As a new, interdisciplinary field of intellectual inquiry, fat studies is defined in part by what it is not.

For example, if you believe that fat people could (and should) lose weight, then you are not doing fat studies—you are part of the $58.6 billion-per-year weight-loss industry or its vast customer base (Marketdata Enterprises, 2007).

If you believe that being fat is a disease and that fat people cannot possibly enjoy good health or long life, then you are not doing fat studies. Instead, your approach is aligned with “obesity” researchers, bariatric surgeons, public health officials who declare “war on obesity” (Koop, 1997), and the medico-pharmaceutical industrial complex that profits from dangerous attempts to “cure” people of bodily difference (more on “obesity” later).

If you believe that thin is inherently beautiful and fat is obviously ugly, then you are not doing fat studies work either. You are instead in the realm of advertising, popular media, or the more derivative types of visual art—in other words, propaganda.

Fat studies is a radical field, in the sense that it goes to the root of weight-related belief systems.

The contrasting endeavors mentioned above are prescriptive in nature. They assume that human weight is mutable and negotiable, assumptions that are informed by current social bias and stigma against fatness and fat people. On this point, fat studies is—in strong contrast—descriptive. Weight, like height, is a human characteristic that varies across any population in a bell curve (Flegal, 2006). An individual person’s weight also varies over the course of a lifetime, influenced largely by inherited predisposition and only marginally by environmental factors like eating and exercise patterns (Hainer, Stunkard, Kunesova, Parizkova, Stich, & Allison, 2001). Most people naturally occupy a middle range of weights (and heights), whereas some people naturally weigh less and some people naturally weigh more (just as some people are naturally tall or short). Heights and weights also vary between populations and time periods, due in large part
to levels of economic development, access to food, advances in medicine and immunization, and other large-scale factors (Kolata, 2006). There have always been and will always be people of different heights. There have also always been and there will also always be people of different weights. Unlike traditional approaches to weight, a fat studies approach offers no opposition to the simple fact of human weight diversity, but instead looks at what people and societies make of this reality.

The field of fat studies requires skepticism about weight-related beliefs that are popular, powerful, and prejudicial. This skepticism is currently rare, even taboo. Questioning the received knowledge on weight is socially risky. American culture is engaged in a pervasive witch hunt targeting fatness and fat people (a project that is rapidly being exported worldwide). Although this urge to eradicate fat people continues, it is not only challenging to be fat, but also especially challenging to question any aspect of the witch hunt on fat people (not that it is so very comfortable to be thin during a weight-based witch hunt). Whenever members of a society have recourse to only one opinion on a basic human experience, that is precisely the discourse and the experience that should attract intellectual curiosity.

Social Justice and Fat Studies

Historically, liberation movements have preceded the establishment of related fields of academic or theoretical inquiry. The Stonewall riots took place years before the first queer theory conference. Women were fighting for the right to vote at least 150 years before professors started getting tenure in women’s studies departments. African Americans won freedom from slavery and began to found traditionally black colleges and universities long before being granted full civic equality. In 1935, people with physical disabilities held a sit-in to protest their automatic exclusion from WPA jobs during the Great Depression, but a deaf person was not president of a major U.S. university (Gallaudet) until 1988. And transgender people resisted police brutality during the Compton’s Cafeteria riot in San Francisco long before gender theorists considered a nonbinary approach.

Fat pride community, often called the size acceptance movement, began in the United States with the National Association to Advance Fat Acceptance in 1969 and the powerful work of the Fat Underground in the 1970s. Since then, grassroots groups have built resources for self-esteem, fitness, fashion, socializing, medical advocacy, and defense from discrimination, while creating theater, dance, music, poetry, fiction, magazines, film, and art. Weight prejudice is a U.S. export that activists overseas are starting to resist. The field of fat studies offers a crucial corollary to fat pride community and fat civil rights activism. Fat studies has the potential to make a unique contribution as a theoretical and analytic undertaking, and also to provide much-needed momentum and moral suasion for social justice for people of all sizes.

For many years, fat studies was not a field but an individual endeavor taken up by isolated scholars. Esther Rothblum has a career-long commitment to exploring weight stigma. Anthropologist Margaret Mackenzie conducted important research
on fat acceptance in Pacific Island cultures (1986). Medical anthropologist Jeffrey So-
bal’s work on the social meanings of weight include coediting two anthologies with
Donna Maurer, *Interpreting Weight: The Social Management of Fatness and Thinness*
(1999a), and *Weighty Issues: Fatness and Thinness as Social Problems* (1999b). Sondra
Solovay surveyed the diverse fields of law where weight had become a courtroom
topic in *Tipping the Scales of Justice: Fighting Weight-Based Discrimination* (2000).
Kathleen LeBesco coedited the anthology of thoughtful essays *Bodies Out of Bounds:*
*Fatness and Transgression* (Braziel & LeBesco, 2001) and later wrote her own import-
ant analysis in *Revolting Bodies? The Struggle to Redefine Fat Identity* (2004). In the
last decade, people have written enough dissertations, journal articles, and books to
begin to fill a fat studies bookshelf. A small yet worthy footnote family has devel-
oped. I locate the beginnings of the fat studies field with the conference at Columbia
University Teachers College in the spring of 2004 titled “Fat Attitudes: An Examina-
tion of an American Subculture and the Representation of the Female Body,” and the
accompanying art show titled “Fat Attitudes: A Celebration of Large Women.” Both
events were organized by then–graduate student Lori Don Levan, PhD, who is now a
professor of arts education and crafts at Kutztown University. In the next two years,
fat studies expanded via panels at regional and national conferences of the Popular
Culture Association/American Culture Association, thanks in large part to the vision
of Susan Koppelman, editor of a short-fiction anthology *The Strange History of Su-
zanne LaFleshe, and Other Stories of Women and Fatness* (2003). In spring of 2006,
Sheana Director and other members of the Smith College anti-sizism student orga-
nization Size Matters hosted another landmark conference titled “Fat and the Acad-
emy.” At the time of this writing, several hundred fat activists and people working in
the field of fat studies are discussing issues and supporting each other’s work on the
fat studies e-mail list (http://www.groups.yahoo.com/group/fatstudies) that I founded
in June 2004 and continue to moderate. In 2006, the *New York Times*, the *Chronicle
of Higher Education*, and the National Women’s Studies Association newsletter *NWS-
Action* covered the nascent field of fat studies. This book, *The Fat Studies Reader*—not
to mention the scholarship and course offerings that it will inspire—represents a big
step toward establishing fat studies as a field.

**Before Starting Any Fat Studies Program, Consult Your . . .**

In the opening of this essay, three examples are offered in contradistinction to fat
studies. They are written in the second person for this reason: If you participate in the
field of fat studies, you must be willing to examine not just the broader social forces
related to weight but also your own involvement with these structures. If you do fat
studies work, you yourself are always already part of the topic. Every person who lives
in a fat-hating culture inevitably absorbs anti-fat beliefs, assumptions, and stereotypes,
and also inevitably comes to occupy a position in relation to power arrangements that
are based on weight. None of us can ever hope to be completely free of such train-
ing or completely disentangled from the power grid. None of us is responsible for
the whole belief system. But if you undertake to do fat studies work without also acknowledging and addressing your own position in relation to weight-based privilege and oppression, you risk undermining your ostensible efforts with your own unexamined and counterproductive assumptions. Your relationship to weight-based privilege and oppression is both internalized (the beliefs that we carry with us and impose on ourselves and others) and external (our interactions with people, institutions, and social and material conditions that are affected by weight). Acknowledging one side (internal or external) without acknowledging the other leaves you vulnerable to fat hatred and is unlikely to be fully effective. Addressing internalized attitudes supports your ability to address external power dynamics, and vice versa, in a positive feedback loop that can benefit both your work and your life. You will inevitably encounter personal and conceptual blind spots in the process of understanding and refining your own position. These interruptions in awareness are remediable; they come into view more readily if you keep shaking your head at the absurdity of any of us being made to explain or defend the basic fact of our embodiment.

What Do You Say?

Word choice is a good place to begin to examine assumptions. How do you refer to people at the heavier-than-average end of the weight bell curve? Currently, in mainstream U.S. society, the O-words, “overweight” and “obese,” are considered more acceptable, even more polite, than the F-word, “fat.” In the field of fat studies, there is agreement that the O-words are neither neutral nor benign. (The editors and contributors of this Reader have chosen to surround the O-words with scare quotes to indicate their compromised status.) In fat studies, there is respect for the political project of reclaiming the word fat, both as the preferred neutral adjective (i.e., short/tall, young/old, fat/thin) and also as a preferred term of political identity. There is nothing negative or rude in the word fat unless someone makes the effort to put it there; using the word fat as a descriptor (not a discriminator) can help dispel prejudice. Seemingly well-meaning euphemisms like “heavy,” “plump,” “husky,” and so forth put a falsely positive spin on a negative view of fatness.

Over What Weight?

“Overweight” is inherently anti-fat. It implies an extreme goal: instead of a bell curve distribution of human weights, it calls for a lone, towering, unlikely bar graph with everyone occupying the same (thin) weights. If a word like “overweight” is acceptable and even preferable, then weight prejudice becomes accepted and preferred. (The population is getting taller, but we do not bemoan overheight or warn people to keep below, say, five feet eight. Being tall is valued. For an important introduction to height prejudice, see Ellen Frankel’s book Beyond Measure: A Memoir About Short Stature and Inner Growth, 2006).
In related terminology, it is not meaningful to call weights “normal” or “abnormal.” (Although mathematically, “average” weights certainly exist in any population.) The body shape that is normal for tall and thin Broadway choreographer Tommy Tune is not the weight that is normal for short and fat movie and television actor/producer Danny DeVito. Expecting either of these entertainers to look like the other would not be healthy, nor would it increase their box-office value. There would also be no benefit if Olympic weightlifter Cheryl Haworth and tennis champion Maria Sharapova were expected to trade weights.

Similarly, health is a problematic concept when linked with weight. Health is not a number, but rather a subjective experience with many influences. Stepping onto a scale cannot prove a person healthy or unhealthy. In Health at Every Size (HAES), people discuss weight in health-neutral ways and discuss health in weight-neutral ways. (Readers may refer to Deb Burgard’s excellent introductory chapter, “What Is Health at Every Size?” in this volume. As a field, Health at Every Size joins fat studies and fat pride community in creating a sturdy tripod of support for the larger project of questioning and undoing weight prejudice.) Weight is an inaccurate basis for predicting individual health or longevity, much less someone’s eating or exercise habits. For example, the majority of people categorized as “obese”—seven out of eight—are not diabetic (National Center for Health Statistics, 2006). “Health” can be used to police body conformity and can be code for weight-related judgments that are socially, not scientifically, driven. “Health” can also cover a whole range of beliefs and behaviors (eating disorders, moralizing about food or fitness, alienation from one’s own body) that reinforce social control around weight and can be very damaging to well-being. Like the F-word, health is a term that calls for a conscious project of reclamation.

**The Epidemic of the Word “Obesity”**

It will require the work of many fat studies scholars to fully trace all the harm caused by use of the term “obesity” (including belittling assumptions, internalized oppression, discriminatory consequences, and more). As shorthand for this litany, many people doing fat studies quarantine “obesity” inside scare quotes. It is also common to begin presentations with a disclaimer that the term “obesity” is, at best, contested. Others use qualifiers, referring to alleged or so-called obesity. In sum, “obesity” is sic [sic].

Calling fat people “obese” medicalizes human diversity. Medicalizing diversity inspires a misplaced search for a “cure” for naturally occurring difference. Far from generating sympathy for fat people, medicalization of weight fuels anti-fat prejudice and discrimination in all areas of society. People think: If fat people need to be cured, there must be something wrong with them. Cures should work; if they do not, it is the fat person’s fault and a license not to employ, date, educate, rent to, sell clothes to, give a medical exam to, see on television, respect, or welcome such fat people in society. Such hateful attitudes are acceptable because no one really believes that
being fat is any kind of disease. If fat people suffered from a real illness, our detractors' attitudes would be unacceptably cruel. The pretense of concern for fat people's health wards anti-fat attitudes against exposure as simple hatred. Belief in a “cure” also masks that hatred. It is not possible to hate a group of people for our own good. Medicalization actually helps categorize fat people as social untouchables. It is little surprise, then, that when fat people do fall ill, we get blame, not compassion. We receive punishment, not help. Medical cures are inappropriate when applied to social ills. Such a misdiagnosis can be very dangerous. Ascribing illness to everyone whose weight falls above an arbitrary cutoff inevitably yields mistakes—when I give weight diversity talks, I say, “The only thing that anyone can diagnose, with any certainty, by looking at a fat person, is their own level of stereotype and prejudice toward fat people.”

Who Is Fat?

In the United States, any number of self-appointed authorities are eager to designate who is fat and who is not. The federal government, health insurers, medical doctors, school nurses, popular media, advertising, the fashion industry, strangers, acquaintances, friends, family members, romantic partners, and, of course, the bathroom scale—each alleged authority draws its own line between fat and thin, does so at different weights, and may redraw the line at any time. For example, a Blue Cross of California health insurance underwriter admitted to me in 2003 that the company’s weight limit for people it deems “morbidly obese” (and thus uninsurable) had changed six times in the preceding decade. I replied, “Those lines sure are infallible!” Such intermittent feedback can be very disorienting. When being thin or fat in our society confers privilege or oppression, the stakes are high.

The federal government has used a variety of “ideal” weight charts, most recently switching to Body Mass Index (BMI, a way to collapse height and weight into one number). (It is no more meaningful to know that I have a BMI of 49 than it is to know that I’m five feet four inches and weigh 285 pounds.) In 1998, the BMI cutoff points that define “overweight” and “obese” categories were lowered; with that change, millions of people became fat overnight. The “obesity” researchers who lobbied for this redefinition argued that the new lines were evidence-based: the “overweight” line was supposed to indicate the weight at which people face increased risk of disease (morbidity), and the “obese” line was supposed to indicate the weight at which people face increased risk of death (mortality). Morbidity/mortality correlations with weight are often contradictory. Sometimes being fat protects against disease. Sometimes fatter people live longer (Andres, 1980; Flegal, Graubard, Williamson, & Gail, 2005). The federal government still draws lines at the conveniently memorable BMIs of 25 and 30. People with a BMI under 18.5 are labeled “underweight.” People whose BMI falls between 18.5 and 25 are labeled “healthy weight.” People with a BMI of 25 and up are labeled “overweight.” And people with a BMI of 30 and up are labeled “obese.” (The term “morbidly obese” refers to BMI 40 and up, but is not used as a major reporting
category; mostly it is used to sell stomach amputations.) In *Health, United States, 2006* (National Center for Health Statistics, 2006), a publication of the National Center for Health Statistics, part of the Centers for Disease Control, results from the National Health and Nutrition Examination Survey for 2001 to 2004 indicate that 1.7 percent of Americans between the ages of 20 and 74 fell into the “underweight” category, 32.2 percent fell into the “healthy” weight category, 34 percent fell into the “overweight” category, and 32.1 percent fell into the “obese” category.

The weight divide is not just a fat/thin binary. In *The Culture of Conformism: Understanding Social Consent*, Patrick Colm Hogan (2001) describes micro-hierarchization, a process that certainly applies to weight-based attitudes. People feel superiority or self-loathing based on each calorie or gram of food consumed or not consumed, in each belt notch, pound, or inch gained or lost, in each clothing size smaller or larger. Each micro-rung on the weight-based hierarchy exerts pressure to covet the next increment thinner and regret the next increment fatter, leaving little room for people to recognize and revolt against the overall system that alienates us from our own bodies.

Power lies both in naming and in rejecting naming. The federal government categorizes me as “morbidly obese”; I identify as fat. Is it self-contradictory to claim membership in the fat club when I seek to disrupt belief in the meaningfulness or usefulness of weight categories? No, it’s just ironic. Claiming one’s embodiment (whatever one weighs) is a form of political resistance, a way to undo alienation. A fat-hating society asks fearfully, “Do I look fat?” I respond, “I am Fatacus!” Just as Kurt Cobain of Nirvana (1993) sang, “Everyone is gay,” in a fat-hating society everyone is fat. Fat functions as a floating signifier, attaching to individuals based on a power relationship, not a physical measurement. People all along the weight spectrum may experience fat oppression. A young woman who weighs eighty-seven pounds because of her anorexia knows something about fat oppression. So does a fat person who is expected to pay double for the privilege of sitting down during an airplane flight. Each person brings useful leverage to help shift attitudes. I welcome thin people not as allies but as colleagues. If we imagine that the conflict is between fat and thin, weight prejudice continues. Instead, the conflict is between all of us against a system that would weigh our value as people. If we cannot feel at home in our own skins, where else are we supposed to go?

The field of fat studies is not concerned with a small subgroup of people. U.S. government health officials designate two-thirds of people as over the line for “ideal,” “healthy,” or “normal” weight. The remaining third are encouraged to live in fear of getting fat. Frustrated by a failed, forty-year effort to cut adults down to cookie-cutter size, hysteria mongers have shifted their aim to children. One scare tactic involves schools alerting parents their children have fallen into the nonsensical category “at risk of becoming overweight.” Yet Americans are fatter and taller and healthier and longer-lived than ever before in human history (Kolata, 2006). Nonetheless, its public policy to aggressively export fear of the fat menace—“globesity”—even to places where people go hungry (World Health Organization, 2006). Fat or not, everybody has a stake in the findings of scholars who advance the new field of fat studies.
For a decade, fat people have been hearing more frequent and more insistent death threats. The threats first became popular when Interneuron Pharmaceuticals and Wyeth-Ayerst sought FDA approval for Redux in 1997. (Redux produced six pounds of weight loss compared to placebo. It was recalled when users developed serious illness and even died.) “Obesity” researchers who testified in support of Redux claimed that three hundred thousand people die annually from being fat. University of California, Davis, nutrition professor Judith Stern testified that things were dire, and that anyone who did not vote to approve Redux should be shot (McAfee, 1994). The three hundred thousand claim was based on an estimate of extra deaths due to poor nutrition and lack of exercise. The original study, by McGinnis and Foege (1998), included no weight data. Its authors took the unusual step of publishing an open letter in the New England Journal of Medicine in April 1998 asking people to stop misusing their results. By that point, however, the FDA had already responded to the threats by approving Redux.

Although journalists continue to cite the debunked three hundred thousand figure, “obesity” researchers invented a new, improved version—four hundred thousand fat deaths per year. They developed this number by applying estimates of how many fat people should be dying to the current number of fat people and the current number of deaths. In comparison, Katherine Flegal, PhD, a researcher for the National Center for Health Statistics at the Centers for Disease Control, published a methodologically unassailable study of actual deaths in various weight categories and found a much lower figure—111,900 more deaths—among the alleged “obese” than in the “normal” weight category (Flegal, 2006; Flegal et al., 2005). She also found 86,000 fewer deaths among people whom the government labels “overweight,” and 33,746 more deaths among “underweight” people. In an editorial, she admonished, “We thought it important to clarify in our article that any associations of weight with mortality were not necessarily causal but might be due, wholly or in part, to other factors, such as activity, diet, body composition or fat distribution, that were associated both with weight and with mortality” (Flegal, 2006, p. 1171).

One need not quote Mark Twain regarding exaggerated predictions of our demise to note that most of the experts who influence federal “obesity” policy fantasize about fat people dying in droves. To put these fantasies in harsh perspective, consider that in the twenty-five-year history of the HIV/AIDS epidemic in the United States, more than 529,000 people have died from AIDS. At its worst, in 1995, more than 50,000 people died from this infectious disease (Centers for Disease Control, 2004). If fat deaths truly were sixfold or eightfold compared to AIDS deaths, I think we would have noticed. There’d be an outcry. Lynn McAfee, the medical liaison for the Council on Size and Weight Discrimination, would not be the only self-identified fat person to attend CDC and FDA meetings to ask the government to check its facts on “obesity.” With no giant pile of dead fat bodies, death threats about fatness sound like wishful thinking. During the last quarter century, while Americans have gained on...
average twenty or so pounds, the mainstream media has gone from mentioning the term “obesity” only sixty times per year in the early 1980s to five hundred times per year in 1990, to one thousand mentions in 1995, three thousand mentions in 2000, and seven thousand panic-stricken mentions of “obesity” in 2003 (Saguy & Riley, 2005). When Flegal significantly lowered estimates of fat deaths, none of the “obesity” researchers were glad.

Only sturdy people could endure the kind of neglect and endangerment that fat people often experience at the hands of the medical establishment and continue to live as long as we do.

You Cannot Simultaneously Prevent and Prepare for War

Overt prejudice and discrimination may be less of a hindrance to social justice for fat people than projects that claim to offer help but nonetheless rely on—and promote—fat hatred. Echoing the quotation attributed to Albert Einstein that provides the title for this section, several institutions offer examples of this disturbing oil-and-water mix of politics and prejudice: the American “Obesity” Association (AOA), the “Obesity” Law and Advocacy Center, and Yale University’s Rudd Center on Food Policy and “Obesity,” for example (I have added the scare quotes to their names). The AOA is a group made up of “obesity” researchers and weight-loss physicians who seem to believe that the interests of fat people are completely subsumed in the interests of professionals whose careers profit only if fat is a disease. A visitor to attorney Walter Lindstrom’s “Obesity” Law and Advocacy Center Web site might imagine that fat people’s civil rights reside in our gastrointestinal tracts, as the preponderance of his materials concern making insurers pay for digestive mutilations, with only a few brief mentions of the phenomenon of weight discrimination. For example, twenty-six of the Web site’s thirty-one Frequently Asked Questions are about gastric bonsai, yet none addresses weight discrimination. A Resources section has only surgical listings. In Lindstrom’s eStore, which sells numerous nutritional supplements for surgery survivors, twenty-eight of thirty-one books for sale proselytize so-called weight-loss surgery, whereas no titles address weight discrimination (Lindstrom, 2007). As a vehicle for social change, Yale’s Rudd Center manages to stomp on both the accelerator and the brake pedal. According to Rudd’s mission statement, its goals are to “improve the world’s diet, prevent obesity, and reduce weight stigma” (Rudd Center, 2006). With its first two goals, Rudd actually increases weight stigma, thereby undermining its third goal. There is no nice, unstigmatizing way to wish that fat people did not eat or exist. Besides, “obesity” prevention is a fallback position, a tacit admission that experts hope the same tips that have failed to produce weight loss will somehow prevent weight gain. Why should good nutrition not concern thin people? Why advance a food-policy agenda on the backs of fat people? When HAES psychologist Deb Burgard asked Brownell just that question at the International Conference on Eating Disorders in Montreal in spring of 2005, he said, “The reason that in terms of testifying before Congress and giving a talk like this, I use ‘obesity’ so much, is it has political
currency these days” (Brownell, 2005). The dubious goal of “obesity” prevention gets funding, yet ending weight discrimination does not. Al Gore quotes Upton Sinclair in the global warming film *An Inconvenient Truth* as having written, “It is difficult to get a man to understand something when his job depends upon his not understanding it.” Weight discrimination will continue to thrive so long as efforts to end it focus on changing people’s bodies rather than changing people’s minds.

This chapter serves as an introduction to concepts necessary for a field of fat studies. Such a field is an intellectual endeavor, but it is also inevitably involved with how individuals and institutions in our world relate to weight. Insofar as fat studies work reinforces or revolutionizes attitudes about weight, it is political.

**Fat Studies and Fat Realities**

In 1974, not long after the Fat Underground staged a takeover of the stage at a major women’s rally to protest ugly rumors about popular singer (and fat woman) Cass Elliot’s death, this quote appeared in the majority finding of the California Court of Appeal, Third Appellate District, case involving the Black Panthers: “Textual analysis is not enough” (Black Panther Party v. Kehoe, 1974, p. 651). Fat studies texts need to connect with the reality of weight discrimination. Claims of neutrality or objectivity in fat studies risk making analyses less credible, not more so. Critical race theory offers an excellent example of engaged academia, but fat studies need not adopt the label of critical weight theory to prove the point—as long as fat prejudice exists, fat studies will have a crucial impact.

I pass along the reminder from Paul Campos (law professor, fat studies author, and public denouncer of weight-related irrationality) that Rabbi Tarfon cautions us in Pirke Avot 2:21 that “it is not your obligation to complete the task . . . but neither are you free to desist.” Although the essays in this *Reader* investigate specific topics related to weight, each one may also serve as a kind of lever, prying against a way of thinking. This *Reader* both explores a cultural construct and wields leverage on a power dynamic. The field of fat studies as a whole does not just map the contours of the vexing boulder of weight-based oppression; it also helps move that obstacle from our shared path, freeing us to enjoy authentic—rather than alienated—embodiment. This political project might matter to you because you see that people encounter extreme cruelty due to weight stigma. Better that fat studies should matter to you for your own, selfish reasons—because you are willing to recognize how weight-based attitudes needlessly constrain you, whatever you weigh.

**Reasons for Revolution**

In the hope of offering a partial indication of what may be at stake when we confront attitudes about weight, here is a review of some of the data documenting the impact of weight-based prejudice and discrimination in the United States.
Weight-based discrimination is a cradle-to-grave phenomenon. Fat people are officially barred from adopting babies from China. In Britain, health clinics may refuse in vitro fertilization to fat women, and the British Fertility Society has recommended a general ban (BBC News, 2006). In the United States, public health departments advertise that parents should prevent childhood “obesity.” They even encourage breastfeeding, with its many benefits, as a means to this end. Girls as young as five fear gaining weight (Davison & Birch, 2001; Irvine, 2001; Richardson, 1971). At age ten, fat children are chosen last as friends by peers (Latner & Stunkard, 2003). (This survey compares the fat child only to children with visible disabilities, a poor study design; I wish to note the extent of fat children’s unpopularity without reinforcing ableism.) Fatter children are far more likely to be bullied or teased (see chap. 13 by Weinstock & Krehbiel, this volume). After years of ostracism, fat teens may bully or tease others (Janssen, Craig, Boyce, & Pickett, 2004).

The National Education Association reports, “For fat students the school experience is one of ongoing prejudice, unnoticed discrimination, and almost constant harassment. From nursery school through college, fat students experience ostracism, discouragement, sometimes violence. Often ridiculed by their peers and discouraged by even well-meaning education employees, fat students develop low self-esteem and have limited horizons. They are deprived of places on honor rolls, sports teams, and cheerleading squads and are denied letters of recommendation” (1994, p. 1).

Fatter children are sadder, lonelier, more worried about school and their futures, and face greater ridicule from gym teachers (Rimm & Rimm, 2004). Average-weight children who fear becoming fat may eat too little, thereby slowing growth and delaying puberty (Pugliese, Lifshitz, Grad, Ford, & Marks-Katz, 1983). Fatter teens are more likely to face humiliating or shaming experiences that can lead to depression (Sjöberg, Nilsson, & Leppert, 2005). Teens who think that they’re not the “right” weight are more likely to contemplate or attempt suicide (Eaton, Lowry, Brener, Galuska, & Crosby, 2005). A disordered relationship with food is standard among young women (Polivy & Herman, 1987). Boys are not immune. After playing with GI Joe dolls, they are more likely to starve themselves, lift weights compulsively, or take steroids (Pope, Olivardia, Gruber, & Borowiecki, 1999).

High school counselors are less likely to encourage fat students to apply for college, colleges are less likely to admit equally qualified fat applicants, and parents are less likely to pay a fat daughter’s college tuition (Crandall, 1995). Colleges are typically unaware of fat students’ seating needs.

Adulthood is no escape from mistreatment. In the workplace, 93 percent of human resources professionals said that they would hire a “normal weight” applicant over a fat applicant with the same qualifications. Fifteen percent would not promote a fat employee. One in ten think it is acceptable to fire an employee for being fat (Fattism Rife in Business, 2005). There is little stigma attached to discriminating against fat people (Crandall, 1994). Fat women earn nearly seven thousand dollars less in annual household income than thinner women (Gortmaker, Must, Perrin, Sobol, & Dietz, 1993). Fat workers are paid less, for no other documentable reason than weight; over a forty-year career, the disparity can total one hundred thousand dollars less in pre-
tax earnings (Ford & Baum, 2004). In a review of twenty-nine weight discrimination studies, the fattest women earned one-fourth less than thinner workers. Women who weighed sixty-five pounds more than average-weight women received 7 percent less in salary. Employers admitted routinely turning down promising fat applicants for not “fitting the corporate image” (Cawley, 2000; Roehling, 1999, p. 969). Weight may outweigh other characteristics in influencing hiring and other employment decisions (Larkin & Pines, 1979). Fat employees are denied health insurance benefits and are pressured to resign or are fired for being fat (Rothblum, Brand, Miller, & Oetjen, 1990). People who are considered beautiful enjoy a 5 percent salary bonus, whereas people who are considered ugly earn 5 to 10 percent less (Hamermesh & Biddle, 1994). College and university professors receive higher ratings in student evaluations if they also rank high for attractiveness (Hamermesh & Parker, 2003).

In retail settings, fat people get less respect. When fat people engage in diet talk around shop clerks, however, we are treated better than if we talk about our bodies with pride (King, Shapiro, Singleterary, Turner, & Hebl, 2006). It is not just harder for fat people to work or shop; it is also harder to find housing—landlords are 50 percent less likely to rent to an equally qualified fat person (Karris, 1977).

Fat prejudice has a profound impact on social life. Fat men are 11 percent less likely to be married, and fat women are 20 percent less likely to be married (Gortmaker et al., 1993). Just being seen with a fat person can affect the social status of an average-weight person (Gallagher, Tate, McCologan, Dovey, & Halford, 2003). In that study, people described a thin man with a fat woman as “miserable, self-indulgent, passive, shapeless, depressed, weak, insignificant, and insecure” (p. A119). Internalized fat oppression is so intense that fat people hold harsher judgments upon viewing a thin man with a fat woman than average-weight people do (Gallagher, Tate, McCologan, Dovey, & Halford, 2003). Social isolation is a serious concern, not just because it is emotionally painful, but also because it can affect health. Men who have numerous friends and close friendships are half as likely to develop heart disease (Rosengren, Wilhemsena, & Orth-Gomér, 2004).

Fat people are at risk in the medical setting itself. Imaging equipment like MRIs or CT scans often have weight limits. Finding machines that accommodate higher weights is left to patients, who may face life-or-death consequences from the result of their search (and information about accessible imaging devices is not reliably available from providers, accrediting bodies, or device manufacturers). The fatter a patient is, the more likely a surgeon is to leave sponges or even surgical instruments behind, an error that necessitates further surgery for 70 percent of such cases (Gawande, Studdert, Orav, Brenner, & Zinner, 2002).

The biased attitudes of health-care providers also put fat patients at risk (O’Neil & Rogers, 1998). Physicians view fat patients negatively and avoid spending time with us (Hebl & Xu, 2001). Even doctors and researchers who specialize in “obesity” harbor stereotypes of fat people as lazy, stupid, and worthless (Schwartz, Chambliss, Brownell, Blair, & Billington, 2003; Teachman & Brownell, 2001) (the Rudd Center scholars who authored these studies also specialize in “obesity,” but do not disclose their own levels of weight bias). Nurses hold negative views of fat patients (Brown, 2006; Maroney &
Golub, 1992). Students of exercise science see fat people as bad and lazy (Chambliss, Finley & Blair, 2004). Mental health professionals are more likely to evaluate fat people negatively (Agell & Rothblum, 1991; Young & Powell, 1985). Fat people who need organ transplants may be told to lose weight to be eligible (Hasse, 1997).

Fat women are a third less likely to receive breast exams, Pap smears, or gynecologic exams, but are no less likely to receive mammograms, which may indicate obstetric/gynecology physicians’ hesitation to touch fat patients. Researchers admitted that weight-based barriers to care “may exacerbate or even account for some of the increased health risks correlated with higher weights” (Fontaine, Faith, Allison, & Chetkin, 1998, p. 383). Twelve percent of well-educated women reported delaying or canceling physician appointments because they knew that they would be weighed. Olson, Schumaker, and Yawn (1994, p. 891) wrote, “If we are to reach our goal of health maintenance, we must work to remove the barriers that keep obese patients out of their physicians’ offices.” Even when fat women have health insurance, we avoid doctors because of “disrespectful treatment, embarrassment at being weighed, negative attitudes of providers, unsolicited advice to lose weight, and medical equipment that was too small to be functional” (Amy, Aalborg, Lyons, & Keranen, 2006, p. 147). Given the intensity of fat stigma, especially in the medical setting, it is no surprise that a third of “obese” people would risk death or trade five years of life to lose even 10 percent of their weight. The more we weigh, the more willing we are to risk our lives to lose weight (Wee, Hamel, Davis, & Phillips, 2004; these findings explain, to some extent, why fat people consent to life-threatening stomach amputations). If fat people believe the lie that our lives are not worth living, we are unlikely to hold our health-care providers to a high standard of safety or efficacy for our care.

The anti-fat bias of health-care providers leads to improper diagnoses. For example, physicians told a fat man in London for an entire decade that his abdominal pain was due to his “obesity.” Finally, he received a scan and surgeons removed a fifty-five-pound malignant tumor (“Overweight” Man, 2005).

Anti-fat attitudes are rigged to be impervious. Anti-fat attitudes increase when weight is explained by overeating and lack of exercise, but do not decrease with a genetic explanation. Stories of weight discrimination (like the above litany) reduce anti-fat attitudes only in people who are fat (Teachman, Gapinski, Brownell, Rawlings, & Jeyaram, 2003). Fat studies can challenge this ingrown thinking.

Conclusion

Every major industry and institution has some level of monetary stake in perpetuating weight-based stereotypes, prejudice, and discrimination. A billboard advertising the MINI Cooper automobile showed the car with the slogan “100% fat free.” Fear and hatred sell, and people are buying megadoses. Yet anti-fat attitudes impose a huge personal and financial cost to society. Amid such crushing social coercion and control, the field of fat studies can offer a revelatory new lens on the central human question of embodiment, a theoretical approach that will have direct political and social effects. Like
feminist studies, queer studies, and disability studies, which consider gender, sexuality, or functional difference, fat studies can show us who we are via the lens of weight. Fat studies can offer an analysis that is in solidarity with resistance to other forms of oppression by offering a new and unique view of alienation. I would have stopped my work after publishing one issue of the FAT!SO? zine if I had not received letters from people who said, “This is the first thing that ever made me feel okay.” Until the fat studies bookshelf is longer than the diet bookshelf, people will find their first contact with self-respect via the writing in this field. There is more than enough fat studies work for all of us to do: connections to make, freedom to envision, liberation to embody, and implications to comprehend. As disability theory scholar Lennard Davis (2002, p. 26) wrote, “Difference is what we all have in common.” Welcome to the revolution!

REFERENCES


McAfee, Lynn (1994, April). Personal communication to author by McAfee, who attended FDA hearings on approval of Redux.


This page intentionally left blank