say it doesn’t... it actually does.

Andy's view of his body can be viewed in two ways. Firstly, by looking at his body in terms of potential health problems, Andy became what Rose (2001) defines as a 'patient-in-waiting'. Patients-in-waiting represent calculations about probable futures in the present, followed by interventions in order to control that potential future. Patients-in-waiting inhabit a liminal state between sickness and health, or more specifically, between pathology and a state of normalcy (Timmermans and Buchbinder 2010:417). In this kind of liminality, Andy's illness experience and medical diagnosis is absent, though he still experiences illness. Patients-in-waiting are a by-product of the new paradigm of health, centred on secondary prevention to avert the progression of disease, avoid complications and limit disability. Although Andy felt he wasn't sick in the sense that he had symptoms or health complications, he still felt unhealthy as he experienced the anticipation of a disease that he was unsure he would ever actually acquire. It is argued that the gap between technological promise and expectation of a medical resolution create a set of interactional dilemmas in which patients-in-waiting feel an obligation to act upon (Timmermans and Buchbinder 2010:420). For Andy, he felt an obligation to act upon his weight in order to prevent health risks and to be alive for his family. This brings me to my second point, that Andy embodied a form of responsibilisation.
Robert Crawford (1980) was one of the first to draw attention to the relationship between health and normality in contemporary capitalist societies. He coined the term ‘healthism’ to describe a discourse in public health practice in which individuals are held to be morally responsible for the prevention of illness by knowing and avoiding the risk factors associated with ill-health. Individuals thus have a duty to monitor their own well-being constantly and to mediate and invest in choices and practices that are health enhancing and can prevent illness. In particular, the body becomes an object that needs to be constantly monitored and managed. As with any health problem, assigning responsibility for causes and solutions forms the crux of public discourse on the issue (Lawrence 2004:58). However, to do so, with any health problem, also means adopting a particular perspective on the body and culture about causation, appropriate treatment, and as Regina Lawrence (2004) notes, who is responsible for these things.

The medical authoritative voices that are used to claim that one’s size is part of a ‘global health crisis’ often present body size as a matter of individual responsibility. In a 2000 article in 'The Australian', Mike Safe states:

> The United Nation’s World Health Organisation has declared obesity to be the fourth major disease of the new century. The problem with obesity is that it's nice to get [unlike malaria]. It's comfortable to sit on your arse and eat yourself fat ... everything humanity has been aimed at is about comfort. If you say let's change that – take away the cars and remote controls, walk up stairs and forget escalators, well it just won’t happen (Safe 2000:17-18).

This extract demonstrates one of the dominant thoughts about fat bodies; that those who are considered ‘obese’ are people who have failed to take the responsibility to shape their bodies to the norm of slenderness (Campos 2004) and thus should be responsible for their ‘condition’. In our increasingly ‘healthist’ and body-conscious culture, ill-health (in the form of ‘obesity’) is no longer viewed as accidental, a mere quirk of nature, but rather is attributed to the individual’s failure to live right, to eat well and to exercise. The resulting ‘just world’ belief is that people get what they deserve, they are responsible for their life situation, and that to behave in ways contrary to expectations is immoral (Crandall et al. 1998).

The concept of responsibilisation was also highly prevalent in university student Anna’s conceptualisation of herself and her body. Anna’s view on her body and health was conflicted, as she seemed to be stuck between loving her body, and accepting it. Yet at the same time, telling me she viewed herself as unhealthy. Anna took a screenshot from a website that had calculated her BMI for her and brought it up on her phone in our interview. The image is blunt and upfront,
declaring Anna as ‘obese’ in a big, bright red box. Underneath the box is text informing Anna that her BMI is not in the healthy weight range.

Figure 17

This picture has always resonated with me because I have people say “you should lose weight, you’re not the right weight” blah blah and then you have people who say “love your body, love who you are”. And I was thinking, actually, I’m not healthy, it’s actually my physiology and when I go to the doctor and they tell me I have a family history of this... I start to think, “Oh okay so it’s about my future and my health”. So for me it’s about the technical side of it, like my BMI and stuff... and my dad’s side of the family has a strong presence of diabetes so I worry about that and I worry about my heart because my mum’s side of the family have heart issues and I feel like in this day and age there’s no excuse for not sorting out your health.

I asked Anna for some clarification on her comments on health – “so you worry about your health? You think you are unhealthy?”

“I do”. She replied bluntly.
A few months after our interview, Anna emailed me with some new thoughts to add to the significance of the BMI image:

_The BMI photo was my BMI when you interviewed me. I have since gained more weight – I am now back to my heaviest. It’s extremely frustrating. When I showed you that photo originally it was because I wanted to emphasise that my mission is about losing weight for my health, not for looks. I have a lot less self-conscious for it and more responsibility for it._

Like Andy, Anna views her body as unhealthy and feels she has a responsibility to take control over her health. With emphasis placed on personal responsibility for body weight in the new paradigm of health, concerns over an ‘obesity epidemic’ should be understood much more than simply as a concern about health, and rather about achieving some essential state of individual and collective well-being. In Andy’s case, it was his responsibility to lose his weight in order to achieve health, and thus ensure himself a healthy future his family. For Anna, who also views her body as unhealthy, losing weight has become part of her goal in attaining a responsible status. Andy and Anna’s understanding of personal responsibility and their conceptualisation’s of their own self as being ‘responsible’ for their health highlights just how pervasive the responsibility discourse surrounding the fat body is. This resonates with Becker’s (2013) argument that the narrative conceptualising weight management as a matter of personal will and cultivation of good habit dominates all other discourses surrounding the fat body.

**The Body as a Statistic**

Anna’s photograph of her BMI not only demonstrates the responsibility she feels for her own body and her own health, it also reveals the power that medical categories and data have over perceptions of self. For Anna, her categorisation as ‘obese’ under the BMI is a significant part of her self-identity and part of her goal in losing weight. The BMI and its effects on Anna can be viewed as a form of ‘biopower’. Foucault’s (1978) notion of biopower explains a shift in nineteenth century Europe from sovereign power to a form of power that exerts control through the submission and activation of bodies through the shaping of ideas. The development of modernity brought with it a shift in the target of discourse as the fleshy body gave way to the mind as a focus of concern. The shift in the target of discourse from body to mind was accompanied by a change in the object of discourse, as governments displayed a growing concern with power over life and welfare of people, rather than their death. This included a
preoccupation with the fertility of populations, health and illness, patterns of diet and a general concern with people’s corporeal habits and customs (Foucault 1978). These changes allowed governments to exert a far greater degree of control over individuals than had previously been the case. As discourse moved away from the relatively limited space encompassing the individual, the body and death to the much broader space of incorporating the minds, population and life, people could be made more separable and different, and hence, more controllable.

Ian Hacking (1990) has pointed to the ways in which categories and statistics play a role in controlling populations and identifying and numbering subjects. In examining the first European censuses carried out in Indian and Spanish colonies, Hacking notes that these censuses enumerated the population by many different classificatory systems, notably religion, nationality, language and caste. These classification schemes shaped the practices of self-identification among European colonists themselves, and such practices persisted into the twentieth century. Today, as a technology of biopower, categories in the form of statistics allow authorities to see common features of the health and the well-being of a nation and groups therefore become reconceptualised as particular populations that share common features. By ‘population’ Foucault means an independent biological corpus, a ‘social body’ that is characterised by phenomena such as birth and death rates, health status and life span. Such technologies take a statistical distribution of events and average rates and present them as reality (Lemke 2011:36).

Linda Hogle (2005) argues that ideas about the health states of bodies are augmented by findings about pathologies that can be generalised to populations; measurements of individuals in populations are collected and yielded a distributed range of data points on everything from physical traits, to behaviours, initiating the concept of a ‘normal curve’. Most people fall within the main range of the curve, but others are considered to be outliers (Hogle 2005:689. Because of the state’s interest in using information to manage populations’ health and labour, distinct categories (such as the BMI) are constructed, creating normal and pathological states. Davis (2002) calls this an institutional state of ‘normalcy’, this is, the “political-juridical-institutional state that relies on the control and normalisation of bodies” (2002:107). Key to the institutional state of normalcy is the use of statistics to delineate individuals into groups and describe their position as they fall within or outside of expected norms. Classifications and definitions can then be used by governmental or medical authorities to create guidelines for how to deal with things and people outside of the norms. The further one is from the hypothetical statistically average person, the more likely he or she is to be defined as ‘not normal’, this categorisation has the potential to have drastic effects on one’s self-identity and
self-consciousness, particularly in the context of weight distribution, given the negative contexts surrounding fat bodies.

At the age of eight, Aroha’s father, a Mormon priest, started sexually abusing her and her older sister which led to a disassociation with her own body,

...things got kind of weird and things were already not lining up in my head and my body was a violation of a part of myself, so it was already becoming this... external thing to self, I was disassociating, I was sitting outside of self.

Due to the abuse she was experiencing at the hands of her father, Aroha already began to understand that her body was a violation of herself; she began to view her body as something that did not belong to her. This experience was heightened even further when she was in form 1 at school:

In Form 1 they decided they would measure and weigh all the students and it was done in the school hall, with no privacy or carefulness and I was informed that I was obese. In front of everyone. And that was absolutely fucking devastating. Clinically obese. So I was never going to be feeling good about myself, so that set my path really and ever since I’ve hated my body. That event was quite significant and quite traumatic. And that weighing in, that came from the Crown or the Government, you know it was ministry driven government collection and a lack of care man. It was absolutely violating.

Aroha’s experience reflects this form of governmentality and a form of authoritative control over her body. This reveals a form of governance through the biopolitical tool of statistics, labelling her as ‘unhealthy’, and social regulation, in which she was placed under the surveillance of her classmates in a humiliating ritual of categorisation. Additionally, Carla Rice (2007) argues that the organisation of student bodies by age and grade heightens children’s consciousness of physical differences and encourages body conformity as a condition of belonging. Children who derive from cultural standards often experience devaluation of physical differences as a result of stereotyping and stigma. Aroha’s heightened awareness that her body was not her own was exacerbated under the authority of the teachers at her school when she was publically weighed in front of her classmates; having profound effects on her self-perception throughout the rest of her life.
The Role of the Doctor

In western society, medicine is underpinned by the empiricist logic of humanism, a logic that insists we can know the essence of something through observation. The power of empirical observation, argue Jennifer Terry and Jacqueline Urla (1995) lies in its ability to render information visible, thus, offering a means for controlling deviance through the ‘clinical gaze’. In other words, in assessing a patient, a doctor must rely on his or her perceptions to ‘know’ the patient via touch, observation or sound; the medical expert positions the body as either healthy or pathological, and this ‘knowledge’ is clearly bodily. The dominant function of the clinical gaze, argues Foucault (1973) is to “record and totalise”, to perceive and to make disease intelligible. The medical gaze is understood by Foucault as not personal, but as an impersonal, disciplinary gaze, a dehumanising medical separation of a patient’s body from a patient’s identity. Murray (2007) contests the notion that medicine and its practitioners can stand outside of the cultural context that they operate within. Rather, the ‘clinical gaze’ of the doctor is grounded in an observation that is never, nor can ever be, neutral, but is always already structured in and through the variety of cultural meanings, specificities and prejudices that provide a kind of lens through which we perceive others and the world. The doctor's gaze is always already structured by the world in which his subjectivity is constituted, he is simply ‘seeing’ the pathology; however, Murray questions whether the doctor can ever divorce himself from the ‘perceptual backdrop’ of hegemonic knowledges that structures the way in which he sees (372).

There is considerable evidence to suggest that health care providers hold negative and prejudicial attitudes towards people who are overweight. Studies indicate that doctors are more likely to evaluate their patients as ‘obese’ even when they did not have a BMI greater than 30 (Ferraro and Holland 2002). Overweight females have reported that while attending medical appointments for issues quite unrelated to weight they were often lectured about their body size (Joanisse and Synnott 1999). Additionally, a study on primary care physician’s attitudes to ‘obesity’ and its treatment revealed that physicians’ view ‘obesity’ largely as a behavioural problem, with physical inactivity as the most important cause. In this sample, ‘obesity’ seemed to be attributed to negative stereotypes and more than one-third characterised ‘obese’ individuals as weak-willed, sloppy or lazy (Foster et al. 2003).

Many of Anna’s encounters with doctors have involved a focus on her weight, despite the cause of her visit being completely unrelated to her size. For a while she stopped making doctors’ appointments because everything would somehow be related back to her weight. One of Anna’s most vivid memories, and one that
was of obvious importance to her, was a particular incident with a doctor when she had strep throat as a teenager,

I had strep throat so bad that I fainted and mum rushed me into emergency and the doctor was giving me an emergency shot of antibiotics and after he said “this is the worst case of strep throat I’ve ever seen” he said “Oh she’s quite big for a 17-year-old isn’t she?” and my mum didn’t say anything and I remember thinking I’m here in an emergency room for something completely different and you have said something completely horrible to me and I’m 17? What do you think that’s going to do to me? And he was just some old, white doctor...

...and now I am embarrassed and ashamed when it comes up in medical context, I no longer feel like I have to apologise to everyone who looks at me for my body, but I do feel like I have to apologise to my doctor, like a naughty child admitting wrongdoing.

Dana had similar experiences with doctors who were quite ‘judgy’ towards her and wanted to focus on her weight:

One of them just seemed like she was barely holding back from treating me with distaste in general, she gave me bad vibes and she did as little as possible and just wanted me out of there... this other woman was really nice and enthusiastic but oh my fucking God she was trying to give me diet tips and I’m like guess what? I know a lot about nutrition!

Rebecca Puhl and Chelsea Heuer (2009) have argued that health care providers, who like other professionals in positions that are perceived as more powerful or authoritarian, may exert more of an influence on the lives of patients, and as a result, their prejudices may have more of an impact. Margrit Shildrick (1997) argues that this is because of the tacit positioning of certain discourses as dominant that make health care providers’ opinions irrefutable. The dominant position of medicine and science in western society has become a ‘naturalised’ ideal whose authority may not be questioned; the seeming ‘transparency’ of empiricism, deployed in medicine is fundamental here; what the eyes see, what the doctors observe, cannot be challenged. This power relation was prevalent in Dana and Anna’s experiences with doctors, as both talked about being refused certain treatment they were entitled to, due to their weight. Anna, who has anxiety was told by a psychiatrist to go on a certain type of medication, however,

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11 This argument can be disputed by examining social health movements (See Brown et al. 2004) that address a access to provision of health care, health inequality illness experience and contested illness. Furthermore, with the rise of the concept of the ‘expert patient’ – (those who can manage their own illnesses and conditions by developing knowledge relevant to maintaining health and countering illness), dominant traditions of healthcare have been challenged. However, Shildrick’s argument is useful here as it reflects the way in which Dana and Anna feel about their doctors and perceive their situations in these narratives.
when she went to talk to a psychologist and she mentioned the medication, she was told “don’t go on it, everybody who I know who goes on it gains a lot of weight and that would be terrible for you”. I asked Anna how that comment had affected her, she answered:

> It’s prevented me from going on this medication that actually ended up helping me the most. I was put off it for months and I didn’t know who to believe. I had all these people going “we are trying to help you listen to me” so I just ended up getting confused and what pissed me off was that psychologist was telling me that it would affect me badly and to be honest I don’t know if she would have said that to me if I was a regular weight. I guess it’s just another example of when people have seen my weight as the problem as opposed to what I was actually there for. But you know what? I’ve been on it for three years now and my weight has never fluctuated massively so she was wrong.

Although Dana had never experienced this, she expressed a fear of what Anna had been through, to the point where she now avoids going to doctors.

> I’m fucking terrified of not being given proper medical care because of my weight, because the amount of people who are not given proper care because no matter what’s wrong with them it must be because they’re fat. And I’m fucking terrified of that so I try to avoid doctors. I’m very bad at standing up to authorities, so if I go in there and say “I have this problem” and I get pushed back because of my weight I’ll just shut down. So I’ve been avoiding going... I really want to get all my joints assessed but I’m really uncomfortable with having the “yes I’m fat, yes it would be beneficial for me to lose weight, no I don’t need your help with that” conversation because I don’t ever say that, I’m just like “hmmm yip okay” and then I run away. That’s how I react.

Gregory Pappas (1990) makes the point that “perhaps the most profound manifestation of power in the doctor-patient interaction is the disposition of the human body. The intimate nature of the physical exam involves the physician taking control of the body, even its very motion... the patient becomes the docile body to be manipulated and explored, robbed of autonomy so completely as almost to obliterate the meaning of being an actor” (202). These narratives thus make it clear that Dana and Anna have internalised a relatively powerless position in relation to their doctors who possess biomedical ‘experience.’
Changing Priorities: the sick parent

In the previous chapter, I introduced Helen. Helen’s body consciousness arose from childhood as she recalls excessive dieting and heightened awareness of the importance of thinness at a young age. As a result, Helen believes that over the years, she has developed a form of body dysmorphic disorder, leading to excessive exercise and a high level of self-consciousness. As a result, Helen has spent most of her life battling with her body, avoiding beach holidays and hating photographs of herself, even when she was a (NZ) size six in clothing. However, when Helen had her daughter in 2004, everything changed for her and she had to re-evaluate her battle with her own body.

I turned up at Helen’s house one early Saturday morning. Helen’s husband and their daughter Sophie were leaving as I arrived; they were going out for the morning so Helen and I could talk in private. With a cup of tea in one hand, and a muffin Helen and Sophie had made that morning in the other, I sat down on the couch in Helen’s living room. Looking around, I saw photographs of Sophie in her dancing competitions, school photos, Sophie’s school awards, and family photos hanging on the walls and sitting on the shelves. Just after Sophie was born in 2004, Helen began to get infections and mastitis every time she breastfed, she suffered from dry eyes and started to constantly fall ill. After a few visits to the doctor, Helen was diagnosed with Lupus. Following the diagnosis, Helen began to get arthritis in her hands and feet so she went to a specialist who put her on steroids to help. After starting the steroids, Helen began to, in her words “blow up”. Though she was told that weight gain was going to be a side effect of the medication, Helen, despite her past issues with body weight, took the medication as it became “quality of life, versus quality of what you look like”. Showing me a letter that Sophie had written her, Helen began to explain that this was driven solely by her role as a mother.

This letter from Sophie is the most significant photo. It’s been the biggest turning point in this [struggle with weight] for me and it brings tears to my eyes every time I think about it. Every person who has a child wants to do best for their kid so for me, it’s kind of a blur on my achievement, I feel like I’ve let her down, so I have to do all I can to be really well, even if it’s just a front for her. I don’t want to be like “I can’t bake with you

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12 Body dysmorphic disorder (also known as BDD, body dysmorphia, dysmorphic syndrome, or dysmorphophobia), is a disorder that involves belief that one’s own appearance is unusually defective and is worthy of being hidden or fixed. This belief manifests in thoughts that many times are pervasive and intrusive.

13 Lupus is a chronic inflammatory disease that occurs when the body's immune system attacks its own tissues and organs. Inflammation caused by lupus can affect many different body systems — including joints, skin, kidneys, blood cells, brain, heart and lungs.
because my arm is too sore” so you just keep taking the tablets, no matter what.

Helen’s relationship with her own body had shifted to become a relationship between herself and her daughter. Sarah Nettleton (1996) notes that in the new paradigm of health, women are not only encouraged to monitor their own lifestyles, but are encouraged to influence and support those of their relatives, especially male partners and children. This requires self-surveillance and heightened risk-consciousness, both of which are likely to be more pertinent to mothers due to their roles as health-promoters within the family. Nettleton argues that placing the underlying responsibility for changing health behaviours in the hands of women was for the health of her children, for whom she was seen as primarily responsible. Elizabeth Murphy (2003) has suggested that disciplinary technologies such as expert advice and recommendations about parenting are imbued with “concern to regulate the health of the population” and argues that such obligations fall heavily on women as mothers are invested with the moral and practical responsibility for making prudent choices (455). In Helen’s case, it was her own health that she was responsible for, rather than Sophie’s. Her decision to take the medication lay in her responsibility to be a good, fit and alive mother for her child, thus sacrificing her personal desire for a slim body.

Figure 18
The fat body has come to symbolise many things in western society, most notably, it has come to symbolise ill-health. Due to the rising incidence of ‘obesity’-related deaths and illnesses that are regularly broadcasted in news media and the medicalisation of the fat body, ‘obesity’ as a health issue has come to dominate the twenty-first century health discourse. In the new paradigm of health, individuals are urged to accept that the body is susceptible to illness, and, at the same time, are encouraged to do all they can to counteract illness by changing ‘unhealthy behaviour’. In the context of Andy, the notion of responsibilisation has led to the decision to undergo surgery, while for the likes of Anna, it has come to be a part of her identity, and her goal in attaining a status as a responsible citizen. This chapter has touched on the power-relation between patient and doctor in the context of the fat body, and through Dana and Anna’s narratives, sheds light on the consequences of this power imbalance. I have also argued in this chapter that the role of responsibility for health is shifted when one enters parenthood. This chapter argues that the politicisation of the body has led to the social construction of the fat body as unhealthy and irresponsible. This in turn, has affected perceptions of ‘self’ and experiences in medical domains.
Chapter Five: Visualising the body

Observable conditions, which are easily identifiable make a person more vulnerable to social rejection and may become the primary ‘mark’ used by others to define an individual’s identity. Characteristics, like ‘obesity’ which are perceived to be controllable and are the responsibility of the person bearing the stigma, are also more likely to be denigrated.  

- Crandall 2000

Making the Body Visible

In the Ancient Regime, Foucault (1979) notes, power functioned through visibility. The operation of power constituted a spectacle to be observed by the largely anonymous and individually visible masses. Ceremonies of public execution and torture provided proof and illustration of this. In the modern era, however, it is power which is the invisible and anonymous, and it is those who are subjected to it who are visible. Power functions, thus, by making people visible. This involves a complex ensemble of practices which individualise persons and which constitute those individuals within a field of visibility, such that they can be observed and kept under surveillance (Crossley 1993:401). Surveillance techniques affect a certainty of capture and punishment amongst potential deviants and are most discussed in Foucault’s description of the Panopticon. The Panopticon is an institutional building designed to allow a single watchman to observe all inmates of an institution without the inmates being able to tell whether or not they are being watched, the result is that the prisoner experiences a feeling of constant surveillance. The focus on the fat body as a symbol of ill-health in most western countries has placed emphasis on a highly visible group of citizens who must walk through their day-to-day lives in a body that is deemed socially unacceptable. In this sense, a fat individual experiences the same effects of the Panopticon, in a body that displays a stigma that can never be hidden; the fat individual is always under the watchful eyes of others. Dina Giovanelli and Stephen Ostertag (2009) term this the ‘cosmetic Panopticon’ in which a state of permanent surveillance and judgement around concerns of physical appearance and standards of beauty are implemented.
Matter out of place

Kylee: When I was pregnant the bottom part of my shirt blew up and we were on the side of the road and my sister saw some of my stretch marks and grabbed my top and pulled it up and went “holy fucking shit that’s disgusting.”

As discussed in Chapter Four, public reactions towards the visible fat body can be attributed towards the intense focus on the fat body as a symbol of poor health. Here, I argue it can also be attributed to the idea that fat is ‘matter out of place’. Fat can be consumed, moving from outside to inside of the body. Fat also settles within the body. When fat settles, Joyce Huff (2001) argues it is as though the margins or the boundaries of the body have been breached, the world excessively entering the corpulent body. This is particularly the case given the problematic construction of fat as a food source in the western world, and arguably the contributing factor to the ‘obesity epidemic’. In this context, fat is largely constructed as an ‘impurity’ or a pollutant that is inherently threatening the internal machinations of the body. Yet, fat also settles on the body. The way in which fat exists within the body while also being visible on the surface complicates the fluid and indeterminate boundaries of the fat fleshy body. Further, the lack of solidarity to material fatness and its tendency to “wobble, quiver and jiggle” gives rise to perceptions of fat bodies as unruly and beyond the control of both the individual and society (Mobley 2014:143). In considering the uncontrolled body as defiant to the social order, Butler (1990:186) argues “all social systems are vulnerable at their margins and... all margins are accordingly considered dangerous”. The foundation of Butler’s comment is Douglas’ work on boundaries and dirt in ‘Purity and Danger’ (1966). In this text, Douglas argues that margins are dangerous and that what is regarded as ‘dirt’ in any given society may be considered ‘matter out of place’. The relevance of this argument is clear; the materiality of the fat body stands in as the abject ‘dirty’ body, it is a symbolically polluted corporeality that can be seen to occupy a borderline state that disturbs order by not respecting ‘proper’ boundaries (Longhurst 2005:256). The conceptualisation of fat as analogous to dirt and pollution serve as another form of social control, the result of which is the reification of hegemonic discourses that position fat people on the margins or boundaries of society. Thinking through the body in this way constructs the fat body as intrinsically problematic and potentially threatening (Forth and Leitch 2014:126).

Reactions to the visible fat body as ‘dirty’ or ‘impure’ can lead to emotions of disgust which explain the visible social stigma that the fat body carries. William Miller (1998) explores what elicits the emotion of disgust and notes that one of its central elements is fear of ‘contamination’ through contact with the disgusting object. Miller suggests that “fear is a response to harms threatening the body,
disgust to harms threatening the soul” (26). Given all the negative moral implications associated with fat, compounded by the perceived contaminating power of fat, Jennifer-Scott Mobley (2014) notes no wonder that a fat person provokes disgust, part of this disgust is the associated fear of ‘becoming it’.

Visualising the Self

The result of this notion of the fat body as visually ‘impure’ or ‘disgusting’ has drastic consequences for self-image, and conceptions of self for those who live in, and experience a fat body. When looking through the images provided by the participants, I noticed that the majority of photographs were images of the participants themselves and often the narratives that would go alongside these photographs revealed the participants’ view on their own body-image. ‘Body image’ refers to the collective and individual representations a person entertains about the body in relation to its environment including internal and external perceptions (Schilder 1970). The act of appropriating or ‘coming to terms’ with one’s visible appearance is a day-to-day struggle for many and given the negative connotations associated with the fat body, it is particularly a struggle for fat individuals, involving a variety of recurrent themes such as encounters with the mirror, comparison with others and feelings of shame and embarrassment.

Arguing that we perceive other bodies not simply as a result of our vision but of the sedimented knowledges that we embody, Alcoff (2001) claims “the realm of the visible, or what is taken as self-evidently visible, is recognised as a product of a specific form of perceptual practice, rather than the result of human sight” (268-269). As we perceive a body, the way in which we perceive that body is hidden and unspoken, as Alcoff continues to argue:

...visible difference, which is materially present even if its meanings are not, can be used to signify or provide purported access to a subjectivity through observable, ‘natural’ attributes, to provide a window on the interiority of the self (Alcoff 2001:268).

Therefore, not only do we make judgements on other bodies, we often internalise the statements made about our own body types by our society and live them out. This informs the way in which we understand our ‘self’ and the way in which we live our body.

Ever since she was four years old, Anna had people telling her she was too big. This had a major impact on her developing self-identity and self-image as an adult,
Anna: My whole life I’ve had people telling me I’m too big. And most of this stuff was when I was a kid which is terrible, absolutely shocking. And I mean I played netball and I did dancing and gymnastics, loved to climb trees, loved to play on the trampoline, I wasn’t a lazy kid, I was a normal kid. And I look at photos of myself now and I wonder why I have all these memories and feelings because there was nothing wrong with me, why did people keep saying this stuff? And as a teenager I remember feeling like an absolute elephant compared to my friends and I remember feeling at 14 like I was fat and I was told I was fat.

Tayla: Do you remember how this made you feel?

Anna: I just retreated further and further into myself. My so-called friends at primary school used to try and set me up to eat things and I’d see the looks they gave each other and I developed massive anxiety and I would just come home crying because people had been mean to me... and I had no real friends... I guess as a child the main thing I felt was I wasn’t good enough. Because as a kid you want to impress people and achieve stuff and I would get confused about why people would pick on me when I hadn’t done anything to them... I did not have a happy childhood in the sense of being able to be a kid and be free of worry and stuff like that.

For Kylee, she views her body in line with social constructions of it and isn’t able to detach the negative connotations about fat bodies from her own self-image and bodily experience.

Kylee: My son took this photo [figure 19] and I think that I look like a reasonably attractive fat woman in that photo but I feel like the fat part takes away from the attractive part. But I don’t feel that way about other people. Most of the time when I look at myself I see fat and sometimes pretty. I don’t ever see pretty and fat.

Tayla: Why can’t you see yourself as both? What about the fat part takes away from the pretty part?

Kylee: I think my fat is ugly. I think some people’s fat is not ugly but mine is. I think it’s about societal norms. It’s easy for me to ignore societal norms when I’m looking at other people but I don’t feel like I’m exempt from them.
Like Anna and Kylee, Erin believed that her visible fat body was unworthy; however, this feeling escalated to the point where Erin let a business that was providing income slowly peter out because of her ‘unhealthy image’. Erin brought along a photograph of nutrition products to our interview. The company is a multi-level marketing company that produces various nutritional products, and for a while Erin ran a successful business selling their products.

I was right up there with my knowledge of nutrition and when I started getting fat I thought, I can’t go out there and promote that stuff... because I’m not a picture of health. So not only did I keep the weight on, I let something that was giving me $700-$800 a week slowly peter out because I couldn’t find it in me to lose the weight, for whatever reason. And I also couldn’t find it in me to be a public hypocrite. I couldn’t be... in my head promoting this health thing if I wasn’t a radiant picture of health myself you know? So I end up on the benefit because my income dropped off so much that I couldn’t support us.

14 This photograph is not included in this thesis order to keep the company’s name anonymous.
The social meanings which are attached to the fat body have become internalised and have exerted a powerful influence on Anna, Kylee and Erin's sense of self resulting in what Goffman (1963) terms a 'spoiled self-identity'. Goffman argues that acceptance as a ‘full’ member of the interaction order is vital to a person's self-identity as a competent and worthwhile human being. It is generally the case that if a person’s bodily appearance categorises them as a ‘failed’ member of society by others, they will internalise the label and incorporate it into what becomes a 'spoiled' self-identity.

A few months after our interview, Anna emailed me with some follow up notes and photos she had taken of her body in the mirror. Anna informed me she had gained more weight since our interview and was back at her heaviest.

... I don't know why. It's extremely frustrating. I have joined the gym at uni and I love it. It keeps me happy and motivated. But if I didn't have that, I don't know... I hate my body right now. I think of it as my fat suit – I want to unzip it and step out. It is not who I am.

Anna has disassociated her fat from her ‘self’, her body has been disowned as somehow ‘not mine’. Ronald Laing (2010) conceives this as ‘unembodiment’:

In this position, the individual experiences his self as being more or less divorced or detached from his body. The body is felt more as one object among other objects in the world than as the core of the individual's own being. Instead of being the core of his true self, the body is felt as the core of a false self, which the detached, disembodied inner true self looks on at with tenderness, amusement or hatred as the case may be (69).
Anna’s belief that her fat body is unhealthy could be seen as a reason for her experience of feeling dissociated from her fat, from wanting to physically ‘un-zip’ out of it. Murray (2005) articulates this experience by saying “it is precisely because of my knowledge of the way my fat body is coded that I experience a need to remove myself from that flesh, a need to be apart from that body (274, emphasis in original). Similarly, Anna’s struggle to appropriate, or somehow come to terms with her fat is linked to an internalisation of the fat body as a devalued object, a physical burden and a limitation. Anna’s fat seems to be regarded as ‘that thing I am encased in’ or ‘imprisoned in’; her fat body is seen as a limit and a threat.

Internalising similar feelings of failure and lack of self-worth is Leon. I first met Leon when I was twelve years old. Leon flatted with my stepdad Simon in London when they were in their twenties and have remained close friends ever since. As long as I had known Leon, he had been skinny, as long as Simon had known him, he had been skinny. One night, I joined my parents and a group of their friends for some dinner at a local bar in Wellington. One of their mates – who they would call the ‘joker’ of the group, started asking me how my study was going; it was not far through my explanation of my research when he said...

“You should interview Leon! He used to be obese”.

My mum, standing next to me, jumped in, “Oh he wasn’t obese...”

“Yeah he was, he had like four chins!”

Leon approached me before I left dinner and surprisingly, told me he would really like to be a part of my research, and before I knew it, we had arranged a time and a place to have an interview.

At the age of fourteen, Leon was incredibly unhappy with his self-image. In an attempt to ‘fit in’, Leon conformed to the ‘funny fat guy’ trope, cracking jokes and laughing all the time. Despite appearing to be happy on the outside, Leon confessed that he was actually “crying on the inside”. Leon’s weight gain was a combination of lack of exercise and temptations of food. As a child, Leon would visit his Nana’s house after school and read to her, every visit consisted of the consumption of food. His visits started off with a few crackers with cheese and a biscuit. As he got older, a few slices of cake were added, along with a couple more biscuits, and a few more before he left to go home. After his visits to his Nana’s, Leon would go home and have dinner which was always followed by pudding and ice-cream,

... it felt like every month it was another half scoop of ice-cream and it was to the point that I was having a full meal of dessert, but it led back to
that point of feeling completely useless and unable to change where I’m at.

The ‘point’ Leon talks about here was something that was brought up earlier in our interview when Leon told me he felt he could not just ‘turn himself around’ and become slim. He could miss dessert but it was never going to make a difference because he couldn’t see any visible change in his body. For Leon, eating soon became comfort.

…it fully, fully became comfort. I’m laughing on the outside, but I’m crying on the inside, and I’m sad so I eat to feel good, but then after I eat I feel really cut up and feel like I’m just going to get fatter. And it’s an evil, vicious cycle.

When Leon was eighteen, he became sick with a stomach bug and was bed ridden for two weeks. He didn’t feel like eating and all he was doing was sleeping and going to the bathroom. Once he started to feel better, Leon got up one morning and went to have a shower. He looked in the mirror and for the first time, saw a change in his physical body. He had lost a significant amount of weight which then became a turning point for his new life,

from there it gave me the belief and the confidence that I could lose weight. It gave me so much confidence after that to see that my body could change and from there, I made quite a few changes.

Around the same time, Leon had started to play underwater hockey – a sport a few of his close friends introduced him to which he ended up playing for six years. For the next three years Leon started to slim down significantly and eventually moved out of home at the age of twenty where he had choice and control over what he was cooking and eating. Leon started to lose the weight, but still could not completely detach himself from the body he once had, which led to an obsession with exercise and food:

I was very much still scarred from being that fat teenager and child. And in later life I had such an obsession with exercise. And then I went to London and I had a stage where I would eat breakfast which would be an apple and I would walk to work which would be about 50 minutes then I would go to the pool and swim at least 2km then I would do my days work. I would come home, go for a 40 minute run then I would have dinner. And that was solely because even though at that stage I was no longer a fatty by any stretch of the imagination, I still felt like that fat boy inside and when I looked at myself, I would still see that fat child… And even now I’m constantly watching myself in the mirror, watching
what I eat... I’m definitely in control and I know I’m in control. I realise that I have the choice... but I will never, ever be like that again.

At this point of our interview, Leon started crying. As he took off his glasses to wipe his eyes, his wife passed him a box of tissues. I noticed Stacey, who had been sitting next to me on the couch throughout the interview, was also crying.

Tayla: How do you feel, listening to this?

Stacey: I’ve heard it all before, but seeing it like this... in that process and watching him relive it... I didn’t really think I would get this upset but then watching that happen... I get so upset because he’s so upset you know?

Although I kept it together while I was at Leon’s house, transcribing this part of the interview was an extremely emotional experience for me. Below is an extract from my fieldnotes:

Transcribing Leon’s interview is really hard. Sitting here and listening to his hurt and his pain through the tears is just so.... I really can’t stop crying. I think because I have known Leon for so many years as a thin person, I just never knew how much he would still be affected by his past. And he’s always so positive and happy... like when he laughed along at his friend saying he had four chins... It’s just so hard listening to someone that you know say all these things, and this stuff about him being a fat boy inside, that really gets to me. (13.08.2014)

Leon’s statement about having that ‘fat boy’ inside him implies that the embodied experience of being fat stays with a person, despite weight loss. Mobley (2014) calls this an ‘embodied archive’. Mobley suggests that if we think of traditional archives as places of remembrance, then in terms of fat, the body is an archive of itself. The fat boy inside of Leon becomes a metaphor, implying the fat boy he once was has remained a physical archive within his embodied experience. Additionally, Tara Parker-Pope's (2001) study argues that on a cellular level, bodies ‘remember’ being fat. Therefore, despite the absence of materiality of the actual fat, the body remembers its presence not only physically but psychologically. Leon’s body remembers what it was like to be fat on a physical level, as he still carries physical marks of fat such as stretch marks on his stomach. Leon also remembers the fat on a psychological level as he recalls the experience of feeling embarrassed by his own body, articulated through earlier photographs of himself that he hated.
This image is of Leon and his family, taken at Disneyland when he was 14-years-old. Leon describes this point of his life as being one of the fattest he has been:

_I just had rolls on rolls and I used to get sores around my bellybutton because the rolls would just sit on rolls and just not breathe and I would get sores on either side, hand-in-hand with the stretch marks on the side of my hips._

Leon's vivid description of his bodily state at this time of his life displays a strong connection to the body he once had. Leon will forever embody his negative experiences of being fat, he has literally relegated his experience of fat to a metaphorical little boy that lives inside him; this is something he carries with him every day.

Goffman's analysis implies that the individual and collective become realised in each other, that is, the individual situates themselves in line with the social order and social constructions of their body. While these narratives highlight this, this framework in itself is problematic as it has the potential to present social life as rule-governed, scripted or ritualised without taking into account other embodied experiences. Alasdair MacIntyre (2013) is also critical of Goffman's work, saying “Goffman has liquidated the self into its role playing, arguing that the self is no more than ‘a peg’ on which the clothes of the role are hung” (32). Although many participants expressed feelings of embodied stigma due to the negative social construction of their fatness, Shelley and Kath felt their unhappiest when they were at their thinnest – the supposed most socially acceptable their body has

Figure 21
been. This challenges the current discourse that in order to attain ‘happiness’, one must strive to be thin, and consequently, a thin body will equate to such happiness.

This photograph is of Shelley, her brother and her brother’s partner, taken in the 1980s when she was living overseas and before she had her first child. This was the skinniest Shelley had ever been.

... I was on heavy drugs here. I got to Australia and I started taking a lot of drugs and I was so skinny and the whole look was to be thin. But I was really unhappy. It was a really unhappy time because of all the drugs and the drama. But we were just on so much speed and coke... but that’s probably the skinniest.

Similarly, Kath showed me a photo that represented a time when she was at her thinnest but her unhappiest.
I had lost a lot of weight then but I was sick. I was really sick. Everyone told me how fabulous I was and how great I looked. And I was exercising between 6-8 hours a day and people would not believe it... I almost killed myself. I used to cry all the time and I couldn’t concentrate on my work, I didn’t have any real friends, I had chased them away because all I talked about was diet and exercise... I look back at that photo now and I think... I was so unhappy, I was so miserable. And I remember the day I broke. A woman I worked with goes “You’re so awesome Kath!” and something in my head went “I was awesome beforehand...” but what was getting at me, I was me. Like I’m still me you know? You know people think that when you lose a lot of weight that it stays off, and that it fixes everything in your life, but what have you got to get there? And if that’s all you’re focused on, then of course nothing else is going to fix itself. It’s not this miracle that suddenly gets you a boyfriend.

These narratives are important and interesting as they tell a story that is often not heard in the context of fat women. The fat female is often depicted in popular media as sad, lonely, in search of a partner and hating her body (Rothblum et al.
This assumption comes with the idea that a fat body is ‘failed’ and ‘unworthy’, hence anyone who has a fat body must also feel failed and unworthy. Kath and Shelley reject this notion and their experiences of feeling their unhappiest at a time where their bodies are the most socially acceptable challenges this notion and makes it possible for fat bodies to be viewed in a positive light.

Clothing the fat body

Turner (1980) argues that the surface of the body as the common frontier of society, the social self and the psycho-biological individual, becomes the symbolic stage upon which the drama of socialisation is enacted. Bodily adornment, he claims, becomes the language through which this is expressed. Clothing, therefore, becomes an important means by which socialisation is visually enacted. Trudie Cain (2011) argues that clothing is a lived garment in possession of its own interconnected narrative, stories and histories are woven into the fabric that connect an item of clothing to particular moments, imaginings and practices of wearers. As such, clothing possesses the capacity to evoke and mediate emotions, relationships and identities (Attfield 2000:121). Clothing, frames the body and serves to both distinguish and connect self and ‘other’, it is a boundary that produces a complex relationship between self, and ‘not self’ (Cavallaro and Warwick 1998). Many of the women in this thesis talked about how clothes made them feel and discussed practices of dressing the body, as well as shopping for clothes. How these women operate with their clothing emphasises the reciprocal relationship between self and clothing and sheds light on how the dressed fat self is embodied.

One of the photographs Anna took for our interview was of three pairs of her spanx, or what she calls her ‘sucky-inny, smoothy-downy things’. Spanx are forms of undergarments which are worn to give the wearer a ‘slim and shapely appearance’ and Anna’s spanx have become a mechanism used to smooth the surface of her body. The way that Anna positioned the photograph shows the silhouette of her body, this was done to emphasise the way in which her body falls outside the boundaries of the garments.

These are the things that I wear so people don’t get offended at my rolls. And I mean I don’t like to wear a dress and see a spare tyre so it’s good for me to have a smooth silhouette for my own self... It’s funny the feeling you get when you’re wearing them you feel safe and not like you’re going to fall out everywhere in them... and overall you feel like a neat little package tied up with a little bow or something.
Anna’s desire to keep herself from ‘falling out’ alludes to the movement of the fat body. Christopher Forth and Alison Leitch (2014) note that while the slim, toned body is firm, the fat, fleshy body jiggles and wobbles. This movement challenges normative constructions of controlled feminine corporeality and also affects the way the body rubs up against clothing. As the body and flesh move, clothing does not always stay in place as expected; clothes slide and rise into the body’s crevices. In response, habitual practices are employed by Anna to negotiate the troublesome space between her body and her clothing. Engaging in a practice that allows Anna to mediate unwanted revelations of her body, the spanx have ensured that her body remains private, both for herself and for others. In mentioning that she wants to avoid offending others with her rolls, Anna demonstrates both an awareness of her body’s ‘failure’ but also of the practices required to remedy that believed failure. In doing so, Anna momentarily realigns the tension-filled space between her clothing and her body.

Joanne Entwistle (2000:255) notes that “the dressed body is not a passive object, acted upon by social forces, but actively produced through particular, routine and mundane practices such as looking at, trying on, and wearing clothes”. The moment of dressing and trying on clothing was articulated as a daily struggle by many of the participants. At the time of our interview, Erin was preparing for a holiday in Bali, although she told Shelley and I that she was struggling to get excited, as she was worried about what she was going to wear. She titled this photograph ‘fat girl planning a hot holiday wardrobe’. What would look like a
holiday brochure for many has become for Erin, a symbol of her struggle with clothing her fat body, particularly in public.

You know what I thought of? Not having to swim, but clothes. Okay so you don’t want to be wearing pants, if I wear skirts all the time my thighs are going to rub, what the hell am I going to wear? What will I find between now and then that will make sure that’s not going to happen? I don’t like my armpits, do I have to wear bloody sleeves in Bali? Suddenly going to Bali should be yay! I’m going to Bali. But it turns into “Oh god… what am I going to wear?”

This problematic relationship between clothing and the body ensures a greater corporeal consciousness when clothing the fat body. Like Erin, Dana expressed the struggle she faces in trying to choose outfits and deciding what to wear, particularly when she is going out and wants to dress up. In order to communicate this struggle, Dana took a photograph of herself getting ready to go out.
I don’t really give a fuck until I try to dress up and I feel super uncomfortable. It’s difficult for me to find clothes and then I feel like it looks wrong ... it’s hard to look tidy and it’s hard to look... you don’t look as ‘together’ when you dress for a job interview. And I want to be able to look more androgynous which is a lot easier when you’re slimmer and I’m quite naturally muscular I want to lose weight because it’s fucking annoying, you can’t find clothes which is irritating.

Dana mentioned that she did not care what she looked like until she had to dress up, which would then lead to frustration. Furthermore, Dana’s understanding is that her body lacks control as it does not ‘stay together’ and is unable to look ‘tidy’ when dressed. This is underpinned by the idea that the fat body is both corporeally and morally ‘out-of-control’. In measuring her body up against the social rules of the dressed feminine body (only slim girls can ‘pull off’ the androgynous look) Dana’s understanding is that her body is fundamentally flawed as it does not conform to the traditional notions of corporeal femininity. Additionally, Dana mentioned that it was difficult for her to find clothes.

*Tayla: When you say it’s hard to find clothes, in what ways is it hard?*
Dana: For women’s clothing I’m slightly too big for the biggest size that most shops sell, but if you go to second hand stores there is basically nothing. It’s just frustrating because most of the time I don’t care what I look like but when I do want to dress up for something it’s a huge mission because you can’t find clothes in chain stores and then most plus-sized clothes are either really hideous or expensive.

There are a number of structural limitations in place that prohibit fat individual’s active participation in society as consumers, the general lack of clothing stores available for fat women in comparison to thin women is one of them. In Rachel Colls’ (2006) exploration on the shopping experiences of fat women, she found that clothing ranges are usually spatially marginalised which serve to exclude fat women, or place them on the margins. Furthermore, sales staff and other shoppers directly or indirectly reinforce their exclusion or marginalisation and clothing designs for fat women are limited. Shelley felt the same as Dana when it came to finding clothes, bringing along an Ezibuy catalogue to explain her limited shopping practices due to her body.

Shelley: It’s only sometimes when I feel bad about myself and one of those times is when I go to buy clothes. And you get into those changing rooms. First of all you look at an item of clothing and you love it and you think you are going to look beautiful and you’re not being unrealistic, you’re not trying to put something on that you know isn’t going to work. But then you get into the changing room and there’s that fluro lighting and those great big mirrors which I’m sure are wobbly and make you look bigger, and you put something on and it just doesn’t look like what you thought it was going to... and it’s just this horrible moment.

Erin: I put everything on really quickly so I don’t have to see myself getting changed!

Shelley: Yeah and standing there looking at yourself in your underwear... I’m like oh my God. I just don’t try things on, I hold things up, look at the size and then I just take them home so half of the stuff I don’t wear. So now, Ezibuy works for me

Erin: So you can try it on without pressure and send it back if you don’t want it?

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15 Ezibuy is a retail company that sells its clothing through its catalogues and online website.
Shelley: Yeah and I know what their sizing is. I’m shopping at home on my own, I make sure I’m on my own and there is no one there to judge me and it’s just me and I’m not stressed. So that’s why I have this here, because it’s quite good for me.

Figure 27

Shelley’s shopping experiences in the past are underpinned by the exclusionary practices of others that problematize her body and place it on the margin. Linda McDowell (1999) argues that the shopping mall and women’s clothing stores in particular are actually enclosed spaces with clear practices of inclusion and exclusion. In order to avoid the feelings of exclusion, and to avoid looking at her body in the mirror, Shelley has changed her shopping practices in order to experience safety and comfort from her own home.

Conclusion

This chapter focuses on the impact that the visibility of the fat body has on embodied experiences and thus links to the concept of the individual body. The stigma of fat has the ability to transform the body into a spectacle, a visible object
within the field of social space that has an impact on self-image and embodied experience. The fat body visibly presents itself as a source of unseen resistance, beyond immediate control or understanding and defying personal will or determination. In some cases, this has led to a separation of self from the external body, forms of spoiled self-identity and an internalisation of failure. However, I have argued that the fat body does not always harbour an internalisation of failure as seen in Kath and Shelley's narratives. This rejects the notion that a thin body represents the attainment of happiness and adds another dimension to the perception of what a visible fat body represents. The clothing choices and practices of shopping are inherently linked to experiences of their own body and perceptions of self. Though Shelley’s shopping experiences are also based on social exclusion from shopping assistants and shopping stores, she also experiences a heightened awareness of her body's 'wrongdoings' when she looks in the mirror, consequently, she avoids shopping in department stores and only shops online. This chapter has thus explored the multiple effects that the visibility of the fat body has on embodied experiences of many of the participants in this thesis.
Chapter Six: 
The Moving Body

“... no [human being] perceives, except on condition of being a self of movement”

(Merleau-Ponty 1968:257)

Embodying Movement

Whenever Australian choreographer Kate Champion attended a dance party or went out to night clubs, she always found herself drawn to the larger bodies on the dance floor. She was drawn to the ways in which their bodies moved differently from slim dancers and was intrigued by their flesh, shape and form. She started to ask herself, “Why aren’t we seeing that on stage?” And thus, the dance show ‘Nothing to Lose’, featuring a full cast of bigger bodied, plus-sized dancers was born. Premiering at the Sydney Festival in 2015, Nothing to Lose challenges assumptions about the fat body and aims to encourage people to enjoy the large, physical form moving. While watching interviews with the organisers and reading articles about this show, it made me begin to think about the movement of the fat body. The way in which the fat body moves, not only in dance but the way it walks and how it negotiates space is an important component in understanding the embodied experience of fat.

For Merleau-Ponty, physical being refers explicitly to the subjective (lived body) and not the objective (mechanical body). The ‘lived body’ is the body as human beings themselves perceive it – felt, experienced, and sensed. The thread that ties these three perceptual processes together is the feeling of doing. Brenda Farnell and Charles Varela (2008) note that the theoretical emphasis in anthropological versions of a paradigm of embodiment is “on the feeling of doing and not the doing itself” (261, emphasis in original). Thus, they argue, it is important to recognise that the central principle which underwrites Merleau-Ponty’s ideas of the ‘lived body’ and ‘flesh’ is the ‘self of movement’. In a phenomenological vein, Tim Ingold (2011) argues that we need to understand movement in terms of dwelling in the world,

not a casting about the hard surfaces of a world in which everything is already laid out, but an issuing along with things in the very processes of their generation; not the trans-port (carrying across) of completed
being, but the *pro-duction* (bringing forth) of perceptual becoming (2011:12 emphasis in original).

By this, Ingold is saying that we co-create the world as we move through it. For fat individuals, the way their bodies move through the world is an integral part of how the world is constituted. Experiences of movement and the way in which the fat body and space work together are often established by the social constructions of the fat body. Social expectations of how fat bodies should move and act therefore mean that experiences of self in public spaces become radically altered.

**Managing the Body through Movement: Negotiating Space**

Similar to Iris Young’s (1990) ‘cultural imperialism’ that constructs the ‘other’ as deviant and undesirable through interactions such as gesture, speech and reactions, and McIntosh’s (1989) concept of white privilege that centres around a form of power that racially privileged people take for granted on a daily basis; body privilege allows its possessor to navigate public spaces in a more comfortable, and safe way. Those with privilege are able to perform mundane routines with ease, something that those without privilege cannot necessarily assume (Kwan 2010:143). Meanwhile, Kwan (2010) argues, those without privilege must negotiate daily interactions and those with fat bodies experience the reverse. This has implications on the way in which fat individuals are able to simply, move. Experiencing life in a world that does not necessarily accept their body as ‘normal’, the task of walking and negotiating public space is radically different for those who possess what is deemed to be a culturally normative body.

Pulling out a photo that Erin had taken of a swimming pool at a resort, she starts to tell Shelley and I about a recent weekend trip to Taupo where Erin had stayed at the Hilton hotel.

*Erin:* I took the photo of the pool at the Hilton because I wasn’t going to go down there until I had sussed out what people were like there. And I would only ever wear my nice togs there.

*Tayla:* So did you end up swimming there?

*Erin:* So quickly I was in and out of there so bloody fast in case someone came.

*Shelley:* I’m an expert at dropping the towel right before I get in!
Erin: It’s funny because once I’m actually there, it’s the thought, it’s the standing there looking at the pool…once I get in the pool I think ugh…then I’m alright. But once I’m in the water I start to think again. Like these four guys were in the gym which had windows looking into the pool and I had to start thinking my way through getting out of the pool without looking like a dick.

Anna chose to hide away from people because it was “the safest thing to do”. She learnt how to manage her body in a way that would cause as less ‘social humiliation’ as possible.

...you learn to watch what you say and watch who you eat around. I used to have this thing where I would hate people seeing me eat because I would think that people would be thinking to themselves “why is she eating?” especially in public. When I was 19 I had a boyfriend and I would go to his house and his family would offer me dinner and I would be starving and I wouldn’t take it because I didn’t want him to see me eating. But that was just normal for me.

Aroha moved to a co-ed boarding school in 5th form. She loved to play sports and she was really fit. During her first week of school, she remembers feeling really excited about the possibility of a ‘new life’ and playing all the sports that she was
interested in. However, this all changed when her body became the centre of jokes for some of the boys at her school:

I remember standing outside the gym and these boys calling out something, and I didn’t realise for a couple of weeks but they were calling me Hulk. And that was it, I never did any sports ever again. I completely locked down in my own self and I moved into this invisible self. I just isolated myself, out of complete embarrassment of my own body.

What these narratives tell, is that Erin, Anna and Aroha have carefully managed the positioning of their bodies and the actions that their bodies make in public in order to avoid social stigma and embarrassment. Similarly, Andy found a way to manage his body when photographed. In aligning his visible body with something that is to be ashamed of, Andy used this photograph to express the performance of ‘hiding’. Andy can be seen pictured at the back.

![Figure 29](image)

Andy: I’m so used to hiding in pictures. I’ve got so many like this. I would just stand behind my wife or the kids. So obviously it was playing on my mind.

Tayla: Is that something you did on purpose?

Andy: It started off that way yeah.
Tayla: And after that? Did it become sub-conscious?

Andy: Yep... yep it did...

Tayla: Why do you think you hid yourself away?

Andy: Because then I didn’t see the full picture. I didn’t see the body. I just saw the little bit... the head and shoulders.

Tayla: And how has that changed now? Since you have lost the weight?

Andy: I’m probably more vocal now. And I will now go along and stand in front of people and talk to them about health and safety and well-being. It’s made a huge difference. But I have to say, I was at a school event with my daughter and they got each family up and took a photo and I automatically did it, I went and stood behind everybody to hide my body. Yeah I did. Even though I’ve lost all the weight now, it’s just so normal. I would stand at the back behind people.

Donald Moss (1992) argues that the mirror presents a direct confrontation with one’s own objective appearance as it is visible to others. Like the mirror, when one encounters a photograph of themselves they do not view the scientifically objective facts, the physically based sensations or physically measurable light waves, rather, one encounters oneself as an irrefutable reality in the social world. This is, according to Frosh (2001) due to the fact that the photograph is invariably a performance of the bestowal, exercise and revocation of social power through visibility. Andy chose to hide his body away because he did not want to face the ‘reality’ of his body, that is, a picture of a deviant and ‘failed’ social citizen.

These acts of hiding and negotiating space can be viewed as forms of ‘body management’ (Kwan 2010). It has been argued that in order to cope with a ‘deviant fat identity’, fat individuals turn to strategies such as avoiding situations where fat is problematic, thus, body management is a way of handling a difficult situation so one does not have to face that deviant label (Degher and Hughes 1999). These narratives demonstrate how these participants' manage their bodies through physical movement in a way that presents a different and more socially desirable body; Anna avoids eating in front of people, while Erin avoids showing her fat body in public. This is a strategy of moving the body so that it conforms, and eschews social stigma.
The Gym as an Exclusionary Space

Part of the health discourse that dominates current thought about fat bodies places a huge emphasis on the responsibility of the fat individual to eat healthier and exercise more in able to attain a healthy lifestyle and thus an ‘ideal’ body. It has been continuously argued that physical inactivity is the leading cause of ‘obesity’ (Sari 2009). However, what this discourse fails to take into account is the exclusionary practices that happen within exercise facilities that prevent fat individuals from moving safely and comfortably within them. This highlights the impact that the social construction of the fat body has on experiences of exercise.

The fitness industry has done a superlative job of making exercise safely available only to those whose bodies already fit within a narrow spectrum of shape and size, while there are real barriers to accessing exercise for fat individuals (Schuster and Tealer 2009:320). It has been suggested that fitness centres are a particular subculture in which intense focus is placed on bodily appearance, containing a large number of clearly objectifying features such as full-length mirrors, posters that present an ‘ideal’ body and the opportunity for direct comparison with others, as well as the presence of observation by others (Prichard and Tiggermann 2005). Issues of equipment size, space, institutional posters and staffing also loom large as tangible barriers for those who are trying to work out in fat bodies. The focus on weight loss as something to attain to also contributes to the gym as an uncomfortable and exclusionary space for fat individuals. These exclusionary practices make it difficult for fat individuals to consider the idea of exercising within them.

For Kylee, she had considered joining a gym, however, she noted in our interview that aside from thinking the gym was a waste of money, there were too many barriers that were stopping her from joining:

I don’t have any clothes to exercise in, I don’t have any shorts or trackpants or anything and I do worry what people will think. My friend just joined a gym and she’s fat and she said that she went and she felt really good after going to the gym and then she was walking down the road and these boys on the street yelled at her and called her a hippo and that just undoes everything you know? And I worry because when I used to go to the gym I worried people would look at me going “yeah we know why you’re here” as if I’m not going to the gym to maintain my health or anything but I’m going just to lose weight.

For Kylee, a lack of clothing is seen as a barrier to joining the gym; however, the fear of ridicule trumps this. Kylee’s worry that she would be viewed as someone who participates in exercise only to lose weight is important as it reflects the assumption that fat individuals are in a constant state of ‘becoming’, only seeking
exercise in order to transform into a thin body. Kelli-Jean Drinkwater (2014) argues this is because “fat people’s size is often seen as a temporary thing, surely, they would never want to stay the weight they are so they’re not seen as a full person yet”. Here, I turn to Anna’s experience of the gym.

For a while, Anna was attending a woman-only gym in the city and she really enjoyed the machines and the environment, however, the focus on her weight and her weight loss eventually made her stop going. Every month, Anna had to undergo a weigh and measure by one of the trainers. When she was weighed and nothing had changed, the trainers would ask her “have you been coming as often as you should?” and made her feel bad about herself for not losing weight. This got to the point where Anna stopped attending the gym at all. At the time of our interview, however, Anna had started a programme called ‘Lifting your spirits’ at her university gym. When Anna talked about her experiences at this gym, it was a lot more positive. Referred to the programme by her counsellor to help with her anxiety, Anna was given a four-week trial for free. On her first visit, Anna sat down with one of the trainers and had a discussion about her goals, not once was weight-loss mentioned.

Tayla: Do you think because you were referred to the gym by student counselling that by focusing on your mental health rather than your physical health has made a difference?

Anna: Definitely. My whole life I’ve had people telling me that I’m too big and telling me what to do with my body. So yeah the more people who don’t even know me make some sort of judgement on my body and what I should be doing, the more I think well fuck you I’m not going to do that, leave me alone. So absolutely when you change the focus you think I’ll do it because they aren’t looking at your flaws, they are looking for a way to help another problem. I guess what’s helped me in this sense is that somebody else said “hey we recognise this, and we would like to help you” whereas in the past people have said “hey this is what’s wrong with you, you should do something about it” and that has made a massive difference.

When the focus was taken off Anna’s body and instead placed on creating a healthy mind, Anna’s relationship with exercise changed. In other words, when the social expectation for Anna to lose weight and the pressure of her body was taken away from the equation, she was able to regain the confidence to participate in the practice of exercise.
Fat Movement as Resistance

The vision of fat women exercising, it has been argued, rarely enter the minds of the average person today (Schuster and Tealer 2009). The ‘working-at-being-fat’ myth held by most people dictates that people choose to get fat by eating too much and avoiding exercise; working out is then viewed as the punishment, the penance for their previously ‘bad’ behaviour. However, like so many other assumptions made about fat people, the belief that they do not exercise is untrue. ‘Nothing to Lose’, the dance show rejects this notion and critiques mainstream discourses about the moving fat body by placing a fat dancer on the stage. Similarly, Kath uses her fat body to resist these notions, highlighting the power that moving and shaping space has.

Sitting on the bus I had caught from right outside my hostel in the middle of Brisbane City, I got a text from Kath. “Hi Tayla! I’ll meet you at the station. You can’t miss me, the pink hair kind of stands out!” Pink hair or not, I felt like I already knew Kath, after all, I had been following her blog for over a year by this point. As the bus pulled into the station, I spotted Kath immediately. Dressed in a pink and red dress, her bright pink hair was in pigtails and colourful tattoos adorned her arms. The first thing I noticed about Kath was her infectious smile and laugh, as soon as I had introduced myself to her I was put at ease. We made our way to a café she had chosen for us to have lunch at through her small hometown where she pointed out different areas of her town to me, “that’s the cat that always comes and visits me at my house!” and “that’s the library where I work!”

In our interview, one thing became clear to me. Kath loves her bicycle. Before she found fat acceptance, Kath got it into her head that there was something wrong with her body and embodied the notion that fat people don’t, and can’t, exercise. She had convinced herself that she couldn’t travel, that she couldn’t cycle and that she couldn’t have her own bike all because of her body shape. After finding fat acceptance, Kath realised that using her bike could not only be a form of leisure and enjoyment, but also a form of resistance and activism.

So I bought a bike and she’s beautiful and she needs more flowers and pink. But when I went to buy it I was so worried that they would be like ‘oh no a fat lady won’t fit on a bike’ but I read a review of this place that said they were really nice and informal so I went there. My weight was never mentioned, they just asked how tall I was and if I was comfy and it was never an issue... but I had built it up in my head that I would go along there and I would be shamed because I had been shamed before just buying clothes and sporting gear! I ride into the city and back again now and I would never have believed that I could do that... it’s only when I look back on photos that I realise the headspace I was in and if someone
had shown me a photo of me riding my bike all the time and told me I would be like this now I wouldn't have never believed it! So that's what this photo is for, it's going against that statement that fat people don't exercise.

Figure 30

Kath has used her bike and her body to draw attention to the often overlooked role of the fat body as fit and healthy in western society. In analysing this act of resistance, I draw on Merleau-Ponty’s insight that “the body is our general medium for having a world” (1962:146). It is important to note this act of movement here as it demonstrates how bodies are able to actively participate in the agency of selves, and thus the social meaning that they constitute. Lois McNay (1999) argues that embodiment is discussed as a set of unstable potentialities. Because the body is constantly reconstituted and inherently unstable, the body is the starting point for challenging assumptions that specifically locate the body as a site of ultimate truth or authenticity about that person. In the act of biking, Kath has rejected the notion that a fat body must not exercise and has instead used her body to challenge societal assumptions about it.
This chapter has allowed focus on the visceral, social, visual and spatial aspect of the fat body. The visibility of the fat body and its negative social connotations have harmful and stigmatising effects for fat individuals, as argued in Chapter Five. This leads to a change in the way that the fat body moves and dwells in the world. While there are many ways that the fat body moves, throughout the participants’ narratives it became clear that hiding and negotiating space in public was a common way of managing the fat body. This is due to the social construction of the fat body as ‘failed’ and as ‘wrong’. Furthermore, I argue in this chapter that despite focus on the fat body as unhealthy, and recommendations that fat individuals exercise in order to lose weight, the social construction of the fat body as ‘wrong’ or ‘abnormal’ in western society has led to industries such as fitness centres excluding fat bodies from their facilities. Although gyms claim to welcome fat bodies, the equipment, members and artwork within them only cater to thin, ‘normal’ bodies and thus exclude fat bodies from feeling comfortable and safe within the facilities. In analysing Kath’s practices of biking, I argue in this chapter that the moving fat body can be a powerful act of resistance toward these social exclusionary practices. This chapter demonstrates the impact that social constructions of the fat body have on embodied experiences of movement and offers an ethnographically rooted way of approaching, writing and thinking about the body.
Chapter Seven: The Hungry Body

“As far as keeping a person alive is concerned, food and drink are needed for physical services. However, as far as social life is concerned, they are needed for mustering solidarity, attracting support and requiting kindnesses.”

- (Douglas 1996:xxi).

The Value of Food

Food choice has increasingly become a way to express one’s ideals and identity. For example, most vegetarians’ diets signify more than what one is allowed to eat and what one is not, it is rather an ideology of how life ought to be lived. Similarly, succeeding in controlling one’s diet in the pursuit of thinness has become a morally admired quality (Stein and Nemeroff 1995). Food has begun to take on moral significance to the extent to which it promotes or hinders valued traits such as health and attractiveness. Cross-culturally, it is common for food to take on moral aspects, and in almost any society, some foods are socially prohibited. Richard Stein and Carol Nemeroff (1995) suggest that ‘morality’ may be too strong a word to describe feelings or beliefs about food in modern culture, however, they draw on the work of Natalie Allon (1979) who described weight-loss group meetings as a religious ritual where members ‘sought salvation’ from their ‘evil sin’ of being fat. Such groups, Allon argued, formalised the general guilt people have about overeating. One reason for this comes from the ‘you are what you eat’ principle, derived from the law of ‘contagion’, originally described by James Frazer (1951). The law of contagion holds that objects that have been in contact with each other can exert an influence on one another, even after the contact has ceased. Influence occurs through a transmission of ‘essence’ – a physical or spiritual residue that contains the source’s important qualities, be they physical, moral or psychological. ‘You are what you eat’ is one type of contagion in which people are believed to take on the properties of the food they eat. Practices of eating, therefore, take on a different meaning for fat individuals whose bodies are already viewed as ‘immoral’. For Kylee, this was indeed an issue. Showing me a photograph of herself and her family eating ice-cream, Kylee informed me this represented her anxiety about eating in public and the fear of people watching her and judging her choice of food.
We are all eating ice cream, but I’m the only one where people would look at me and go “oh she shouldn’t be having that”. And even if I was eating a salad in that photo it would be “oh good she’s eating a salad”. It would never just be “that girl is eating”. There’s a value judgement that come with everything that fat people do, whereas I don’t think that comes with people who are within a normal health range.

Moral judgements of others based on the food they eat are particularly prevalent in the midst of an ‘obesity epidemic’. It is argued that immorality is associated with unhealthy, fattening foods, while healthy, non-caloric foods are viewed as moral, and ‘clean’ (Stein and Nemeroff 1995:481). Ice-cream is arguably considered high in fat and sugar content and is viewed as a ‘treat’, therefore, it can be considered as a food that is associated with fatness. For Kylee, her ‘immoral’ body not only affects her view of self-image (see Chapter Five), it also has an impact on her practices of eating. This takes the concern of the fat body beyond that of attractiveness, gender-role appropriate and healthy; with the focus on fat content and health value, food has now become a part of the moral edict concerned with the fat body.
Before our interview, Andy emailed me the photographs he had chosen to discuss with me. Among them, was this image:

![Image of bread, sugar, coke, and pizza]

Figure 32

“So this photo”... I began,

_Yup, that was my downfall. I used to probably have half a dozen coffees a day with two spoonful’s of sugar in them. Coke yeah, you go to the dairy and get a can of coke. And pizza was always the easy option. My wife was always working late at night so you just go and get takeaways. Pizza was always my favourite._

Andy was adamant that although fast food was “readily available” everywhere, at the end of the day, it was his fault for buying it. In particular he said to me “I was unhealthy, it was my fault”.

_Tayla: You keep saying you feel like it was your fault. Why? What makes you feel like it was your fault?_
Andy: I can’t blame anyone other than myself. I did it to myself. Nobody shoved it down my throat you know. I mean we can all blame society and big food companies. But I mean, they’re not the ones that make you go and buy... It’s your own money out of your own pocket and it’s you who hands it over the counter isn’t it? I just, self-control... and... why was it my fault? I suppose I just didn’t have self-discipline to eat.

Andy, in claiming that he was ‘out-of-control’, as well as his earlier declaration that his body was unhealthy (see Chapter Four) suggests that an intersection of a moral imperative and a health imperative is at play in his conception of his own fat identity. Stemming from the term the ‘cult of slenderness’, Alan Petersen and Deborah Lupton (1996) have suggested the term ‘the cult of the body’, characterised by an importance placed on physical appearance and size as a symbol of worth. The body has become a crucial means by which individuals can visibly express and symbolise personal attributes such as control (Barsky 1988; Bordo 1993; Glassner 1988). With such a moral imperative concerning the value of food types, when a body is visibly fat, the body does not just defy discourses of good health, it also defies discourses of what it means to be ‘morally good’. The key to ‘lifestyle change’ in the twenty-first century is ‘mind over body’ as ‘obesity’ is a sign of another disease process; the lack of will. The will becomes that which is healed by the weight loss process and enables the rational mind to control the body Andy, in claiming that he was ‘out-of-control’ claims that his fat body was a sign of the harmful effect of food on his body.

Shelley works in a programme called ‘Gateway’ at a Catholic all-boys high school. The majority of Shelley’s students are Samoan so Shelley has developed a strong connection with the Samoan community in her area. One night while I was around at Shelley’s, we were in the kitchen, a glass of wine in hand, cooking dinner together when she said to me:

Shelley: Why are we so hung up on weight Tayla? We’re so judging aren’t we. And yet the Samoan ladies at work, they never talk about that stuff. It’s not a part of who they are, they have a whole different value system and it’s more about how much service you give and how much you love your children and it’s such a lovely value system where it’s not about that visual image. It’s about a different type of image. So I love being around those ladies because I don’t feel judged at all.

Tayla: Where do you feel judged?

Shelley: When I go to one of the coffee shops in the wealthier area, all of a sudden I feel judged and it’s like... it’s like a real white upper class thing. So with other cultures, if you’re big, you’re abundant. But now with Pakehas, if you’re slim it demonstrates that you can afford to go to the gym and you can afford the right food, and you’re disciplined.
In a culture that values self-control, Kelly Brownell (1991) notes that having a thin body signals to the outside world that the individual is in control. It shows control over the impulses to eat and reflects hard work. Following Karl Marx and Foucault, feminist theorists point out the ways in which body ideals serve as mechanisms of social power and control (Bordo 1993; Orbach 1978). For example, the slender body symbolises not only an aesthetic ideal, but also the internal discipline that may be necessary to achieve it. I argue that this should be viewed in line with the dominant concept of ‘free choice’ in neoliberal societies. This concept presumes that citizens use their own assessment of risks that may be associated with certain commodities and behaviours. The government both supports free market enterprise and seeks to inform citizens about the risks that may be associated with certain commodities and behaviours. In neoliberal societies, products that are linked to ‘obesity’, such as fast foods are encouraged just as much as products directed at losing weight and it is considered up to the citizen to make wise choices about what products they should buy and use as part of the project of self-actualisation and fulfilment (Guthman and DePuis 2005; Guthman 2009). Ideal citizens, therefore, are able to continue to consume in a context of abundance and temptations, but also limit their consumption enough to demonstrate the capacity for self-discipline (Lupton 2013:40). For those who display signs to the contrary, it is a sign that they have ‘failed’ to participate in the concept of ‘free choice’ by engaging with practices (such as eating ‘bad’ food) that are deemed ‘immoral’.

The Hungry Body in Control

Health promotion serves as a means of self-regulation by urging a project of body monitoring and self-checking; attaining a healthy body is thus a matter of perceptual self-maintenance, a highly individualised project that in Foucault’s terms, constitutes a ‘technology of the self’. Techniques of the body permit individuals to effect, by their own means, a certain number of operations on their own bodies, souls, thoughts and ways of being so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection or immortality (Foucault 2008:18). Implicit in the ‘obesity’ discourse is a belief that the fat body not only can be worked on, but a moral imperative is implied that such a body should be worked on. Dieting as a technique of the body has come to be understood as a means of self-control. It is a process by which the individual claims control over their body and thus shows their ability to understand their role in society. The typically fat individual carries a history of repeated dieting efforts, followed by a regaining of weight and a renewed battle with ‘good’ or ‘bad’ foods. This battle is fought to control two aspects of the body – both size, and eating behaviour.
Discussions of food and dieting were common throughout the participants’ narratives. Each participant had tried dieting at least once in their life, or had developed a very structured and routine management plan with food. All of the participants had knowledge of what foods were ‘good’ and ‘bad’ for them, showing just how important the concept of management of consumption had become to them. After losing a lot of weight post-surgery, Andy had gained a lot of knowledge about how to cook and what to eat from the dietician that helped in his weight loss.

Andy: I mean there is no reason why you can’t have chips, just oven bake them instead of frying them. It’s not okay to have six coffees a day with two spoons of sugar in each one, then come home and have a couple of glasses of coke or cider. And make sure you have the three meals a day, not the three meals plus a snack here and there and another snack there. It’s those sorts of things.

Tayla: How did the dietician figure out what is and what isn’t good for you?

Andy: In the week leading up to the surgery you had to fill out what you would eat, so that’s what we worked through. And the first thing she did was go through the list and put a big red cross through it... and you start to think... wow. That’s quite a surprise what you shouldn’t be eating... or certainly not in the volumes that I was eating at the time.

Dana and Erin had a lot of knowledge on what foods were good for them and what were not,

Dana: I did do a high fat diet for a while, but I didn’t like it. I don’t enjoy eating a lot of fat. I like to eat junk food in the sense of a burger occasionally, but I don’t like milk or cheese or that much meat. It was expensive but I did it for about three weeks. It’s annoying because you just want to stop thinking about it. It makes a huge difference when I actually maintain making food and eating whole food for a couple of weeks it makes a huge difference. And I have to force myself to eat in the morning because I just want to drink coffee and not do anything.

Erin: I took a photo of dairy products because in theory I’m dairy intolerant, but dairy is my favourite thing on the whole planet, butter and cheese. And that’s the thing, if I dropped the dairy I know I would lose about 10 kilos.

Moss (1992) argues that the obsession with ‘good’ and ‘bad’ foods and routines of dieting are part of a socialisation process that fat individuals are entered into, instructing them in the current and unofficial understanding of fat. He calls this
process a ‘personal career of being fat’. “Being fat is like having a work career, it is something that is experienced over time” (Moss 1992:188). Trips to the medical clinic, self-help magazine articles and learning about nutrition and dieting all play a role in the transmission of such knowledge and thus convey a concept and image of the body as an object that needs constant monitoring and management.

I arrived at Leon’s house at 7.30pm the night we had planned to do our interview. Leon and his wife were running late and were only just serving themselves up dinner when I arrived. As they sat down at the table to eat their beetroot patty burgers, Leon said to me with a laugh “I guess this is pretty bad, me eating in front of you right before we do an interview about being fat!” Leon lost a lot of weight when he was in his early twenties, and has managed to keep the weight off ever since. However, this has not been without a strict routine of exercise and food management and the development of a complex relationship with food. The last photograph Leon showed me in our interview was a photo he had taken of chocolate and biscuits; he had labelled this photo ‘treats’.

Figure 33

I chose this picture because it’s to represent holding back, or managing my sweet tooth, my intake... and I guess the years of weight change and negative feelings and that sort of thing I’ve built up a system where I
have to manage that. And I have a system that basically, I have lunch, I’ll have a biscuit and that will be my sweet thing. I have no snacks during the day and at night. On a very, very rare occasion I might have a pudding or dessert. But mostly it will be a couple of squares of dairy milk chocolate and once again, it’s as a reward. Any sweets I have are a reward.

... It’s definitely just drawn upon myself. I have the choice, and whenever I see a trigger, I am obliged, I must do something about it, I absolutely must get it under control. I will go swimming, I will do more mountain biking, I will do a workout, and not just one workout, it will be a workout for 2-3 weeks and generally then I’ll feel more content. I have to watch it though... it’s very minor triggers and it’s a hairpin trigger because I only need to look at myself once and go “oh God I’m getting fat” and that will do it.

Noortje Van Amsterdam (2013:65) argues that because of the idea that everybody is at risk of becoming fat, slenderness as the unmarked position is not effortless and it requires constant self-surveillance and self-discipline to be maintained. Food for Leon has become the trigger in his bodily management, leading to a routine of exercise and food monitoring. The language of ‘watching’ his weight implies surveillance and the ascription of Leon being a ‘watcher’ of his weight implies an ontological state. With such a structured and routine relationship with food, Leon has learnt how to control his impulses. The fact that Leon is no longer fat is important here as he has ‘confessed’ his past and has ‘reformed’ in losing weight, however, he is also someone who can never forget that his new, slim persona is a bodily form that may slip at any moment.

Food as a Symbol of Love

If there’s one thing about Shelley, it’s that she loves food. She loves to cook for people, and she loves eating. Over the years, my Sundays would be spent sitting in her lounge with my best friend as she cooked for us, and her food would always be the best. The week leading up to our interview, Shelley was texting me telling me about all the food she had planned to make me, including my favourite of hers – seafood broth. As soon as I arrived at her house on the Friday night, Shelley had already poured a glass of wine and ushered me into the kitchen to help her make dinner. Shelley’s kitchen looks into the lounge, so every time I’m at her house she stands in the kitchen, glass of wine in hand, and talks to me while she cooks dinner with an episode of Master Chef playing on the television in the background. When Erin came over for our interview, it became clear that
Erin also shared this love for food, and this had formed a major part of their friendship. The two talked about their love of pot luck dinners, getting together with friends and eating and their memories of going to the beach with their families and celebrating with great food and wine. Part of their love for food comes from their childhood, and feeling like they were never ‘good enough’. As mothers they now make a conscious decision to show their children that they love them through food.

Shelley: Mum was always holding back because we weren’t getting a lot of income so we were always brought up on this feeling of deprivation. We were brought up feeling like we weren’t good enough... and none of us have gone on to find loving partners or be in happy relationships, and I know that’s because why would we go on to find loving partners if we never thought we were good enough? And when you have parents who don’t think that you’re worth giving good food to?

Erin: Dad was always really fit and never had any weight issues but I used to sit next to him at the dinner table and he would watch what I ate. Like I loved peanut butter and I would always put lots of peanut butter on my toast and dad would always lean over and take half of it off. And I used to think I’m never going to do that. But I still remember me just thinking you can’t do this to me forever, when I grow up I’m going to just pile on my peanut butter!

Shelley: When I left home I would over-indulge in everything. I would treat myself to everything and I lived this life of indulgence. And now you and I have that thing Erin, you and I are both feeders and we love cooking. And I love feeling abundant and generous because I don’t live on much or earn much and food is a way I can do that, a way that I can be generous and sharing. It becomes a celebration.

Erin: And it creates a bit of a hub, people coming in and out of the house, sit them down with a feed. And I know all the kids who are friends with my kids because I want to know them and I want them to come over and have some food.

Shelley: I mean I always try to make my kids feel like they are the most important thing in the world to me because I definitely didn’t feel like that growing up. Well they are the most important thing in the world... I don’t have to make that up. We are feeders aye? I had someone say to me once I love my kids going to your house because I know they will be fed well!
It has been argued that under conditions of criticism and coercive parental control, food restriction or weight control can be a mode of adaptation that functions as a form of resistance to parental authority (Root and Fallon 1988). However, Shelley and Erin have done the opposite, and have used food not only as a resistance to the parental control they experienced as children, but also as a way to avoid their children undergoing the same experiences they did. Additionally, the current ‘obesity’ discourse that aligns fat bodies with fast food and out-of-control eating habits is challenged by Erin and Shelley's narratives. For these women, food is associated nurturance and love, rather than immoral behaviour and self-control.

**Conclusion**

In 2004, Morgan Spurlock released a documentary titled ‘Super Size Me’. This film follows Spurlock on a 30-day period in which he eats nothing but McDonald’s food. The film documents the effects on Spurlock's physical and psychological well-being and explores the fast food industry's impact on the ‘obesity epidemic’. Although a drastic case study, this documentary exemplifies one of the most common perceptions held about fat bodies, that they must eat too much, and they must eat too much ‘bad’ food, namely fattening, fast food. The narratives in this chapter challenge this discourse and demonstrate that there are a number of ways in which the participants relate to food. For Andy, 'bad' food is a part of his reality, and his fat identity. For Shelley and Erin, food is seen as positive, and a symbol of love and nurturance. In this chapter, I have also highlighted the impact that the prevailing discourse on the fat hungry body has, including heightened anxiety when eating in public and complex, routine relationships with food and eating habits. The hungry fat body is therefore one that is multifaceted; felt and experienced in multiple ways.
Chapter Eight: The Body Back in Control

“...It's about going, this is mine. This is my body, it's not for you to judge, it's for me to do whatever I want with it”.

- Kath

Control as a form of Agency

The body, I have argued, is a means by which individuals publicly express virtues such as will-power, self-discipline and self-control. The fat body is frequently regarded as an outward sign of being out-of-control. Contemporary discourses tend to represent bodies, weight and appetite as things that are controllable and should be controlled. Further, weight is constituted as something that is explicitly within the control of the individual. Discourses of control have been prevalent throughout this thesis. In Chapter Four, I argued that in a new paradigm of health, one must take responsibility and control over their body in order to attain a healthy status. In Chapter Six, I examined the ways in which the participants control and manipulate their bodies in order to avoid social stigma in public. In Chapter Seven, I explored the notion of control within the context of food. In these chapters, the idea of control has been underpinned by the prevailing 'obesity discourse' that suggests the participants in this study may be passive participants within a wider social order. In this chapter, however, I examine control over the body as a form of agency.

The concept of agency has been defined as “the human capacity to act” (Ahearn 1999:12). To assert that the body is an agent is not to overlook that the body is ultimately an object that in itself has neither subjectivity, nor capacity for intentional action. Rather, in line with Reischer and Koo (2004) I contend that the ‘self’ is ultimately an embodied self, and the symbolic capacity of material bodies can thus be ‘employed’ by this self as one way to act on the world. That is, bodies have the ability to mediate the relationship between persons and the world; they necessarily participate in the agency of selves. Patti and Patricia Lather (1991) draw on the concept of 'powers of agency' from the “emergence of people who know who they are and are conscious of themselves as active and deciding beings, who bear responsibility for their choices and who are able to explain them in terms of their own freely adopted purposes and ideals” (109). In this sense, agency offers hope for the alleviation of oppression through
Control over the Body in Fat Activism

I first came across fat activism while researching for my honours dissertation. At this point, the beginning of 2013, I hadn’t heard of anything to do with ‘fat activism’. While I’d heard of ‘fat pride’ and had seen all the body positivity campaigns such as the ‘Dove Campaign for Real Beauty’, I was unaware of the concept until I watched a short documentary on a local television programme that featured Cat Pausè, a fat activist and fat studies scholar based in New Zealand. In this short documentary, Cat talked about the problems surrounding the current health discourse and the ‘obesity epidemic’ and the need to shift perspectives and national discourses surrounding fatness. Once I finished watching, I immediately started researching, and this is when I was introduced to the ‘fatosphere’. It was early on in my exploration of the fatosphere that I came across Kath at the Fat Heffalump. Her articulation, along with her sassiness, and her compassion for others had me hooked, and I have read her blog for inspiration in my own research, as well as information ever since.

The Fat Activism Movement articulates the fat body in a number of ways. Some activists challenge the ‘blame culture’ that fat individuals are responsible for their own oppression to be ‘society’ (Cooper 1997). The dominance of the health discourse has ensured that questions around fat and health remain of central concern to fat activists, which has lead organisations such as the National Association to Advance Fat Acceptance and the British Section of the International Size Acceptance Association to work against size discrimination in all aspects of public life such as employment and medicine (Cooper 2010). There are also activists that work towards a celebration of bigness through particular self-help organisations and creative political and artistic interventions. In these cases, focus is placed on ‘acceptance’ rather than changing your body to conform to normative bodily ideals (Colls 2006:531). Kath is a proud activist who believes in fighting for the human rights of fat people to live their lives without discrimination or vilification. She believes in the liberation of fat people from a society that has treated fat bodies as second class citizens for almost a century. For Kath, much of her journey is about taking back social constructions of her body through visual images that she shares on her blog and on the internet. Kath’s activism acknowledges that the body is not only a symbolic field for the reproduction of dominant values and conceptions; it is also a site for resistance to, and transformation of those systems of meanings (Crawford 1984:95). In our
interview, Kath provided a few photographs that represent her activism and explained their meanings to me:

![Figure 34](image1.png) ![Figure 35](image2.png)

I think it was when New York called soft drinks an ‘agent of obesity’, we became the ‘agents of obesity’ so Brian made these and I just love this so much. And we had so much fun reclaiming that whole thing. There’s this other thing where these guys on Reddit\(^\text{16}\) call us ‘hamplanets’, so we made this thing called ‘team hamplanet’. Sometimes that taking back and reclaiming the conversation and creating images that stand out get people thinking and sometimes something simple with just a few lines underneath is really powerful...

....I turned this photo [figure 37] into a business card because people are so weird about fat people and food. And I wanted to throw that whole good fatty/bad fatty thing in people's face. I don’t even like eating cake that much, if I had it my way I would wear cakes because they are so pretty and colourful! So yeah I turned that photo into my business card and it really makes people shocked because they are like “oh a fat lady

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\(^\text{16}\) Reddit is an entertainment, social networking service and news website where registered community members can submit content, such as text posts or direct links.
A driving force in Kath’s role as a fat activist and in creating and producing images like this is entrenched in the idea that fat acceptance is a process, it’s not just a place that you reach. Kath has taken control over her body by using it as a vehicle for social action; her body is out there in the world as a way of claiming that fat bodies do not have to be constrained by the dominant cultural values that have been placed on them. Kath's fat body thus symbolises a bodily (re)form that both reflects and motivates processes of social reform. Because the fat body is such a potent symbol, its form and appearance are often highly politicised. The body is at once a vehicle for the imposition of social, political and economic forces onto individuals and groups and is a way to resist these forces. Kath has found a means of not only taking control over her body, but also uses her body to challenge oppression against fat bodies.

Kath's role as an activist is important in the context of the current ‘obesity’ discourse, as she is actively taking on the role of a ‘deviant citizen’. Christine Halse (2009) maintains that the moral discourse operates in that a failure to
control one’s weight makes one a ‘bad’ citizen by ignoring the interests of the common good needed for a well-ordered society. If maintaining a thin body – one that is carefully monitored and controlled in its size and appearance - is a symbol of cultural and social cooperation, then having a body in direct opposition to that ideal is tantamount to civil disobedience (Reischer and Koo 2004:302). Those who resist the ideal of a thin body and ‘choose’ to stay fat are thus labelled as ‘bad’, they are social deviants. A deviance arises when people who are in a position to impose their judgements find other people’s behaviour in one way or another ‘unsettling’ (Suchar 1978:1). The specifics of such reactions and the grounds for them may vary considerably – sometimes incorporating strong moral outrage, and at other times reflecting merely feelings of distaste or even pity. To the extent it succeeds, this process depersonalises the offending individuals who are treated as mere instances of a discreditable category, rather than as full human beings – thus imposing personal stigma and providing a basis for collective discrimination against them (Schur 1980:5).

Kath’s position is a process, and given the deviant status she so publically projects, it is a tough one. Kath is regularly sent death threats, pornography and is harassed on a daily basis.

You get so much shit... and all it takes is for someone to be nice to you or say “I read your blog” or a nice comment and it just makes you go “this is why I do this”. Because I don’t do this for me, I mean I do it a little bit in the sense that I stayed silent for so many years and I just took the shit. But when I ask myself why I do this, I do this for the me I was before I became this me. I felt like I was in drag or costume in those days, I never felt like I was me. Because if we don’t see ourselves represented in a positive way, we see the headless fatty or the dorky sidekick or the miserable chick that can’t get a boyfriend, so it’s really important to do this sort of stuff.

Despite the harassment, Kath has acknowledged that more than ever, she feels herself, and she feels happy in her body. No longer feeling as if she is in a ‘costume’, Kath has taken control over her body through her activism and acceptance, and finally is able to live a life as the woman she always wanted to.

Choice as a form of Control

As discussed in Chapter Five, Shelley was her unhappiest when she was at her thinnest. Now, at the age of 53, Shelley is a single-mother, is a self-confessed fat woman and is the happiest she has ever been. Shelley’s happiness and acceptance of her body has come with the realisation that certain aspects of her
life are not worth sacrificing in attainment of a thin body. In our interview, Shelley pulls out a photo of two glasses of wine and tells Erin and myself that her weight gain is purely due to her consumption of wine. Shelley reveals that in choosing wine over a thin body, she has taken control over her mental health and her happiness.

I love drinking wine. Because no one expects anything of me. And I know the reason I put on weight is because I drink a lot of wine. During the week I'll drink about 4 glasses and on Friday's I'll drink a whole bottle because it's Friday wine day. And I used to agonise that I'm an alcoholic and then I finally just accepted to myself that I probably was. But I'm fine and it keeps my equilibrium good for me. It keeps me happy. I know that if I wanted to drop weight I could just stop drinking but I don't want to do that because of all the other stuff that it does for me. But it's like I've made the decision and that's why I'm a failure to my family... It's all the sugar in the wine and I know that... I've made the decision that I would rather sit here and drink wine than be skinny. And I think so what? I would rather have my glass of wine than be stuck bored in my house every night.

Erin: Or being skinny but sitting here being depressed?

Shelley: Yeah! And it does numb me somewhat, but I'm good with that because I am a chronic depressive. It's my thing, I know that it's the wine.
I don’t eat bad food, I walk every day. I’m not actively trying to lose weight though. I think that if I have my life at a good balance, I have a decent heart rate and blood pressure and if I laugh every day and I enjoy what I’m doing then I’m good. And if other people don’t think I’m good enough then… fuck them.

Shelley’s control over her body is inherently connected to choice and agency. She has chosen to drink wine as a way to control her depression, and recognises that she is a happier person when she is not battling her weight and instead focuses on the things that she enjoys doing. In stating that she is in control of her weight, but chooses not to actively lose weight, Shelley is enacting ideas of autonomy and agency. She has made an individual choice, removed from any contextual constraints, structural or otherwise, and has freed herself from cultural norms and expectations of what her body should represent. This choice is defined in opposition to both her family, who Shelley is aware do not approve of her body, and wider social discourses that align a thin body with happiness.

Practices of Control: Weight Loss Surgery

Eighteen months before our interview, Andy’s company ran an electronic-learning course for his staff. As a thank-you to the man who ran the course, Andy provided the trainer with a cheque and posed for a photograph with him. Andy bought along the photo that was taken to our interview; an image that was published in the company’s monthly work newsletter. After spending years hiding his body in photographs in an attempt to avoid seeing ‘the full picture’, Andy was confronted with his body the day he opened up the newsletter. Andy captioned this photograph ‘the one that made my mind up.’

Andy: When I saw that picture... when I saw it in the newsletter... I thought, I’ve gotta do something. It’s just totally out of hand. So yeah, that’s when I sort of said, I’ve got to do something about this...I don’t like that photo, I have to admit. It did have such an effect on me. And it’s funny but it’s just so vivid in my mind, when I saw that picture I thought... I have to do something, this is just totally out of hand.

Tayla: After seeing this photo, what was your next step after that?

Andy: After that I started researching surgery and the options. And that’s when I thought yeah this is something I probably need to look at... So between that photo and actually going for surgery was about three months.
Tayla: And how do you feel looking at that photo now?

Andy: I just hate that shirt, the way the cuffs are, because obviously to have a size 50 shirt, which that was, you are meant to be a much bigger, taller guy than I am. But up until I saw that photo I had never really noticed it before, it was when I saw that photo I thought... this is... yeah.

Figure 38

After Andy saw the photograph of himself in his work newsletter, he went to his local GP to get a referral to undergo weight loss surgery. His doctor was very supportive and set Andy up to go to an open evening where Doctors came along and talked about the process. After the meeting, Andy contacted the private clinic

17 The procedure Andy had was Gastric Bypass Surgery, a procedure in which the stomach is divided into a small upper pouch and a lower pouch, and then the small intestine is rearranged to connect to both. This leads to reduction in the amount of volume the stomach can hold, accompanied by an altered psychological and physical response to food. In short, it restricts the amount of food a person can eat.
and was set up to have a meeting with a surgeon, a nurse, a dietician, a psychiatrist and a therapist. Andy took his wife and two daughters along and spent a couple of hours with the health professionals. At this point, Andy realised that he had a food addiction, and that he had a problem.

*Andy: At the surgery, they were quite blunt.*

*Tayla: Was that a shock?*

*Andy: It was good because you sat there and you did think “yeah it’s my fault, I can’t do that, I’ve got to change”. I suppose it was at this point where I suddenly realised I’ve got this real problem, this real addiction with food. I need to get some help here. The best thing that happened was that I worked through it with a therapist, because everything was my problem. I had to change my whole life around me basically. And one of the things that they really drive home is that the surgery is only a small part of it. It’s that whole well-being and actually working with your head, because if you don’t get that right then you’re just… I think that what really made this so successful was the work they did prior and the work they did afterwards. The surgery part was probably the quickest and easiest part of it all, because you have to get your head right first. [Pointing to his head] I think it’s in here. That’s where the problem is. It’s all in your head and not in your stomach.*

In their study on weight loss surgery, Jane Ogden and colleagues (2006) noted that patient’s conceptualise weight gain as a result of uncontrollable factors and have chosen to have surgery through a belief that they were out of control. Similarly, in contextualising his weight as a ‘mind’ problem, Andy is rooted in the Cartesian mind/body dualism in which the rational, thinking self is expected to control the potentially errant body and its hunger. This ambiguous, disassociated relationship underlying his perspective has divided his body into two realms of substances: the body on one hand, and the mind on the other. Andy has accepted his fatness predominately as an individual failure and in choosing to have surgery he is essentially taking control over his fate by handing his body over to external forces.

After surgery, Andy began to feel a renewed sense of control over his body. Andy’s post-surgery body has enabled him to manipulate his eating habits, as his smaller stomach prohibits the consumption of excess food:

*Andy: As soon as you eat something your body tells you if it’s good for you. Like if you have a piece of chocolate your body tells you it’s just too much sugar and you just don’t feel good having it. As soon as you have too much*
food, your body tells you it’s too much whereas before you just kept putting it in and it was fine.

Tayla: Is it a physical feeling?

Andy: Yes. You can actually feel it coming up, building up as well. I don’t know how it all works but there is something at the top of your stomach that tells you you’ve had enough but of course you have to fill your stomach up before you get to that stage, so you eat and eat and eat, and you overeat but your body doesn’t know that you’ve eaten too much. But now your body tells you when you’re full. So I have a lot more control over what I eat now.

In having the surgery, Andy’s body has been altered in a way that it is now able to manipulate and control his eating habits. Andy now has control over the food, rather than the food having control over him. In this sense, he has reclaimed power over his mind and thus, his body. The surgery has assisted in Andy’s newfound control through his body’s acquisition of new capacities.

Conclusion

The notion of control is not as simple as it is frequently framed within the ‘obesity’ discourse. Under a neoliberal regime, we are compelled to take up practices to avoid or reduce the risk associated with ‘obesity’; some take up these practices and techniques more fully than others. The vast proliferation of discourse around ‘obesity’, in which the hazards and moral laxity of fatness are expressed in terms of a global crisis, has led to an intensification of regulation and discipline of the body; this is framed as ‘taking control’ of the body. However, these practices are experienced by individuals to varying degrees. Practices of control can be seen in Kath as she rejects notions of biomedical labels of the body and takes control by living the way she wants. Control is embodied in her actions of activism, and in her commitment to changing societal conventions of fat bodies. For Shelley, control over her body comes in the choice she makes. Shelley is aware that her weight gain is due to her personal decision, however, like Kath, is deciding to live a happy and fulfilled life, rather than taking on society’s expectations of how she should live her life. They have both relinquished the negativity surrounding their body and have decided to embrace themselves thus gaining control over their happiness. In deciding to undergo surgery, Andy has remedied what he believes was an out-of-control mind. In handing control over to surgeons to alter the way his body operates, Andy is now able to manipulate his eating habits and has regained power over his body. Within the ‘obesity’ discourse, control is often related to diet, food restriction and exercise, however,
in reading these narratives, it becomes clear that the notion of control in the context of ‘obesity’ is a complex, multifaceted practice; it is multiple and is enacted in numerous ways.
Chapter Nine: Conclusion

“When we reject the single story, when we realise that there is never a single story... we regain a kind of paradise”.
- Chimamanda Ngozi Adichie (2009)

I began this research with the aim of understanding how fat bodies are constituted through their engaged interaction with social and cultural environments. In recognising the dominance of biomedical narratives within the ‘obesity’ discourse, it became clear to me that first-hand knowledge and narratives from fat people themselves was largely absent from the debate. Inspired by embodiment theory and the notion that bodies provide vivid evidence of how we embody the world we live in, I became curious about the lived experiences of fat bodies. I wanted to write a thesis that incorporated the narratives and stories from fat individuals themselves in an attempt to deconstruct the dominant ‘obesity’ discourse. After conducting, transcribing and coding my interviews, it became clear that although the participants’ stories fell under core themes that have ultimately structured this thesis, all of these experiences were different, conflicting and multiple. My thesis soon became shaped not around my original research question, but by the stories and the narratives that each participant shared with me. Focusing on the real life experiences of these individuals as spoken in their own words has offered a rich, anthropological insight into their emergent identities. Through the insights of each participant, it becomes clear that beneath the surface of these narratives, there are political and social structures that affect the way in which each participant lives their body.

This thesis has shown how fat individuals occupy multiple, shifting spaces along the social hierarchy and how their bodily experiences are embedded within diverse and changeable circumstances. Forging their identities in the face of social influences that continuously and explicitly express the notion that the fat body is ‘wrong’ or ‘failed’, this thesis has given the participants an opportunity to co-construct the multiple meanings that surround fat bodies and what they represent in western society. Furthermore, by breaking down fat stereotypes, and rehumanising fat bodies in all their forms, this research has provided an important means of challenging current visual representations of fat. This research, that relies very heavily on what is seen – both in the images provided, and on the physicality of the fat body itself, has raised questions about what
parts of identity are not visible, in a body that is currently very visibly ‘known’. By drawing on Mol’s (2002) notion of ‘the body multiple’ and Scheper-Hughes and Lock’s (1978) ‘three bodies’, each chapter has focused on different emergent bodies, highlighting core themes that can be seen across the diverse bodies. I make clear that the fat body and its meanings are not singular, rather, they are multiple. The extent to which social messages have been transmitted about the value of thinness and the way in which these messages have been conveyed are particularly important in considering how the participants have come to understand and identify their own body. These messages, I have argued, are situated within a variety of different ethnographic moments, settings and relationships.

I began this thesis with a quote from Dana, in which she told me that she just wants to be a person. In the process of writing, it became clear to me that as well as challenging discourses and arguing that the fat body is multiple, an essential goal is to acknowledge that fat people are complex and considered people. Throughout this thesis I have allowed the participants’ voices to shine through and to tell their stories. By doing this, I make clear that fat people are not confined to the stereotypes they supposedly represent and have real, emotional, lived experiences.

From a feminist perspective, the body becomes “the site at which women, consciously or not accept the meanings that circulate in popular culture about ideal beauty” (Balsamo 1996:78). Women have been encouraged in contemporary western society to take up as little space as possible and to adopt the role of an ‘object’ to be looked at. Chapter Three acknowledged the imperative for the female body to stay slender and I argued that such cultural messages often emerge within family environments, in which the formation of a fat-identity is constructed. This chapter situates fat identity in relation to other individuals and looks at the impact that troublesome relationships have in the development of self-identity and self-consciousness.

The 2000s gave rise to what has now become routinely known as the ‘obesity epidemic’. As a result, nationwide, public-health campaigns have been created to encourage people to eat more healthfully and to be more active in order to achieve a ‘normal’ BMI, and thus and ‘ideal’ body. This emerges from a ‘new paradigm of health’ in which citizens are now considered responsible for their own health in order to prevent the onset of ‘obesity’-related illness. The intensified medicalisation of the problem of weight in western society, the definition of ‘obesity’ as a disease and increased media coverage of the issue has propelled ‘obesity’ to the forefront of western health discourses. No longer are fat people merely ‘lazy’, they are biologically ‘abnormal’, ‘at risk of disease’ and ‘in need of medical treatment’ (Bordo 1993). The medical model of ‘obesity’ has thus built on a moral model in ways that have intensified pressures to be thin in
the twenty-first century. In writing this thesis, I hope I have made clear that the fat body is not just defined by its health status; rather, the fat body entails a multitude of experiences.

The stigma of fat has the ability to transform the body into a spectacle due to the negative social connotations that are applied to it, namely, ill-health and a lack of control. However, I argue that the visibility of fat may also contribute to feelings of ‘disgust’ due to its connection with ‘dirt’ and matter out of place. The fat body presents itself as a source of unseen resistance, beyond immediate control or understanding and defying personal will or determination. In some cases this has led to a separation of self from the external body, forms of spoiled self-identities, and an internalisation of failure. The visibility of the fat body thus impacts mundane routines such as clothing the body, shopping (Chapter Five), negotiating public space and taking photographs (Chapter Six). My analysis also reveals that the fat body is one that moves differently. In particular, it highlights that the discourse that encourages fat people to exercise in order to lose weight and thus achieve ‘health’, fails to acknowledge the exclusionary practices within the exercise industry that do not allow fat individuals to move safely and comfortably within them. In my conversation with Kath, however, it became clear that the moving fat body can be seen as a site of resistance and can participate in an act of de-constructing these exclusionary practices.

This thesis acknowledges the multiple relationships that fat individuals have with food. Andy, in a sense, conformed to the dominant discourse that is seen in documentaries such as ‘Super Size Me’ and ‘The Biggest Loser’ as he admitted he had an addiction to food, and viewed himself as out of control. I also pointed out that there are different ways in which a fat body relates to food; for Shelley and Erin, food is a vital part of their life as it symbolises love and nurturance and acts as a medium for social connections within the family and social groups. In contrast, food for Leon acts as a trigger, a reminder of the body he once occupied, and serves as a symbol of ‘holding back’ from the temptations in his life. In Chapter Eight, I explore the multiple ways in which the fat body takes control. Control has come to be seen as a major aspect of the ‘obesity’ debate, often, the intensified regulation and self-management of the body has been framed as ‘taking control’ over and ‘out of control’ body. In this chapter, control is enacted in three ways; through activism, choice and medical intervention. I argue here that the notion of control does not have to be aligned with discourses of eating, dieting and exercise and is rather embodied in a multitude of ways.

Reflecting on this thesis, I acknowledge that my analysis was determined by the methodologies I used. As a result, the visual has played an important part in this thesis.” Jane Feuer (1999) notes “for those of us subject to what might be called ‘visible oppression’, representation is the necessary first step toward liberation” (198). In giving the participants the space to actively participate in creating new
images that represent fat-identity, they are contributing towards changing and diversifying representations of the fat body. This thesis has therefore enabled the participants to co-create and build upon shared narrative explanations and experiences of the fat body, how it moves, how it is perceived and how it resists. Asking my participants to provide images that reflected their experiences of being fat provided a way for me to organise and structure the interviews, thus giving the participants primary control over the direction that this research took.

Of course, not all of the photographs (or narratives for that matter) are included in this thesis. However, the photographs that have been included centre around what participants articulated to be the ‘core’ narratives and the most important aspects of their stories. At times, stories would emerge that did not directly relate to the images provided but developed from conversations based on images. Photographs were therefore useful in eliciting valuable information that may not have surfaced if I had entered an interview with my own pre-written questions. Due to this, there are many stories within this thesis that do not have corresponding photographs to go with them. In reflecting on the use of the visual, it is clear that the photographs were used to locate an experience to a particular time and place and thus give meaning to, as well as contextualise the participants’ stories. Furthermore, I included the photographs in this thesis to enable the reader to engage reflexively with what they see before them, housing the potential to challenge bias and facilitate personal change. The photographs have therefore provided a unique medium through which we can see and understand the embodied experiences of fat.

What is interesting to note is that although I told the participants that they were open to provide any photographs that they wanted, photographs tended to fall under key themes. These were family and friends, health, photographs of the self, clothing, public spaces, food and agency. The photographs and their corresponding narratives have thus formed the ethnographic structure of this thesis. Reflecting on this, the photographs have made clear that personal experience is both local and particular. Although the participants all experience individual stories, the photographs selected for the interviews fell under categories that are often associated with the fat body. This highlights that despite individual experiences, the lives of these individuals are still very much constrained by particular social and political structures that govern the way that one views the self and lives life. In recognising this, I believe that challenging current conceptions of fat bodies is still a necessary and important aspect of anthropological study. As I have argued, this is best explored through the personal narratives of those affected.

This thesis has contributed to anthropological studies about the body. In particular, it has added to discussions about the multiple bodies that are occupied and experienced. Studies that allow participants to co-concept
meanings of their own bodies and focus on the lived experience of being fat are typically absent in the ‘obesity’ debate. This anthropological approach has therefore allowed for rich ethnographic accounts of these individuals lives. This thesis should be read as a snapshot of these individual’s lives and in this sense, this research is incomplete as these individual’s identities will continue to grow, and new experiences will add to their self-narratives. Given these limitations, future focus on gendered experiences other than cis-gender would offer insight into the intersectional experiences of fat embodiment. A study that focuses solely on the experience of men would also contribute to the ‘obesity’ debate. Furthermore, due to cross-cultural ideals on the fat body, an anthropology of ‘obesity’ would benefit from exploring experiences of non-Pakeha fat individuals living in New Zealand, as well as the effect of class and socioeconomic status on fat bodies. I believe that there is also a need for more visual ethnographies on the fat body that challenge current visual representations, as there is considerable evidence that proves stereotypical understandings of the fat body heightens weight bias and psychological ill for those who experience weight stigma. In analysing the multiple experiences of a small group of people, this thesis has revealed that this topic presents a wide range of opportunities for future studies.

In contextualising meaningful events, the personal narratives that the participants express in this thesis contribute to the understanding of individual experience as part of wider social relations and cultural values. Sedgwick (1993) proposed the idea that there can be a process of ‘coming out’ as fat. This process is about declaring the truth of one’s body and in speaking the truth, opening up the possibility of being seen in new ways. With the participants actively declaring their fat identity, and using their images to challenge current representations of fat in western society, they have claimed the right to define the meaning of their own body, and thus the creation of their own story. As Adichie (2009 argues), stories matter, many stories matter. Stories have been used to dispossess and to malign, but stories can also be used to empower and to humanise. Stories can break the dignity of a people, but stories can also repair that broken dignity. This thesis, above all, tells stories. It tells the stories of eleven individuals who have lived life as fat. It has enabled the possibility for more than one story about their life to be talked about, and it has enabled them to be co-creators in the stories of fat bodies across the globe. It has enabled the chance for these participants to define themselves, and to define their own life. As Anna told me during our interview,

*What makes people think they are allowed to define me? Nobody has the right to tell another person how they should identify themselves. Nobody should tell you what you should or should not look like. Everybody is different. Nobody can look the same. At the end of the day I would just like to be accepted for whoever and whatever I am and whatever I choose to be.*
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