

BEING FAT IN A THIN CULTURE

By

CAROL WHIPPLE DAVIS

Bachelor of Arts

Missouri Southern State College

Joplin, Missouri

1985

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
MASTER OF SCIENCE
July, 1989

Thesis
1989
D2616
cop.2

BEING FAT IN A THIN CULTURE

Thesis approved:

Larry M. Perkins

Thesis Advisor

David Edgley

[Signature]

Norman R. Durham

Dean of the Graduate College

PREFACE

This study is concerned with the meaning of being fat in a culture that values thinness as the ideal body type. Being fat can be seen as a form of social deviance. Possessing the stigma of obesity creates many possibilities in the negotiation of this spoiled identity. The primary object of this study is to describe the meaning of being fat in American culture. A qualitative analysis of the self-reports of individuals who possess the stigma of obesity will be undertaken to ascertain any prevalent generic processes associated with stigma negotiation.

I wish to express my gratitude to Dr. Larry Perkins, Dr. Charles Edgley, and Dr. Lynn Atkinson for their support and guidance in this project.

Also, I wish to thank my husband, Bill and son, Caleb for encouraging me to be me.

Lastly, I thank the women in my life for the unconditional love they so willingly give.

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION	1
II. THEORETICAL ORIENTATION	6
Nature of the Self.	6
Stigma.	13
The Deviant Self.	16
Fat As Deviance	18
III. RESEARCH PROBLEM AND METHODOLOGY.	23
The Research Problem.	23
Methodology	24
Description of Respondents.	26
Socio-Demographic Information	28
Data Collection	29
IV. CULTURAL CONTEXT.	30
American Individualism.	30
Historical Perspective.	37
The Immorality of Fat	39
And the Pendulum Swings	40
The TV Factor	44
The Nation's Number One Health Crisis?.	46
V. ANALYSIS OF DATA.	50
"Good Ol' Meredith"	50
"I'm Working on It"	51
Fat As Master Status.	54
"Yuppies Aren't Fat!"	58
Who Me?: Cultural Diversity.	60
The Disembodied Self.	62
The Last Socially Acceptable Prejudice.	66
The Medicalization of Fat	73
"It's Not Your Fault...You're Not Alone".	77
The Nonconformity of Self-Acceptance.	85
VI. CONCLUSION.	90
BIBLIOGRAPHY.	96

CHAPTER I

INTRODUCTION

As social beings we live with our eyes upon our reflection, but have no assurance of the tranquility of the waters in which we see it. In the days of witchcraft it used to be believed that if one person secretly made a waxen image of another and stuck pins into the image, its counterpart would suffer tortures, and that if the image was melted the person would die. This superstition is almost realized in the relation between the private self and its social reflection. They seem separate but are darkly united, and what is done to the one is done to the other.

Charles Horton Cooley, 1902

Erikson (1966) points out that each society displays at a given time a particular set of "deviances" that in many complex ways reflect the other features of that social system. He stresses that these patterns of deviance especially reflect the major preoccupations and fears of a given society. This can be seen in American society in 1989. We are undoubtedly preoccupied with thinness and all the social rewards that it brings. Those rewards being acceptance and even adulation. Being fat is not conforming to the ideal standard of beauty in this country. Being fat is being deviant. Fat people report that people see in them their worst nightmare--being fat--and treat them accordingly. Being fat in America is a daily experience of encountering

stigmatization. The deviant identities formed from the labels placed on the stigmatized are held in precariousness. As Erikson has stated "Sociologically...the critical variable is the social audience that eventually decides whether or not any given action or actions will become a visible case of deviation (Erikson 1962).

We live in a society that is consumed with the body. American culture is one that has the technology that allows the acquisition of goods and requires less effort to survive. We measure self-value by wealth and seem to have a stronger tendency to identify with the body. We spend billions of dollars every year on cosmetics, girdles, massages, breast reductions, breast implants and facelifts. In a world where starvation is one of its greatest agonies, the United States spends more than four hundred million dollars a year just to lose weight (MacKenzie, 1980).

Women in contemporary American society are more concerned about body, image, food, dieting, and eating than men are (Bersheid, Walster, and Bohrnsteat, 1973; Dwyer, Feldman and Mayer 1967, 1970; Herman and Polivy, 1980; Pliner, Chaiken, and Flelt, 1987; Polivy, Garner and Garfinkel, 1986; Rodin, Silberstein, and Striegel-Moore, 1985; Striegel-Moore, Silberstein and Rodin, 1986). In most other cultures and historical periods, women have been proud to be large--being fat was a sign of fertility, of prosperity, and of the ability to survive. Yet fear of fat and big-

ness reigns in most sectors of American culture today. Media images of women insist "thin is beautiful" and "you can never be too thin or too rich."

In a society that has been suffused with the Protestant Ethic, one characteristic of which is a strong emphasis on impulse control, fatness suggests a type of immorality which invites retribution (Maddox, 1968). Obesity is looked upon as a character flaw within the American framework of free choice. Victorian culture is instrumental in promoting health and moral living which emphasizes self-denial and restraint.

Much of the disdain society has for fat people rests on the idea of health. We have been told for many years now how unhealthy a fat body is. With the current healthism movement in the United States which stresses individual responsibility in the maintenance of health (Crawford, 1980), a fat person is seen not only as lazy and undisciplined, but more critically, unhealthy.

The medicalization of deviance is obvious concerning the issue of weight. We, as society, are inundated with advertising telling fat people "it's not your fault, you are not alone." At the same time we denigrate fat people for being weak-willed and undisciplined. The obese are caught within this paradox of conflicting messages. Eating disorder clinics that stress nutritional fasts and the ever popular twelve-step program are popping up in even the smallest com-

munities. A disease model is being sold quite successfully to the fat person as well as to the rest of society. Is it any wonder? It would seem logical that a "sick" label would be more acceptable to a fat person than the labels of "weak" or "lazy". The medical model in all of its capitalistic underpinnings exerts an element of control over such problems in living as "eating disorders".

With all the mechanisms of social control in place, it is easy to understand why a fat person might begin to feel stigmatized and on the fringes of society. This study is designed to look at fat as a source of social stigma for its possessors and the meaning it has in their lives. The medicalization of fat is also looked at as a form of social control emphasizing individual responsibility for one's "disease" of fatness rather than looking at the larger issue of social conformity to an "ideal" body type.

The theoretical orientation of this research is based on the tenets of symbolic interaction, looking at self as process, and the linkage between it and the community. This is in the second chapter.

Chapter Three is the research methodology section. From the naturalistic paradigm comes the methodology for this study, which is qualitative in nature. Included in this qualitative methodology are individual interviews, group interviews, and participant observation.

Chapter Four includes an historical and cultural per-

spective of the meaning of being fat in American culture. The American value of individualism is looked at as well as the role of the media in promoting the ideal body type.

Once the interviews were concluded, an in-depth analysis of the data was undertaken. The commonality in the experience of being fat in this culture brought about emergent themes. The description and interpretation of these various themes are provided for in Chapter Five.

Chapter Six contains the conclusions and findings concerning the experience of being fat in a thin culture.

CHAPTER II

THEORETICAL ORIENTATION

Nature of the Self

Cooley adopted William James' view of self as the ability to see and recognize oneself as an object. But he added a critical insight: humans use the gestures of others to see themselves. The images that people have of themselves are similar to reflections from a looking glass, or mirror; they are provided by the reactions of others to one's behavior. Thus, by reading the gestures of others, humans see themselves as an object.

As we see our face, figure, and dress in the glass, and are interested in them because they are ours... so in imagination we perceive in another's mind some thought of our appearance, manners, aims, deeds, character, friends, and so on, and are variously affected by it (Cooley, 1902).

As people see themselves in the looking glass of other people's gestures, they then, (1) imagine their appearance in the eyes of others, (2) sense the judgement of others, and (3) have self-feelings about themselves. Thus, during the process of interaction, people develop self-consciousness and self-feelings.

Mead emphasized that the capacity to view oneself as an object in the field of experience is a type of learned

behavior. It is learned through interaction with others:

The self is something which has a development; it is not initially there, at birth, but arises in the process of social experience and activity, that is, develops in the given individual as result of his relations to that process as a whole and to other individuals within that process (Mead, 1934).

Self emerges out of the capacity to use language and to take the role of the other. Mead viewed the social self as emerging out of a process in which individuals read the gestures of others or take their attitudes, and derive an image or picture of themselves as a certain type of object in a situation. This image of oneself then calls out certain responses in the individual. In turn, these responses of an individual cause further reactions on the part of others, resulting in the emission of gestures, that enable role-taking by an individual who then desires new self-images and new behavioral stimuli. Thus, the self arises out of the triadic matrix of people interacting and adjusting their responses to each other. For the individual does not experience self directly, but only indirectly, through reading the gestures of others:

The individual experiences himself, not directly, but only indirectly, from the particular standpoints of other individual members of the same social group, or from the generalized standpoint of the social group as a whole to which he belongs... and he becomes an object to himself only by taking the attitudes of other individuals toward himself within a social environment or context of experience and behavior in which both he and they are involved (Mead, 1934).

As people interact with each other, they role-take and derive self images of themselves in that situation. Mead

viewed this self as a "transitory image". In contrast to this conceptualization, Mead also viewed self a structure, or configuration of typical responses that people have toward themselves as objects. For "after a self has arisen, it in a certain sense provides for itself its social experiences" (Mead, 1934).

Humans begin to interpret selectively the gestures of others in light of their attitudes toward themselves, and thus, their behaviors take on a certain level of consistency. If the view of oneself as a certain type of object is relatively stable, and if we use self as an object like all other environmental objects as a stimulus for behavior, then overt behavior will reveal a degree of consistency across social situations.

This development of stable attitudes toward oneself as an object is what Mead called the "complete" or "unified" self. Yet he recognized that this complete self is not a rigid structure and that it is not inflexibly imposed on diverse interactions. Rather in different social contexts various aspects of the complete self are more evident. Depending on one's audience, then, different "elementary selves" will be evident as Mead (1934) points out:

The unity and structure of the complete self, the unity and structure of the social process as a whole, and each of the elementary selves of which it is composed reflects the unity and structure of one of the various aspects of that process in which the individual is implicated. In other words, the various elementary selves that constitute, or are organized into, a

complete self are the various aspects of the structure of that complete self answering to the various aspects of the structure of the social process as a whole; the structure of the complete self is thus a reflection of the complete social process.

In this passage a further insight into the structure of the self is evident: while elementary selves are unified by a "complete self", people who experience a significantly contradictory social environment with disunity in the social process will also experience difficulty in developing a "complete self", or a relatively stable and consistent set of attitudes toward themselves as a certain type of object. It seems then, people present different aspects of their more complete and unified selves to different audiences, but when these audiences demand radically contradictory actions, then the development of a unified self-conception becomes problematic.

Another aspect of Mead's idea of self considers the "I" and the "me" which creates the self through process. The "I" and "me" are abstractions. They are words that designate processes and structures. "I" and "me" are merely convenient words for designating the two phases of a process, and "self" is the word we use to label the process as a whole as well as the object which this process creates.

The "me" represents the attitudes of others and the broader community as these influence an individual's retrospective interpretation of behavior. By role-taking, or assuming the attitude of the broader community, the "me" is

manifested. In contrast to the "me" is the "I", which is the actual emission of behavior. Mead emphasized that the "I" can only be known in experience, since we must wait for the "me" images to know just what the "I" did. People cannot know until after they have acted ("I") just how the expectations of others ("me") are actually carried out.

Mead visualized self as developing in three stages, each one marked by an increased capacity to role-take with a wider audience of others. The "play" stage is marked by a limited capacity to role-take. Children play at being "mother" and then "child" or "sibling". A child can move back and forth between these two roles. The play stage is thus typified by the ability to assume the perspective of only a few others at a time.

With biological maturation and with practice of assuming the perspectives of others, a child eventually acquires the capacity to take the role of multiple others engaged in on-going and organized activity. The "game" is perhaps the most prototypical form of such role-taking, since in order to be a participant in a game, such as baseball, the child must assume the role of other players, anticipate how they will act, and coordinate responses with their likely cause of action. Thus, the child begins to see herself as an object in an organized field and she begins to control and regulate her responses to herself and to others in such a way as to facilitate the coordination of activity. During this stage in the

development of self, the number and variety of such game situations expands:

There are all sorts of social organizations, some of which are fairly lasting, some temporary, into which the child is entering, and he is playing a sort of social game in them. It is a period in which he likes to belong, and he gets into organizations which come into existence and pass out of existence. He becomes something which can function in the organized whole, and thus tends to determine himself in his relationship with the group to which he belongs (Mead, 1934).

In both the play and game situations, individuals view themselves in relation to specific others. By role-taking with specific others lodged in particular roles, individuals derive images of themselves from the viewpoints of these others. Yet, the self, Mead contended, cannot be complete until a final stage of role-taking is reached: the capacity to assume the perspective of the "generalized other". Mead saw the generalized other as a "community of attitudes" among members of an ongoing social collective. When an individual can view herself in relation to this community of attitudes and then adjust her conduct in accordance with expectations of these attitudes, then she is role-taking with the generalized other.

The "generalized other" consists of general expectations and standards, as opposed to the expectations of specific individuals, in terms of which individuals plan and carry out their various lines of action. Mead (1934) asserts:

The organized community or social group which gives to

the individual his unity of self may be called 'the generalized other'. The attitude of the generalized other is the attitude of the whole community. Thus, for example, in the case of such a social group as a ball team, the team is the generalized other insofar as it enters- as an organized process of social activity into the experience of anyone of the individual members of it.

The concept of the generalized other is not limited to small-scale social events such as organized athletic contests. It can also be used to refer to the expectations and standards of the overall community or society. These expectations and standards may include specific customs and normative patterns or highly abstract ideals and values in terms of which people define their overall orientation and life goals.

Individuals each have their own way of participating in the common life of the group or community, and it will be reflected in the emergence of certain unique aspects of the self-concept. The effort to express a unique self-concept does not necessarily involve opposition to the common life and goals of the group. Individuals may identify strongly with the group, even to the point of being willing to make personal sacrifices on the group's behalf. As Mead (1934) pointed out, people may be able to enhance and enlarge their self-concept by incorporating into it the collective identity of the group. The result is that members consider their group superior and look down on other groups as inferior. When this fusion between the individual and the group exists,

the unique contributions of the individual enhance her status within the group instead of putting the individual in a position of opposing the group.

However, the unique dimensions of the self-concept does not necessarily always stimulate individuals to act on behalf of the group. Such contributions might be extremely costly, involving greater self-discipline or sacrifice than an individual is willing to make. Individuals may define their interests and needs in narrow or selfish terms and simply refuse to conform to the expectations of others, in spite of the social approval that is foregone as a result. This tendency will be much stronger in groups or societies that stress conformity to the common attitudes and behaviors.

Stigma

It could also be that a certain individual simply cannot conform to the cultural expectations of the society in which she lives. She may be fully aware of the need to conform for social acceptance, yet may possess a physical attribute that is devalued or stigmatized in the wider society. Goffman (1963) writes:

Society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories. Social settings establish the categories of persons likely to be encountered there. The routines of social intercourse in established settings allow us to deal with anticipated others without special attention or thought. When a stranger comes into our presence, then, first appearances are likely to enable us to

anticipate his category and attributes, his social identity... we lean on these anticipations that we have, transforming them into normative expectations, into righteously presented demands.

Goffman (1963) uses the term stigma as being an attribute that one may possess that is deeply discrediting. A stigma then is a facet of an individual that may cite a negative response and/or differential treatment from others. When one is using the terms response and treatment there is an indication of the social aspect of stigmatization. Possessing a stigma is socially defined and executed, it does not occur in a vacuum. It does occur in the process of interaction as Goffman (1963) states, "a language of relationships, not attributes, is really needed to describe stigmatization as a process". This process of interaction requires that one comes to know of her possession of the stigma vis-a-vis the relationships she has with others.

One's stigma becomes others' normalcy. With the differences between those aspects of relationships, Goffman (1963:4) states, "A stigma, then, is really a special kind of relationship between attribute and stereotype." Goffman distinguished between three different types of stigma. Those of various physical characteristics or blemishes of the body (easily recognizable). Those of personality or character such as being undisciplined or weak-willed and other such perceived character flaws as mental illness, dishonesty, promiscuity, addictions of various kinds, homosexuality, and

unemployment. The third kind of stigma Goffman (1963:4) refers to as "tribal stigma of race, nation and religion, these being stigma that can be transmitted through lineages and equally contaminate all members of a family."

Sociologically, the features of the possession of stigma causes one not to fit into mainstream society. Social relationships are altered by the obtrusion of this stigma, which violates the expectations of the social order. The stigma, then, is looked upon as the attribute that dominates the self, disregarding other qualities that may emerge. Those who leave this interaction without the negative or stereotyped label are what Goffman (1963:5) calls the "normals". The "normals" in society, then, are the ones who do the labeling and thus the actions against the stigmatized. As Goffman (1963:5) says, "we construct a stigma theory, an ideology to explain his inferiority and account for the danger he represents."

Day to day encounters with "normals" are a source of confusion and anxiety for both interactants (Comer and Piliavin, 1972; Farina et al., 1971; Kleck, 1969; Kleck et al., 1966). As a consequence, the stigmatized learn to negotiate their presentation of self and find ways to manipulate strategies of interaction. Despite these various practices, a stigma can continue to intrude itself into the interaction, and the possessor of the stigma may come to feel their identity is strictly defined in terms of it (Davis,

1961).

The Deviant Self

The people we meet are the playwrights and the stage managers of our lives; they cast us in a role, and we play it whether we will or not. It is not so much the example of others we imitate as the reflection of ourselves in their eyes and the echo of ourselves in their words (Hoffer, 1954).

A companion notion of stigma or "spoiled identity" (Goffman, 1963) is the labeling perspective from which many sociologists write (Becker, 1963; Cicourel, 1968; Erikson, 1962; Kitsuse, 1962, 1972; Kitsuse and Cicourel, 1963; Scheff 1966, 1984; Shur, 1965, 1980, Thoits, 1985). Labeling a person deviant requires a social audience. Deviancy is created by the "normals" who make the rules. The normals can be seen as imposing their values and their subsequent rules on the ones they deem as, what Becker (1963) calls "the outsiders". It is the defining and labeling of deviance that occurs within the interactive process that is of interest to many. Becker emphasizes:

Social groups create deviance by making the rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an 'offender'. The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label (Becker, 1963:9).

It can be seen then, that deviance is "produced" or "constructed" vis-a-vis the interaction between the self and the audience. From this idea it can be understood why the

recent perspectives on deviance are quite frequently termed interactionist (Rubington and Weinberg 1978; Goode 1978). Those who do the defining are those who have control over the allocation of resources which can be translated to social and economic power.

Schur (1980) tells us that powerlessness can be a "snowballing" type of activity that sets in motion the deviantizing process. The deviant self begins to self-reinforce and self-propel the label into an identity. He writes, "stigma successfully imposed lowers the individual's confidence and self-esteem, restricts his or her opportunities, sets the stage for "engulfment" in the stigmatized role, and generates the likelihood of further, and intensified stigmatization (Schur, 1980:13).

Goffman (1963:8) writes, "it is a question of what is often, if vaguely, called "acceptance". The stigmatized person comes to believe that the attribute she possesses warrants the lack of "respect and regard" the "normals" show her. Not being accepted by one's audience leads one to not accept oneself and thus challenges the concept of self-esteem.

Self-esteem is inextricably tied to self evaluation. If an actor comes to know that an attribute she possesses is stigmatized and thus devalued by the audience, the actor begins to evaluate herself in the same negative light. The judgement of one's identity becomes very significant for the

establishment of self and the actor often takes an active part in the labeling process (Levitin 1975). No matter how we manage the stigma, the vicious circle is continued when the actor begins to agree with the audience and assumes the role the label projects. The outcome of this, no matter the form or combination it may manifest itself, is hardly avoidable because our selves are social. In one way or another, we indicate to ourselves what we are supposed to be and we act accordingly (Cahnman 1968:293).

Fat as Deviance

Fat people can be seen as possessing both a physically obvious stigma and the less visual flaw of low moral character. Maddox (1968) writes:

While every persistent act or characteristic of an individual can be the occasion for professional and lay imputations of prognosis, responsibility and stigma, relatively few acts and characteristics seem problematic enough to warrant special attention. Nevertheless, the capacity of social groups to create new disabilities by the imputation of social deviance can be observed. Overweight is a case in point. In our society, overweight figures significantly in the perception of others and in the conception of the self (Maddox, et al., 1968:288).

Being fat in a society that values thinness as the ideal body type can be seen as a form of deviance. Langer and her associates stress that those with a so-called characterological stigma are often explicitly derogated, whereas those with a physical stigma typically are not (Langer, et al., 1976). With obesity, the possessor of this stigma is not

only labeled as having a physical disability but a characterological one as well. This seems to be a double form of stigmatization and thus humiliation. The possessors of a characterological stigma typically have acquired this label and deviant status vis-a-vis deviant acts. Behavior--especially extraordinary behavior--is perceived as arising out of intentions (Jones and Davis 1965; Maselli and Altrocchi, 1969). Consequently, those possessors of characterological stigma are quite often viewed as being responsible for the acquisition and control of their deviant status.

Although the aspect of physical stigma does play an important role in the life of fat people, the most integral aspect is that of the characterological stigma attached to that person. De Jong (1980) found that the individual responsibility of one's obesity, caused the audience to judge the possessor much more harshly and negatively than if one's physical disability was not one's fault such as in the case of the physically handicapped. It is De Jong's conclusion that obesity is a complicated disorder and we must recognize its complex etiology and not place such blame and derogation on the individual fat person (De Jong, 1980).

Past research indicates the reality of the stigma fat people bear in our society. In one study in a series of many, Richardson and his colleagues (Richardson et al., 1961) asked ten and eleven year olds to rank-order six drawings of

children according to how much they liked them. Consistently, the child pictured with no physical handicap was preferred; the child with the leg brace and crutches was ranked second, followed by the child confined to a wheelchair, a hand amputee, a child with a facial disfigurement, and rated last was an obese child. These intriguing findings motivated later research and these also found the obese child to be almost always ranked last or next to last (e.g., Alessi and Anthony, 1969; Goodman et al., 1963; Maddox et al., 1968; Matthews and Westie, 1966; Richardson, 1970; Richardson and Emerson, 1970; Richardson and Green, 1971).

The rejection of fat people has also been evident in other research. Staffieri (1967) collected sociometric data at an elementary school. Girls and boys from grades one through five were asked to indicate who in their particular class were their best friends. Students classified as "endomorph" on the basis of the ponderal index were chosen least often as first or second best friends (De Jong, 1980).

There was also a sample of 90 boys chosen from that same school. These boys were shown full-body silhouettes of a mesomorph, an ectomorph and an endomorph. The assignment was to list 39 adjectives that described the best in each boy's opinion. The endomorph was least frequently described as "best friend", and as having "lots of friends," and was also described as "gets teased". The endomorph received the most frequent endorsement for the descriptors "lazy", "sloppy",

"ugly", "stupid", "cheats", and "forgets" (Staffieri, 1967). Evaluations with equal negativity by children and adults of endomorphic silhouettes have been reported by Lerner (1969), Lerner and Korn (1972), and Felker, (1972).

In conclusion, it is the possession of self that makes it possible for us to control our conduct, for we are able to imagine alternative acts and select one of them by getting outside ourselves and into some other perspective. At the same time the possession of self also makes us susceptible to social controls--for it is an established on-going society with its roles and situations that provides us with the varying perspectives from which to see ourselves.

The cultural context in which the self arises has significant importance. The nature of the self has been transformed in the process of societies moving from organic, simpler communities to more complex, technical ones. The generalized other is no longer one set of cultural expectations held in common by all members of society, but many generalized others or "specialized others" for each group, organization and other elements of society. The person in modern society is thus more self-conscious and much less securely tied to a fixed social order than were people in the past.

Certain people cannot or do not conform to the generalized other or cultural expectations in our society. Being stigmatized causes one to find new selves to negotiate the

deviant label the normals in society have created for her.

Being fat in America is being deviant. How does this stigmatized status affect the lives of fat people? Research has indicated exactly the burden fat people bear in a culture that devalues and denigrates them. Fat people internalize the cultural norm of thinness as something good, moral and beautiful. One's fatness becomes a social disability and one acts accordingly; finding new ways to negotiate meaning and order in one's interaction with the audience.

CHAPTER III

RESEARCH PROBLEM AND METHODOLOGY

The Research Problem

Goffman (1963:147) argues that:

stigmatized persons have enough of their life situations in common to warrant classifying all these persons together for purposes of analysis...What remains in each of the traditional fields could then be re-examined for whatever is really special to it, thereby bringing analytical coherence to what is now purely historical and fortuitous unity.

The topic of this investigation is the stigmatization of obesity and how that stigma may affect its possessor. Goffman's (1963) study of stigma and spoiled identity neglected to list the obese as possessors of such an identity. There is certain irony in that fact, for some (e.g., Cahnman, 1968; Mayer, 1968; De Jong, 1980) have argued that the fat are subject to a particularly intense and cruel form of humiliation and discrimination. Research supports the view that American society, in particular, carries much disdain for and negative stereotypes of fat people. Being fat in this culture of "thin as the ideal" creates shared experiences for the possessors of this stigma.

This study is designed to describe the experience of being fat in a society that has historically and is currently

involved in the process of stigmatizing the obese (Allon, 1973; Bruch, 1978; Millman, 1980; Wyden, 1966). This process takes the form of negative stereotyping and the increasingly popular idea of medicalizing fat people as diseased entities.

The basic questions being explored by this investigation of self-proclaimed fat people are:

- 1) What is the socio-cultural nature of stigmatization?
- 2) What are the social consequences of being stigmatized?
- 3) How do individuals with such a "spoiled identity" in our culture come to negotiate the effects of the labeling process?

These questions will be studied as a function of the stigmatization of being fat in American society which places a high value on thinness.

Methodology

For this topic to be fully understood, this author believes that this research should be approached from a naturalistic, sociological perspective as well as from the psychological, which has been so pervasive in the literature (Brownell, 1982, Dodd, et al., 1976; Drewnowski, 1983; Geliebter, 1982; Jacobs, et al., 1984; Keesey, et al., 1986; Leon, et al., 1977, Staffieri, 1967; Streigal-Moore, et al., 1986). It is quite apparent to this researcher that socio-cultural factors play an integral role in the stigmatizing effects of being seen as deviant.

From the naturalistic paradigm comes the methodology for this study which is qualitative in nature. Included in this qualitative methodology are individual interviews, group interviews and participant observation. The only research instrument used is the human researcher because it would be "virtually impossible to devise a priori, a non-human instrument with sufficient adaptability to encompass and adjust to the variety of realities that will be encountered" (Lincoln and Guba, 1985).

Grounded theory as explained by Glaser and Strauss (1967) is also utilized for this research. Glaser and Strauss stress:

A grounded theory is one that will fit the situation being researched, and work when put into use. By 'fit' we mean that the categories must be readily (not forcibly) applicable to and indicated by the data under study; by 'work' we mean that they must be meaningfully relevant to and be able to explain the behavior under study.

The qualitative approach offers deep insights and understandings into the meaning of possessing a stigma and the process of stigmatization itself. It is imperative that these meanings be found through the self reports offered by the individuals in this study. For this reason, I have assumed a methodological approach which is qualitative and dependent upon the reports offered by those individuals who have been labeled as fat and therefore are stigmatized in our society.

Description of Respondents

When the research project was first initiated the questions of where to find self-proclaimed fat people, and even more critically, how to get them to talk to me about being fat were addressed. Many of my fellow colleagues who teach undergraduate sociology courses lectured on various research methodologies and very often mentioned my research. This seemed to work, because many fat students called or came by my office to talk. It seemed as if they felt empowered by the mere fact that someone was interested in hearing and eventually telling their story.

Another approach I used was to place ads on bulletin boards in various buildings on campus as well as the local bookstore downtown. This approach did not get as many respondents as I had anticipated. A colloquium was held in the Sociology Department at which I presented my research topic and preliminary findings. This colloquium was advertised in the school newspaper, The Daily O'Collegian. Must to my surprise, a very large audience showed up which resulted in a very stimulating discussion of fatness, body image, popular press, as well as the historical roots of fat hatred. A reporter from the O'Colly (as we call it) was there. I discovered that the next day when I opened the paper to see quite a lengthy article with many quotations. This seemed to work to my advantage for research purposes. Many more people

called me and appointments were set up which resulted in many in-depth, one to two hour interviews. I was somewhat surprised by all the media attention as well as by the interest in this topic. It became obvious to me that the issue of being fat in this society is on everybody's mind.

A qualitative approach to getting respondents called "snowballing" (Shaffir, Stebbins, Turowetz, 1980) was used whereby the sample of respondents is generated by the respondents themselves. This occurred with this research. Many of the respondents knew of other fat people and gave me their names. This proved to be an effective way of finding people to talk with concerning the experience of being fat in American society.

Probably the most productive method of getting respondents came from my own aggressiveness. I would see someone on the street who was obviously fat and approach them. It is interesting to note that the majority of the time, the respondents were very interested in talking to me. There were a few, however, who seemed a bit offended and said, "I don't think so." With all these various methods of getting respondents, I finally ended up with fifty-two people: fifteen males and thirty-seven females which were all interviewed. Table I is a summary of the socio-demographic backgrounds of the respondents.

TABLE I
SOCIO-DEMOGRAPHIC INFORMATION

Variable	Sex	
<u>Marital Status:</u>	<u>Male</u>	<u>Female</u>
Married	5	18
Never Married	8	10
Divorced	2	9
<u>Education Level:</u>		
No College	1	8
Some College	5	10
Bachelor's degree	6	12
Some Graduate School	2	4
Master's Degree	1	1
Ph.D. Degree	0	2
<u>Race:</u>		
White	12	30
Black	2	5
Native American	1	2
<u>Age:</u>		
16-25	10	12
26-35	3	11
36-45	2	19
46-55	0	4
over 55	0	1

Data Collection

The majority of the interviews were held in my office, but many were held in restaurants over lunch or dinner. Still others were conducted in the office of the respondent and some were even held in the respondent's home.

The interviews were basically unstructured and open ended questions were asked. All but four of the interviews were tape-recorded and later transcribed. Those interviews not tape-recorded were recorded by taking notes during the interview. Several specific points were probed. These included the following: 1) Did the respondent have a history of obesity, 2) if and what kinds of diets and/or procedures did the respondent ever try to lose weight, 3) what kinds of relationships did the respondent have with her parents and/or significant others, 4) whether or not "fat" was her master status, 5) what methods did the respondent use to negotiate her deviant (fat) identity, and 6) whether or not the respondent came to accept herself as fat.

At the completion of the interviews, an analysis of the self-reporting by all the respondents was undertaken. Commonality of experiences were sought, and if found, were assumed to be generic to the meaning of being fat in American society.

CHAPTER IV

CULTURAL CONTEXT

American Individualism

Elizabeth Taylor has battled with her weight for most of her life and recently published a book entitled, Elizabeth Takes Off: On Weight Gain, Weight Loss, Self Image, and Self Esteem (1988). In this journey, she describes the points in her life when she liked herself and when she loathed herself and these seemed to correspond to her various weights.

Whether her increase in weight came before or after the low self-esteem period in her life is not to be determined. She contends they are inextricably tied together, which can be a valid argument, but she does hint that if one's weight is too high by society's standards then that person must certainly be out of control and not caring about herself. Ms. Taylor buys wholeheartedly into the notion of "addiction" when it comes to being too fat by American standards.

This woman has been victimized by our "looksist" society in the first order, but she is not even aware of it. She blames herself rather than looking critically at American culture. She had recently lost over sixty pounds before writing this book and was the butt of many jokes in this

country prior to her weight loss. Every pound she gained seemed to be chronicled in the print as well as the television media who blamed her for her failure as well. What Ms. Taylor does not understand is the socio-cultural environment in which she lives is much to blame for setting such narrow standards of beauty. She assumes that everyone who is fat is on a self-destructive road and surely must not be in control of their lives.

Individualism, for her, like the rest of America is a dominant value. Rather than looking at the social system in which we live, she holds the individual totally responsible for being fat and lacking character or from another perspective, being thin and successful. The United States was founded on the premise of individualism. American culture stresses the importance of personal achievement especially the more secular occupational achievement. This has evolved into financial success in a capitalistic system such as ours. When one is materially successful, then that person is deemed as morally superior. The stress on individualism encourages a highly moralistic approach to wealth and poverty that seems to be highly irrational when looking at the larger, socio-cultural picture.

Within the cult of individualism are a future orientation, the efficiency model of human behavior and American pragmatism. "What works" seems to be the guiding ethic, rather than the more philosophical meanings behind the pro-

cesses of life. Future orientation negates the meaning of our past. To have a productive body, one must have a healthy body. Productivity inherently means moving forward, a pragmatic approach to all the issues in life.

Edward Sapir, a linguist, approaches culture from the perspective of the discontent in our lives. He examines culture from the standpoint of how it provides its members a sense of happiness, wholeness, with meaning and purpose. He calls a culture that has deep meanings, harmony and spirituality "genuine" (1924). He makes the point that "genuine" culture is not necessarily associated with a culture that is highly efficient, such as American culture. He sees American culture as priding itself on its level of efficacy, yet lacks a provision for creativity and emotional connectedness to a larger good. The industrialization of America brought about technical routinization in our jobs, but no real spiritual grounding in the process. The cult of separation and specialization leave us feeling empty, alienated and in a state of anomie. So we live in what, Sapir (1924) calls an "external" culture, one that "works from general ends to the individual".

We as Americans pride ourselves on our scientific efficiency, our high degree of technical sophistication while at the same time we are left without a sense of continuity or history about who we are. Sapir (1924) writes:

The truth is that sophistication, which is what we ordinarily mean by the progress of civilization, is in the long run, a merely quantitative concept that defines the external conditions for the growth or decay of culture. We are right to have faith in the progress of civilization. We are wrong to assume that the maintenance or even advance of culture is a function of such progress. A reading of the facts of ethnology and culture history proves plainly that maxima of culture have frequently been reached in low levels of sophistication; that minima of culture have been plumbed in some of the highest. Civilization, as a whole, moves on; culture comes and goes...

What we are left with in the void of a "genuine" culture is what Sapir calls "spurious" culture. This culture stresses the pursuit of material wealth, as a goal in itself. This implies a future orientation, a pragmatism that seems uniquely American. Yet, with all this material wealth and scientific technology we find ourselves empty; we find ourselves alone and we find ourselves scared.

We live in a mass society where consumption is basically unlimited and also highly valued. We now work so that we may consume rather than the Protestant work ethic of working for working's "sake". We, as a society, have attained to a large extent the fulfillment of the American dream of a life of ease and abundance for most, the natural consequence of which is ample nutrition. Yet at the same time we bend every effort to fight overweight, call it undesirable, and label it the unsolved health problem of the nation.

We spend much less time on manual labor activities than the past. We now even have electric leaf blowers to make our

yard more "perfect". We are, what Veblen so brilliantly called "the leisure class". As conspicuous consumers we attempt to fill the void that is left by our "spurious" culture. Our lack of genuine culture is manifested everyday in the malls of American society.

As technology develops, perfection becomes our guiding ethic. Jacques Ellul, in his book The Technological Society (1964) comments on just how living in a technological society creates the supreme quality of technique, of perfection.

This can be seen with human bodies. We are constantly hearing the comparison between the human body and a machine. This cannot really be done. According to Ellul:

Technique is opposed to nature... the world that is being created by the accumulation of technical means is an artificial world and hence radically different from the natural... It destroys, eliminates, or subordinates the natural world, and does not allow this world to restore itself or even to enter into a symbolic relation with it. The two worlds obey different imperatives, different directives, and different laws which have nothing in common.

Yet, we as empty, scared Americans are trying to do just that... expect technical perfection in our natural bodies. We get facelifts, tummy tucks, work out compulsively at the weight room, lay on passive exercise machines and buy expensive Retin-A to get rid of our wrinkles, all to deny the fact that our bodies are natural and will naturally decay in the aging process.

In our search for meaning in an anomic society we focus on individualism. The ideology of saving oneself in a world

that cannot be saved from the effects of pollution, nuclear holocaust, and dwindling natural resources seems to be at the root of Lasch's (1979) idea of "narcissism". Lasch contends in The Culture of Narcissism, that Americans are experiencing diminished hopes for the future of the planet and therefore are turning inward, becoming self-absorbed as a way to "survive" and find some form of meaning in their existence.

As we lose the community in rural life, the search for meaning is increasingly on the individual level. We are a society that is more mobile. The sacred community ties of the past are being replaced by the more secular gym or the apartment complex clubhouse. Coworkers have become our new families. People feel more bonded to their pets than they do their brothers and sisters who live across the country. The more mobile we become, the more judgemental we become based on superficial qualities. We do not have time to really get to know the inner qualities of humans. We have no sense of their past, only their present. This tends to create the looksism I have been talking about. When one appears to be wealthy, attractive and successful, we tend to validate them as someone we want to know. We judge people by how they look, it is quicker and easier than taking the time to get to know what is in their heart. We all know this is part of urban life and we all tend to get a little more insecure, thusly. We judge people's morality by the way they appear. We want to see the thin, pretty look that is so well defined in

the media. It is safe that way. This immaturity of American culture is a reflection of Sapir's "spurious" culture.

Elizabeth Taylor talks about the shame she felt for getting so fat. But what is shame really? Is it not the internalization of the way society feels about one? Helen Merrell Lynd (1963), in an insightful essay entitled "Clues to Identity" discusses the very nature of shame and guilt and how they play in identity. She discusses shame as a "sudden awareness of incongruity between oneself and the social situation, of exposure, in which an unexpected light is thrown on who one is (1963:9). She goes on to tell us that shame is not just a mere internalization of the discrepancy between self and social norms, but the awareness of one's society. The values of society may be cast in a new light, making us fully aware, maybe for the first time, how hypocritical and destructive society may be. She says:

If this is my society, my country, then the world is not good, I do not belong here, I want none of it this as well as self-insight may be the revelation of shame. Just as shame for one's parents and shame for others may be an even more searing experience than shame for oneself, so the questioning of certain dominant values presented by society can for some people be more disquieting than the questioning of one's own adequacy in living up to these values (Lynd 1963:11).

Elizabeth Taylor, as well as most of us, do not feel shame in this way. The American value of individualism will not allow us to look anywhere but inside ourselves for any negative feelings. With fatness, we for the most part, look

at our individual failings, rather than the unrealistic expectation by our society that all of us be thin.

It is in this cultural context that gives being fat its meaning. Individualism, pragmatism and the search for meaning in a mass society create the atmosphere of insecurity and thusly narcissism in America. We have come to identify with our bodies and attach all kinds of meaning to them that in some way defy our nature. Our bodies become our status symbols in a culture that looks at material as something of value. Our bodies become the hooks on which we lay our personal material wealth. Our bodies become our identity. When those bodies are too big by society's standards, they become devalued, the person inside that body internalizes the devaluation and believes it to be justly so. Yet, there is a hauntingly subtle feeling among those devalued in American culture that Mead's "generalized other" is, in some small way, partially to blame.

Historical Perspective

The Western world by and large, has expressed an attitude of contempt or disapproval for obesity. The stern and punitive attitude of the Spartans toward overeating and fatness has been well known. The Athenians, too, frowned upon being fat. The ancient Greeks, with their preoccupation with the beauty and efficiency of the human body, envied the still more ancient Cretans who, according to tradition, possessed

an ideal drug, a potion that permitted them to eat as much as they wanted and still stay slim. The Cretan mosaics, which represent human figures of great slimness with wasp-like waists, suggest that they had achieved the goal of slenderness.

Historically, gluttony has been retained as a fleshly sin, most feared by the Gregorian monks. Gluttony has been continually associated with fleshly overindulgence, particularly with the mouth, which leads it to be regarded as especially sinful in nature. In Stanford M. Lyman's, The Seven Deadly Sins: Society and Evil, a glutton is defined as "one who exhibits almost insatiable desire and enormous capacity for engorgement" (Lyman, 1978:212). Gluttony is seen as "excessive and greedy absorption in the immediate appetite pleasures of the self" (Lyman, 1978:212). He continues, "gluttony is sinful because it indulges the body at the expense of the mind and soul. Gluttony partakes of two other sins-greed and lust-and employ these to aggrandize the body" (Lyman, 1978:214).

In a society that has been suffused with the Protestant Ethic, one characteristic of which is a strong emphasis on impulse control, fatness suggests a kind of immorality which invites retribution (Maddox, et al; 1968). Obesity is looked upon as a character flaw within the framework of free choice. True gluttony is tied within the idea that one chooses it; that indulgences of feasting and gorging are intentional.

When one's body manifests the appearance of intentional indulgence, otherwise seen as fat, a judgement is made by society about that person's moral character.

A New England Puritan tenet was "give no appearance of evil". In other words, if one looked clean and morally upright she must be Christ-like and will go to Heaven.

The Victorians were instrumental in promoting the mind-body schema. Their emphasis was on health and all the rewards that came with it. To be able to achieve health one must practice self-denial, restraint and other forms of moral living. In Bruce Haley's, The Healthy Body and Victorian Culture (1978:206), he quotes an 1864 article in the popular sporting journal Baily's titled "Mens Sana in Corpore Sano,"

The sinews of a country like England cannot depend on its aristocracy. A good wholesomely cultivated mind and body, taught to endure, disciplined to obedience, self-restraint, and the sterner duties of chivalry, should be the distinguishing mark of our middle-class youth.

The Victorians believed that a healthy body was the "chief requisite in itself for human happiness and usefulness" (Haley, 1978:22). From this perspective it becomes apparent how America's lust for a healthy and productive body is so deeply enmeshed in our historical roots.

The Immorality of Fat

Fat people, in addition to being viewed as weak, lazy and without character, are often seen as criminal or sinful.

It was reported in The Tulsa World, February 17, 1989 that a judge in Kenosha, Wisconsin told a woman she could either lose one hundred pounds or pay a five hundred dollar fine as part of her sentence in a marijuana conviction. This sentence was based on her former probation officer's recommendation that maybe a better self-image would help the woman stay out of a criminal lifestyle. The woman did not lose the weight and, thusly, forfeited the five hundred dollar fine.

One New York State Assemblyman once suggested that overweight people register with the city health officials as addicts, and Sweden once levied a tax on overweight people of a dollar for every pound they weighed over two hundred (Allon, 1977:83).

Viewing fat people as sinful or criminal is part of the reason for the discrimination against them. The sinful nature of sloth and gluttony are manifested in a fat body. One cannot hide her fatness, unlike alcoholism or drug addiction, which seems to receive more compassion and care from society than does fatness.

And the Pendulum Swings

Where did this rage to be thin begin? It has not always been the case. For much of history fat people were admired and considered prosperous, healthy, good natured, while thin people were looked upon as skinflints, untrustworthy, mean and calculating (Hollander, 1977:105). For a long time, fat

was considered beautiful and as a sign of prosperity. The sculptor, Henry Moore, said, "Rounded forms convey an idea of fruitfulness, maturity (Louderback, 1970:75). In the sixteenth century people felt that a thin body "looked not only unlovely but unliberated" (Hollander, 1977:36). It was believed that the body was not fulfilling its potential without some extra weight, and the thin person was viewed as less than whole, both physically and spiritually. Hollander (1977:36) writes:

Glorification of the flesh was an outgrowth of the Renaissance belief in the almost limitless possibilities of the human mind and body. In the visual arts, human importance seemed most appropriately expressed in terms of solidity, of undeniable substance and weight. Thinness of body came to connote poverty and the weakness of disease and old age. It also suggested spiritual poverty and moral insufficiency.

In 1989, it is fat people who are seen as having "moral insufficiency", poverty and disease.

Although we now consider slimness as an attribute of youth, it was not always so. At one time "youth was seen as an age of blooming plumpness" (Hollander 1977:114). Round, soft figures, full cheeks and breasts were admired as healthy and vigorous. Being thin indicated "not only a lack of good fortune and muscle but a lack of will and zest" (Hollander 1977:114).

Being thin was also not considered to be the standard of good health. A person with extra weight was considered to be in the bloom of health. This was not just a cultural

standard; it was a fact that people with fat reserves survived the plagues and diseases that affected people before the advent of modern medicine.

Earlier in our own century, round, full figures were considered beautiful. Lillian Russell, the Gibson Girl, Mae West and many earlier theater and film stars were full-figured. The sex symbols of past, Marilyn Monroe, Jean Harlowe, Sophia Loren have been replaced by much thinner, smaller breasted women like Gina Davis who won an Oscar for her role in "The Accidental Tourist" in 1989, and other sex symbols of the late 1980's--and early 1990's--Glenn Close, Cher, and Brooke Shields.

The United States Presidents and their wives are another good barometer of this changing standard. Hoover and Franklin were portly as were their wives. Lyndon Johnson and Lady Bird both dieted in the White House, some days Johnson would be running the country on only five hundred calories. Bess Truman, Grace Coolidge and Eleanor Roosevelt were all large women. More recently we have seen such a shift to thinness in Nancy Reagan. Her size three designer gowns made the women of America quite envious and set yet another standard of extreme thinness. With Barbara Bush, we are hopefully seeing another trend take place. She has received thousands of letters from women expressing their gratitude for having a First Lady who is closer to the norm in weight. Barbara Bush's attitude is "accept me, all of me, as I am". It seems

as if American women are sighing with relief to have someone in her position be so natural, so real after eight years of "fancy Nancy".

Many of the top models in New York today are as young as eleven and twelve years old. It seems only adolescent girls have bodies thin enough for us to admire. A study of Playboy bunnies over the last twenty five years shows that they have gotten progressively smaller breasted, less voluptuous, and thinner all over (Seligmann, et al 1983: 54). How did our heroines and sex symbols become adolescents instead of women? How did Marilyn Monroe become Brooke Shields? In just two generations, fat equaling health, prosperity and virtue, while thinness representing lack of health, meanness and poverty have reversed their meaning to Americans. Hollander (1977:116) writes:

Fatness and softness--status symbols for centuries--have become declassé in just two generations. They are now in fact the accepted signs of... weakness of will, neurosis, or bondage... Even worse, fatness suggests unhealthiness and early death--just as hollow cheeks and bony frames used to do.

How did this new standard of beauty evolve? How did the "lean and hungry" look become admired, while the full-formed Rubens' women became despised?

The desire to be thin began in the "flapper" era when women wanted to shake off their maternal image and compete with the male world. During World War II women did men's jobs while the men were at war and after the war was over,

women did not want to return to the home, to be trapped in their image as mothers and homemakers. This non-maternal image of women was continued and perpetuated by the media, particularly the movies, giving us images of women like Rosalind Russell, Katherine Hepburn, and Bette Davis, in control of their destinies and competing with men on their terms.

The TV Factor

Movies, magazines, and the fashion industry helped create these images, but television has done the most to idealize the slim female body. Television has become the most powerful influence in our lives: "As the world becomes just one big TV village, aesthetic variability vanishes and is replaced by a Grade A, U.S. inspected, homogenized form of prepackaged commercialized beauty" (Louderback, 1970:79).

Much has been written about the amount of television Americans watch and the influence it has on our lives: by the time American children finish high school, they will have watched 15,000 hours of TV (as compared to spending 11,000 hours in the classroom), as reported in an article in The Washington Post, March 15, 1983. Television shapes peoples' view of the world. The Washington Post article also added that regular television viewers tend to be more negative and fearful than non-viewers or light viewers. They believe the world is more violent, because television is more violent, The Washington Post article goes on, "More gunshots are fired

in one evening of TV than in one year in a medium-sized American city."

Television clearly influences standards of appearance. People on TV tend to be young and attractive and they rarely are fat. Those who are fat on television are usually blatant stereotypes. Even the new and quite popular star "Roseanne" is seen in a working class lifestyle. Fat people are portrayed in the media as poor and uneducated the majority of the time. American society could not handle Roseanne, a two hundred and fifty pound factory worker, as anything else. Roseanne seems to like herself as she is. The success of this ABC program can be seen as a reflection of the need in Americans for someone to be portrayed in a more honest light. Roseanne yells at her children and husband in a way that counselors would see as abusive, but seems like an honest reflection of what real people live like. She and her husband Dan, are both tubbies with cute kids. Americans love it, They may be fat, but there are no "fatso" jokes. The popularity of this show may reflect a growing trend away from the common and negative stereotypes of fat people. It seems as if American society is getting fed up with the ideal body shape being a twig.

Television has created a passion for uniformity in this country that is frightening. In mass society where identical Jeep Cherokees line up in front of identical brown and brick suburban homes, diversity is rare. Diversity is threatening

to the social order. Bodies must all look alike as well, as to not threaten the conforming aspect of American life. The "look" has been spread over much of the world. This look is one that contains no fat.

Much of the recent advertising on television emphasizes the body over another human aspect. One sees a series of body images without faces. There are commercials that show hips, thighs, legs--all body parts and all thin--but rarely do we see complete people. These ads suggest a trend that emphasizes the body as our most important feature--more important than our minds, our faces, or our spirits. In fact, these ads are carefully designed to not reveal faces or whole people. It is as if our bodies are the sum total of our existence, to the exclusion of any of our other parts. And these bodies, of course, are all absolutely slim as rails.

The Nation's Number One Health Crisis?

The rage to be thin also came about as a result of concern over health. Fat people have been told they would die early, so fat, which once symbolized health, became the symbol of illness or potential illness. Insurance statistics showed that fat people had more heart attacks and were subject to more diseases. As more people became more preoccupied with fitness, fat became less attractive. A person could not be "too thin" in terms of health. However, this idea is now being called into question. The latest evidence

suggest our obsession with being thin does not guarantee good health.

The official guidelines for weight came from insurance tables compiled from data in the 1950's and those ideal weights were definitely on the thin side. Suddenly millions of Americans were overweight. However, recent studies question the validity of these "ideal weights", even indicating that underweight people may run greater health risks than overweight people. One study published in the Journal of the American Medical Association (as reported in The San Francisco Chronicle, December 16, 1980, p. A4) found that mortality decreased with increasing weight for men between 40 and 69 years old. This same study also found that mortality among women in the same age group was highest in the thinnest weight groups. One of the reasons for this, the study suggested, was that people with some fat reserves are better able to fight off diseases than are thin people; they also tolerate chemo-therapy better. Medical science is just beginning to confirm what people have known for centuries: fat is a protection for the body.

A study by the Department of Community Health at Northwestern University found that moderate overweight was a sign a good health: "Weights associated with greatest longevity were a whopping 25 to 35 percent above the insurance company's recommendations. Men closest to the "ideal" weights and those markedly obese showed a greater risk of mortality"

(McManus, 1980). There is even some evidence that thin people die earlier than extremely fat people. A classic study of 5,000 Framington, Massachusetts residents demonstrated that the thinnest people had higher death rates than those who were the most overweight (Silberner, 1980: 21-22). Similar results have been shown in a study from a Chicago Peoples' Gas Company study, an insurance company study, and a study from the National Heart, Lung and Blood Institute (Silberner, 1980). David Levitsky, a nutritionist at Cornell University, says that research "indicates that healthy people can pack 25 to 30 percent more weight than the norm with no ill effects" (taken from Santa Rosa California's Press Democrat, September 5, 1980, p. A15), and he adds that it is pressure from society that makes people want to reduce:

Much of the unhappiness of overweight persons stems from the conflict between the image they see in advertising and what they see in the mirror...Fat people are discriminated against, but that is a societal problem, not a health or nutritional problem.

There is some evidence (Mann, 1974, Mackenzie, 1980) that the high blood pressure and heart attacks from which fat people's bodies suffer may be the result of the shame they feel about having a large body that is so devalued in American society. The social condemnation fat people experience may be the precipitating factor for stress and ultimately high blood pressure and heart problems, not the inherent, physical dangers of being fat. Dr. George Mann, a career investigator for the National Heart and Lung Institute,

writes, "there is little to support the widespread dogma of health-education programs that regard obesity as a cause of high blood pressure and treatment of obesity as a useful way of managing high blood pressure" (Mann, 1974). Louderback (1970:172) writes:

The fat, who are kept from developing their fullest capacity as human beings...are denied the deeper roots of the will to live, are denied the elementary psychological safeguards against illness and premature death. Our constant harping on the spurious issue of health seals their doom, for since we expect them to fall apart at an earlier age than other people, many of them obligingly do.

Continual despair and hopelessness can take their toll on people's health. The effects of stress on health have been documented in study after study. Stress caused by feelings of inadequacy from being an outsider or being "different" can have serious consequences to health.

CHAPTER V

ANALYSIS OF DATA

"Good Ol' Meredith"

Many of the women I interviewed seem to put many of their needs and wants on the back burner relative to the needs and wants of someone else. These others tended to be marriage partners and children but also included friends, co-workers and other, more extended family members. They seemed to feel as if by virtue of their "spoiled identities" they must "be nice" in order to be liked or even merely accepted. The stereotypical label of aggressive or domineering doesn't seem to apply to the women I have interviewed. In fact, the majority of the fat women emphasized to me how kind they were to others, sometimes to the point of allowing themselves to be walked on.

This seemed especially true with women who saw themselves in traditional female occupations and roles such as secretaries and mothers. Meredith, a 6'2" secretary who has recently lost 75 pounds, finds that her fatness coupled with her occupation as a secretary puts her in a subordinate position not only with her male bosses but also her female co-workers. She said one male boss even calls her "good ol'

Meredith" meaning that she will put up with most any kind of treatment dished out to her.

"One day, when I worked in a cafeteria years ago and was also quite overweight, a female manager told me to "get off my fat ass. I almost blew up". When asked what she meant by blowing up, she responded, "to tell her off". This type of response does not seem uncommon among women possessing the stigma of obesity. Another woman who is a fifty-six year old secretary says "I work ten to twelve hour days and part of that comes from my need to be appreciated by my boss and co-workers. Just a normal day does not seem like enough for me to be worthy of."

Sharon, a young mother who is also an undergraduate student, expresses this idea. "I have always been an up person who makes others feel good. I have always let people walk all over me, but I'm starting to get more assertive, I feel good about that change."

"I'm Working on It"

One factor that plays an integral role in the lives of the majority of these fat people is the concept of "working on their weight". Most of them have been on various diet regimes on and off throughout their lifetimes only to regain the weight back later.

Weight Watchers seems to be the place where most of them have spent their dollars and time in an effort to conform to

society's ideal of a thin body. Many of the women I interviewed had tried Weight Watchers more than once and had felt a degree of success for at least a while. For many of them, it became boring and somewhat tedious to attend. Betty, a forty-five year old teacher said, "My food obsession became a weigh and measure obsession at Weight Watchers. It took all the pleasure out of food for me. Maybe that was the point... The one good thing about going (to Weight Watchers) was the idea of telling my family and friends at least I was trying to do something about my weight. It seemed as if it meant more to them than it did me."

Being fat is problematic, not only for the actor but the audience. It affects the course and also the outcome of social interaction. We gear our words and acts to the restoration of the social order by our social identities. When our identity is "spoiled" by being in violation of the social rules (that is to be fat in culture that values thinness), we work hard to reestablish some kind of order and to "save face" in an otherwise uncomfortable situation.

There have been several concepts developed to deal with the issue of how actors restore disrupted meaning, fix broken social interaction, and re-negotiate "spoiled identities". C. Wright Mills' (1940) conception of "vocabularies of motive"; Marvin Scott and Stanford Lyman's (1968) "accounts"; John Hewitt and Randall Stokes (1975) "disclaimers"; each deal with the socially important issue of interaction within

a problematic situation.

Many of the fat people interviewed were using their identities as fat people to manage the uncomfortable interactions with their audience that are caused by their fat. By acknowledging they were fat and also "working on it", their negatively viewed stigma of obesity became more positive in the eyes of their audience.

Sharon, the college woman with three young children expressed, "I feel people won't make so much fun of me for being on the street walking if I have on my sweatshirt that says, "I'm working on it." It is not uncommon for fat people to make the audience aware that they know they are fat and by doing so, can manage their "spoiled identities" to some degree. Susan says, "When I wear my white exercise sweatshirt, I feel so much more confident and everyone knows I acknowledge and am aware of my weight problem."

This use of Hewitt and Stokes "disclaimer" is one way of negotiating social order and hopefully unspoiling a "spoiled identity". Hewitt and Stokes (1975) emphasize that "disclaimers" are prospective, defining the future in the present, creating interpretation of potentially problematic events intended to make them unproblematic when they occur (Hewitt and Stokes, 1975:2).

Many of the fat women I talked with felt they must acknowledge their "weight problem" before someone else does. As if by acknowledging it, their fatness becomes a temporary

condition. One woman, Linda, who had gained ninety pounds within the last year said she avoids seeing old friends and acquaintances due to her weight gain. She happened to run into a past acquaintance while in a store, and seeing her friends "shock and horror" as she put it, immediately contrived a story that she had been in the hospital for six months due to a serious accident and had gained the weight during that time. She said not only did she feel badly enough about the weight gain, but her self-esteem was damaged from the guilt she felt for concocting this untruthful tale of woe.

Fat as Master Status

Presenting a fat self, a stigmatized self to the world creates many opportunities for developing insights or strengths that may otherwise have gone untapped, according to many of the people I talked with. Many of them had painful experiences in their youth from being fat. They certainly felt stigmatized by the society at large and in response to that focused on other areas of potential identity, as a way to circumvent their spoiled identity.

Several of the women in all age categories who were mothers seemed to think of their role as mother as something very crucial to their well being and happiness. Several of the women interviewed considered themselves to be "very good" mothers. Their role as mother seemed to supersede their

deviant status as "fat person." Sharon, a mother of three, expressed it this way, "I can feel good about myself when I think about myself as a mother. Being fat doesn't really get too much in the way of my relationship with my children. They love me just the way I am."

This idea was expressed by many of the women, some who actually put their needs and wants behind those of their children. One secretary, a mother of five adult children has spent most of her adult life working hard to educate her children. All five of her children are college graduates and some have received graduate degrees, and yet this women still does not own a home. She seems to take much pride in the accomplishments of her children and yet negates her role in their success. "They just have worked very hard to get where they are, I don't think I did that much for them," she said.

Another way in which fat people negotiate their deviant identities seems to rest on Becker's (1963) notion of "master status". From this limited research, I have come to hypothesize that the stigma of obesity is lessened if the actor has another status from which she forms an identity. One man I interviewed was of particular interest concerning this point. "Fat Mark", a forty-three year old, 360 pound biker, said "being fat is nothing, I have a Harley" as if everyone who sees him has the same meaning system toward a Harley Davidson that he does. His identity as a "biker" with his props of black leather jacket and size fifteen boots seem to

override his identity as a fat man. He did say his bike has grown as he has gained weight meaning he has added chrome parts to his already large Harley in an effort to make him appear smaller. His attitude is, "I have so much fun riding on that Harley, that other peoples' stares are just those of envy. They wish they had a Harley like mine. I see them giggle, but I'm having so much fun, I don't give a shit." Fat Mark has doubts that he will ever lose weight, he doesn't really want to. "They make jeans up to size 62, so I have a way to go before I need to worry about it", he says. By cloaking himself with the image of a Harley person he feels acceptable to himself and respectable to others as if to say "heck with all of society's values, I'm fat, I'm a Harley man and I feel good about me."

Another man I interviewed on two separate occasions did not have another status to identify with, so he in essence created one. He lost eighty pounds by playing basketball everyday for two hours. He seems to have carved out an identity among fellow players as the "guy who has lost eighty pounds and is a good basketball player." This ball playing seems to be somewhat of a religion for Jack. "One night, I got really sick for no apparent reason, I though I was going to die. I could not get out of bed for several days. At that point, I weighed over three hundred pounds. From this experience I decided I must lose weight if I'm going to stay alive. So I started playing basketball as a means of

exercise and it worked. I began to eat less and lost weight and even established a new set of friends at the basketball court. If I don't get my workout in everyday, I am miserable, tense and anxious. Right now, my reason for living is playing basketball with my friends. It's to the point that my grades are not as good as they should be. Right now they are not that important.

Angela, a young black college student feels her master status is "black" more than it is "fat". She said, "I'm just getting into my black heritage and am finally starting to like my blackness. Being fat has never been a bigger issue than being black. Angela has never seriously attempted to lose weight--she seems to have accepted herself as she is. In fact, in our interview, we talked more about her status as a black on the Oklahoma State University campus than we did about her fatness. It became obvious to me that being fat is not nearly as stigmatizing to Angela as being black is.

"Good Ol' Meredith", a six feet two inch secretary belongs to a group called "The Tall Club" in Oklahoma City. Meredith, who has lost around seventy pounds due to an inherited diabetic condition, does not feel her weight has been a central issue in her life. She said she does not feel any differently by losing that weight. The identity of "tall woman" seems to play a more integral role in her life. She emphasizes how active she has been in "The Tall Club" and met many tall men through this organization. She stressed how

"difficult it is to find slacks that aren't mid-calf in length" for her. When asked if people treated her as powerful she said, "there have always been those people who make jokes about my height, but rarely have I heard or felt much negative input from others about my weight. They are always saying how no one should mess with Meredith, but I really feel it has more to do with the height issue rather than my weight. Maybe I'm wrong about that, but I don't think so."

Meredith's master status is that of a "tall woman", not a "fat woman". Her level of self-esteem appears to be high; she said she doesn't feel devalued in society anymore than any other "normal" woman would. It seems then, that our identities are situated identities. Our selves are very much situational and are created in the interactive process with our audience, even if quite frequently our audience is but another self. We act back on our selves, this action determining our relationships between ourselves and the environment. New selves are created in response to the situation. In all of the above examples, the stigmatized continually monitored their presentation of self and devised strategies of interaction vis-a-vis their socially defined master statuses and in essence, other selves.

"Yuppies Aren't Fat!"

One of the most striking themes that emerged during the course of this research is that many of these fat people feel

the need to conform to the idealized body shape currently in vogue among the upwardly mobile professionals. Much of this research centered around college students, either undergraduates or graduate students, who are preparing to become involved with the corporate world on some level. These students stressed to me the anxiety they feel concerning their bodies and job hunting. Linda, who has gained ninety pounds this past year, is a word processor for a law firm and has also been accepted into two law schools herself. She puts it this way: "I know I could not find a job if I were to look right now at this weight. I don't think this law firm would have hired me if I had been this heavy when I applied. I don't fit their image, yuppies aren't fat. Being fat goes against everything they stand for."

This new healthism seems to coincide with what is socially defined as attractive, the movement stresses health, not merely for health's sake but for appearances. Hayes and Ross (1987) suggest that some types of healthful behaviors are practiced because people are concerned with their appearance as much as their health (1987:120). We are living in a society inundated with the media telling us to be healthy with beautiful people delivering this message. The culture of advertising insists we all be concerned with health, but in reality it is appearance and image they are selling. We are living in a world of cholesterol counting guides and low fat cottage cheese, but do we adhere to these for health or

for appearance?

Many of the women interviewed are not nearly as concerned with their health as they are their appearance and what "looking good" translates into. Conforming is important to them. Their deviant status is not fun and they feel they are not "marketable" at their current weights. The meaning of being fat in American culture rests, to some degree, on sheer economics. That in itself is a source of anxiety for many of those interviewed who must find jobs, knowing their weight will be a crucial factor in securing a job for which their degree has prepared them.

Who Me?: Cultural Diversity

Many other cultures see fat as something good, beautiful and sexual (Beller, 1977; Bruch, 1957; Hollander, 1977). In the eastern world, being big and fat is held in high esteem, and is desirable to the successful as well as the poor and starved laborer. Years ago the newspapers would bring yearly reports on the weight of the Aga Kahn concerning his annual birthday weigh-in. If he had gained weight, there was celebration and he received the same amount of platinum as a gift as the amount he had gained.

Admiration for obesity, especially in women (Beller, 1977; Bruch, 1957; Hollander 1977), is also expressed by many African tribes, and particularly in the Mohammedan countries. In lands where starvation is a daily experience for most, to

be fat is a sign of a good, prosperous life. Rebecca expresses this:

I was an undergraduate at the time and had a speech class during summer school, in which there were several international men. I think they took it in summer so there wouldn't be so many people in there. They were sort of scared to speak publicly with their accents. Most of us took it at that time for that very reason. But I found all of them to be very nice and polite to me, especially one named Jimmy from Lagos, Nigeria. He seemed to have a crush on me. I don't know if it was my blonde hair or my friendliness...Maybe both, but my weight was definitely something attractive in his eyes. He once told me he wanted to be fat, have a fat wife and drive a Mercedes.

Many of the college women I interviewed report the way in which many international men treat them is quite unlike that of American men. They say the nice looking men from the Middle East as well as from the African nations look at them with admiration and even flirtation. Susan tells this story:

Many experiences I have had make me fully aware of the diversity among cultures concerning the weight issue. I have had several different men friends from various countries that are very attracted to fat women. One night, in particular, is a case in point. I was sitting in a bar with my husband and several friends when I noticed a very attractive Mid-Eastern man kept staring at me. He finally started winking at me and I kept looking behind myself for some other, thinner woman he surely must be interacting with. Finally, he pointed to me. I was shocked as well as quite flattered. That had not happened in a long time and I was not sure how to handle it. He asked me over to his table. Being a bit tipsy from several glasses of wine, I went over and he asked me to go home with him and make passionate love. I was so flattered and felt so guilty for being flattered. There sat my husband who loved me very much and I really wanted to act on this all too infrequent occasion of someone actually wanting me for sexual reasons. I finally said I better not, but he did get me to tell him where I worked and he showed up there a few

times after that to try to talk me into having a fling with him. That was just two years ago, I haven't seen him since.

These kinds of experiences are not uncommon among college women in universities where there are large numbers of international students. Many other women told of stories of very positive feedback from men who are not Americans. For most of them, it was a pleasant surprise and many were ill-equipped to handle the positive attention.

The Disembodied Self

One overriding theme that emerged during the course of this research is that fat women feel desexualized. Obesity constitutes a violation of the traditional or conventional sex roles. In American society, women who are fat are seen as unattractive, masculine, unfeminine and consequently asexual. At the exact same time society looks upon them as overly sexual and sees their fat bodies as an expression of overindulgences of the flesh including sexual passions. This is quite a paradox for anyone to be caught in.

Desexualization usually is manifested by becoming merely a head for a fat person. She tends to only identify herself as a head - her head becomes her totality, thusly negating the body altogether. Most of the women I interviewed did not own a full length mirror. When they look at themselves they see only their face and hair which are usually quite attractive and much more socially acceptable and ultimately per-

sonally acceptable. These women do not have feelings about their bodies. They neither love them nor do they hate them. They feel nothing at all. The body for them, does not exist. In this age of "me" orientation and self-absorption, one of the yuppie-type activities for preventative health care is massage therapy. In our modern society relationships are increasingly complex, sometimes the urbanite will seek out quiet time and hire someone to massage her body for what we have come to call "health reasons". We have been told that to relax our bodies is to reduce the chance of getting the ever dreaded C word -cancer. Massage therapists are becoming popular in even the smallest of communities. Diane, an attorney, explained her problem with massage therapy:

I really think I would like to get a massage. I work hard, I can afford it and I know my stress level is high, but...I am just too fat, I really don't think I could let someone touch my rolls of fat. It is a horrible thought for me. I'm sure they would be disgusted with this body.

Another woman, Lisa, who is a doctoral candidate says this:

For a long time I thought about getting a massage to relieve stress, but I kept putting it off. I was scared to actually be alone on a table with someone who is totally concentrating on my body. Finally, at the insistence of my good friend who is a massage therapist, I allowed her to work on me. It was a positive experience in many ways. I finally acknowledged I had a body and that body deserved a massage just like anyone else's. I felt really good that I could trust another person with this fat body. By allowing myself that first step towards realizing my body, I will come to love it.

From this research, it has become apparent to me that men do not have the same kinds of feelings about their bodies

that women do. They do not seem to carry the feelings of guilt or lack of self-esteem that women do. Most often, the man who is slightly overweight does not feel the shame that an overweight woman does and is not forced by society into conforming. Society does not view men as failures if they carry a bit of extra weight. Marcia Millman, in her book, Such A Pretty Face (1980:238) reports how one man feels about his weight: "If anything, my weight has helped me in business. People remember me; it breaks the ice - they feel they know me because I stand out."

Millman also points out a major difference between the overweight men and the overweight women she studied: The men fought back...while the women were characteristically self-blaming (1980:240).

She found men were much less introspective about their size. The women tended to feel guilty and responsible for their fat, and saw fat as a symptom of their own failures and personality problems. The men "did not worry that being fat meant they did not want to have sex or intimacy or that they weren't masculine" (1980:241).

The different view that men and women have about themselves and their size demonstrates the importance of self-image and how it is influenced and shaped by the opinions around us. Men don't blame themselves as much because society does not blame them as much; consequently, they have a more positive view of themselves.

Another difference between men and women is that traditionally women have been judged primarily on their physical appearance, while men have been judged in terms of their achievement. Women depended on their appearance to achieve any kind of status or power so that is where, traditionally, their energies have been directed.

As women begin to achieve more social and economic power and become more part of what was previously known as a "man's world", men are becoming increasingly concerned about their weight. Another reason for this is the advent of the healthism movement in this country and the overriding pressure to be healthy.

In a poll conducted by The Star (1981:31), men were asked to make a list of their top ten worries. The list included such earth-shattering items as crime, health, rising prices, and taxes, along with the not-so-earth-shattering yardwork. But the number one item that topped their list was not war, or crime, or their families; it was "concern about their weight".

Men do not seem to be caught in the middle of conflicting messages concerning their weight as much as women are. They do not feel desexualized by their fatness to the degree women do. Yet men are just beginning to feel pressure to be healthy and part of the definition of health is slenderness. It seems as if our cultural expectation of thinness is

be thin and young.

This preoccupation with looks above all other qualities has caused much pain in this world. We cannot help but to admire beauty, but when it supersedes all other considerations, we must reexamine our values. Dr. Hilde Bruch (1978) puts it eloquently:

There is a great deal of talk about the weakness and self-indulgence of overweight people who do not give up eating as much as they want. Very little is said about the selfishness and self-indulgence involved in a life which makes one's appearance the center of all values and subordinates all other considerations to it.

This shallow ideal of physical attractiveness has hurt many people, but no group more than fat people. They are the most stigmatized group in America, and they have the least protection.

There is one group that supports fat people in their quest for acceptance and happiness that I became aware of during the course of this research. This group is the National Association to Aid Fat Americans (NAAFA). NAAFA is not only a social organization, but a political group as well. It has several dozen chapters in cities across the United States, although I could not find one in Oklahoma. It was started in 1969 by an average-sized engineer from New York who had experienced first hand the stigma of being attracted to fat women and also the trauma his fat wife had been subjected to in this society.

The organization provides its members and the public a

differing view of obesity that is contrary to what most people believe. It asserts that fat can be beautiful, sexy and fun. NAAFA'S purpose is to call attention to the exclusion, exploitation and psychological oppression of fat people and press for changes in the ways fat people are regarded and treated. One goal of the group is to help fat people accept and respect themselves as they are, to live the fullest and happiest lives possible. The organization also sends some of its members on the talk show circuit. Such shows as Geraldo, Sally Jesse Raphael, Oprah Winfrey and Phil Donahue have all had these fat rights activists as guests. NAAFA members also are encouraged to engage in public demonstrations, and letter-writing campaigns calling attention to activities or policies that are discriminatory, demeaning, or offensive to fat people.

Most fat people do not belong to NAAFA or any other such organization. Most fat people just accept this treatment as their due, as if they deserve it. Fat people have been lambasted and exploited by medical authority, the religious community, capitalists who wanted to make profits from their insecurities, by clothes manufacturers who designed clothes only for the thin, by media image makers who helped set this insane standard for everyone. Fat people are systematically discriminated against in every part of our society. They are deprived of their rights as surely as any other minority, but with one important difference: it is legal to discriminate

against fat people.

This discrimination is widespread and insidious, but the most obvious area of prejudice against fat people is in employment. Many companies have weight requirements written into their job descriptions even through there is no proof that fat people cannot perform the job. There is no evidence or statistics which prove fat people are less efficient or miss more work than their thin counterparts. In fact, evidence points to just the opposite. Studies show that fat people miss less work than thin people (Edelstein, 1977:42).

There are studies that document that the fat are not hired, are not promoted, and are not given a chance to prove themselves. One study conducted by a major personnel agency revealed that out of 50,000 executives studied, less than ten percent were more than ten pounds overweight (Louderback, 1970:47). In many of these studies personnel workers have admitted that if two people who are equally qualified apply for the same job, but one is fat, and one is thin, they will choose the thin one (Louderback, 1970:48). One young man I interviewed experienced just this type of discrimination. He was a college student at the time and had applied to be a resident assistant at one of the dormitories at Oklahoma State University. He had been recommended for the position by a professor and had discussed the position with the person who was doing the hiring over the telephone. He got positive feedback and truly expected to be offered the position until

they met in person:

I weighed probably three hundred pounds at that time. My grades were excellent, I was a very good worker, good with people...but, when he saw me in person his whole attitude changed and he said he wasn't absolutely sure the job was still open after telling me on the telephone that it was. I know my weight was the issue. I was angry, yet I felt he probably was justified on some level. It seems like when you're fat you just accept the discrimination as if it is right, that maybe I don't deserve that particular job.

Another woman I interviewed, Sally, worked as a reporter for a television station in Joplin, Missouri. She dieted compulsively in order to get and keep her job. She has a history of being fat and is basically fighting her natural inclination to be a little heavier than the socially acceptable form. She reports that she was getting increasingly better at her job and was offered the weekend anchor position which was considered a promotion. She was on the air for several weekends until someone at the top of the television station hierarchy decided she was "too fat" to have such a visible position. It is important to know that this woman was maybe twenty pounds overweight at that time and was quite beautiful. She was also a very good news woman. The only thing that mattered was her size to these executives, that maybe she might offend the sensibilities of her audience and ratings might go down. She says:

I was humiliated and devastated. I felt like a piece of meat on the market. My professional skills were good, my interpersonal skills were good, but my face was a bit too full for the camera. I finally quit the whole business and am now happily working at a newspaper in Kansas City, where my talent does not become negated by my ap-

pearance. But I am still bitter about the whole experience.

The United States armed forces also discriminate against the overweight. They have a policy of letting fat people go, even though studies were done showing that weight did not affect the health or efficiency of their personnel: "A study of long-time records of 22,741 Army officers found that the presence of overweight did not significantly alter health or efficiency" (Louderback, 1970:53). The Army continues to have such a policy in the face of this evidence.

College admissions is another area where discrimination affects the success of the overweight.

Comparing the academic records of high school seniors and college students showed that being fat cut a girl's chances of college admission by one-half, a boy's by one-third. Grades, aptitude test scores, health records were essentially the same. The only difference was in weight (Mayer, 1979:24).

It can be extremely difficult for fat people to get into highly competitive schools, such as medical school. They are discriminated against by being denied equality in education before they even have a chance to prove themselves.

Oral Roberts University in Tulsa, Oklahoma requires that students stay thin. Doctors watch students and if they "flunk the flab tests" they are put on a diet and anyone who fails to reduce is suspended.

Discrimination against fat people is based solely on appearances. People talk about fat people not being promoted, not being hired for jobs, or passed over for oppor-

tunities, and with very few exceptions, this prejudice is not condemned. We, as a society, would not think of accepting such prejudice against people of a different race or religion, but we do not hesitate to accept it against fat people. We do more than accept it; we tell fat people they must change, instead of telling those who are doing the discriminating to change. Would we even consider telling people to change their religion or deny their nationality in order to get a job? Would we tell a Jewish person who was not hired for a job because of her religion, to convert to Christianity? Of course not. But our response to the prejudice against fat people is to expect them to "convert" themselves into thin people. Instead of asking fat people to become thin, the time has come for society to change the way it treats fat people.

The Medicalization of Fat

American society is becoming increasingly medicalized. Irving Zola (1972) developed this concept as meaning the expansion of professional power (medicine) over wider spheres of life including deviant behaviors. The institution of medicine is replacing legal and religious institutions as agents of social control. As the popularity and acceptance of the medical model's label of "disease" increases, the legal and religious institutions slowly lose power in defining these behaviors as "crimes" and "sin", respectively.

The power of medical authority is not primarily through politics, although the American Medical Association (AMA) is one of the most powerful lobbying unions in this country. Medical authority is much more subtle in its influence, using science and objectivity as its way of legitimizing the power it wields. Physicians are not neutral. They never have been, and they will continue to hide behind the illusion of scientific neutrality concerning the labels of health and disease.

This can be understood quite clearly concerning the issues of weight and diets. As more and more of life's problems become defined as diseases, fatness takes on a whole new tone that transcends mere immorality.

The ideology of healthism (Crawford, 1980) is taking

hold of American society. Not only is medical authority gaining more power in our everyday lives, other health care practitioners such as the "New Age" types are joining in. The pursuit of health is big business. The capitalistic "New Age Thumpers" are using the idea of health to sell all kinds of tapes, crystals, books and seminars. They preach the gospel of clean living and positive thinking as a means of having a healthy, thin body.

Many New Age spiritual groups see fat as an outer manifestation of inner negative thinking (sickness) and lack of spiritual development. It sounds hauntingly familiar to Calvin's idea of the chosen few. According to many of these New Age zealots, those who are spiritually together are physically fit as well. I assume those who are fat, are not as spiritually evolved in this model.

I had a chance to go to a weekend Buddhist retreat in Topeka, Kansas in the fall of 1988. This retreat was spent for the most part, in meditation, honoring "the noble silence" for the entire three days. The retreat was held in a prominent Menninger clinic psychiatrist's home. The majority of the people were professional health care types who were seeking a more "healthy", thus spiritual path in the world. There was not a heavy person among them, other than me. I was quite an oddity to say the least. The menu all weekend was gourmet vegetarian and most everyone ate very lightly, some in fact, fasted in the true Buddhist tradition.

It was apparent to me that asceticism was a highly revered goal for them.

The psychiatrist's house was a very upper middle-class Victorian filled with artifacts and rugs from around the world. This weekend was an exercise into the meaning of the culture of narcissism. Health has become a goal of the upwardly mobile anxious American. Not only is it a goal, health is also a status symbol. These Buddhist meditators did not spend their weekend working for social change. Indeed, quite to the contrary, they were self-absorbed in the pursuit of emotional, spiritual, and physical health. Otherwise known as the "holistic" approach to wellness. They can be seen as those types who have decided they cannot change global issues, so they surely must save themselves.

This healthism is gaining momentum as a dominant ideology, yet no one knows what health really is. The ideology conveys the idea that each person is responsible for her health and/or disease. This almost totally negates socio-cultural influences, including environmental and occupational health hazards as being involved in the disease process. If we looked at those, rather than blaming the victim (Ryan, 1972), it would mean calling for a change in the status quo. The cult of individualism in American society will not allow that, and our economic system of capitalism would greatly suffer if we were to challenge the ruling apparatus.

So, the healthy are the chosen in this ideology. There

is a moral obligation to be healthy, even though we are a bit confused about the definition of health. The standard keeps changing for one thing. What was health last year may become obsolete this year. Several years ago everyone was talking about their blood pressure. Now, just go to a party and the topic is one's cholesterol level. People seem to take real pride in the value of their cholesterol count if it is low. On the other hand, people who have a high cholesterol count feel morally inferior.

This moral imperative to be healthy began in the upper middle classes and is now beginning to make its way through the other classes as well. Since we have the technology to prolong life, it is becoming everyone's duty to take part in the prolongation process. This includes a low-fat diet, as well as aerobic exercise everyday. Aerobics and running have come to be moral purification rituals. People leave their aerobics classes feeling a bit smug, noting they have done their moral duty in the name of health.

The medical model which sees obesity as a disease in which the symptom is to be fat, is now being accepted by the new age health movement as well as many other capitalistic groups. There is much profit to be made in the effort to "cure" obesity. Not only is there profit but also a larger element of social control over a larger percentage of Americans. Medical authority coupled with corporate America keep fat people and their significant others anxious about their

bodies. This anxiety manifests itself in the quest for a more healthy (thin), and therefore more perfect body.

It's Not Your Fault...You're Not Alone

"I'm beginning to feel like a sick person" was an insight of one of the men I talked with. Increasingly, more and more of life's everyday problems have come to be identified as "diseases". This is especially true of the so-called "eating disorders". The Rader Institute, as an eating disorder clinic, is a case in point. A pamphlet which was mailed to me after I called the Rader Institute's toll-free number stresses the importance of recognizing one's eating disorder. It goes on to list common symptoms of eating disorders: constantly thinking about "feeling fat"; having your weight determine your self-esteem; repeated and unsuccessful attempts to diet; compulsive exercising or not exercising at all; eating when you are not even hungry are a few of these symptoms.

The issue concerning this is not that people don't have some of these problems with their lifestyle, but the fact that the medical model does not look at the sociocultural pressures put on people to be thin. The medical model blames individuals for their diseases rather than looking at the larger, cultural picture. It is easier to "fix" or "heal" an individual than it is a social condition. There is also much more profit to be made by labeling people as "sick" rather

than merely accepting them as they are and promoting diversity among people as something good.

The medical model insists that each of us be happy. Unhappiness can be seen as a form of deviance and must be "treated". Fat people are told repeatedly that they surely must be unhappy about something or they would not be fat and they surely must be unhappy about being fat. No matter which argument one buys into, the fat person is labeled as unhappy and, therefore, sick.

The first question The Radar Institute asks a potential patient on their 800 telephone line is whether or not they have insurance, indicating the profit motive behind their brand of therapy. They are also big on "intervention" which they define as "a new method to reach people who deny their need for treatment." Now, it seems that fat people can look forward to this procedure to take place in their living rooms by their significant others if they are deemed as too fat.

For many years fat people have been harrassed by their family members and friends about their weight. Now that the medical community has discovered it as a disease and therefore unhealthy, the meddlers have a medical-moral obligation to harangue fat people. The fat feel their significant others are justified vis-a-vis medical authority to intervene in their "sickness" and rarely tell the "do-gooders" to just shut up and mind their own business.

One woman I interviewed had been to The Radar Institute several times. She said it was much easier to accept herself as "sick" than it was as "weak" or "undisciplined". People were more understanding and sensitive to her with the disease label. She did say that by being treated as sick, her self esteem was lowered, though. "Now everyday, I must contend with the fact I feel like a sick person as well as a fat person."

Linda, the word processor for a law firm, has also encountered the medical model of fat. She was encouraged to check into the Schick Center which is an example of a program which uses aversion therapy. Schick clients are given small, pin-prickle shocks to retrain their brains to not like certain foods. Linda went in order to please her father. "It was the most degrading experience. Getting shock treatment because I was not what society thought I should be and therefore not what my father thought I should be."

Overeaters Anonymous is another place where fat people can seek help with their "addiction". It is based on the ever popular twelve step program of Alcoholics Anonymous. Many of the women I talked with and three of the men had tried O.A., and some were in, what O.A. calls, "recovery". This means that they attend meetings, follow program and work on the twelve steps. Overeaters Anonymous stresses the disease model of fat, and the way to overcome this "disease" is through one's Higher Power and spiritual development.

This model regards overeating as a compulsive disease that is "serious, self-destructive and capable of ruining a person's life".

Overeaters Anonymous is a very significant organization in that it expresses an increasingly popular view that obesity indicates deep psychological disturbances, that its cause and cure rest with the individual. This is the basic assumption of all treatment programs for the fat, whether they be changing eating habits (Weight Watchers, Schick, etc.) or working out underlying psychological problems (such as psychotherapy).

The first thing one hears at a meeting (usually held in a church basement) is "Hello, I'm _____ and I'm a compulsive overeater." This acknowledgment of being "powerless" when faced with food, blames the individual rather than outside forces for her problems. The individual is made to recognize that her suffering and shame have been created by her own sickness. Sally, a writer for a newspaper puts it this way, "Sometimes I feel so out of control about food. I'll eat a whole package of cookies and then feel so remorseful and guilty which leads me to eat even more compulsively. I really do feel powerless over this disease."

Many of those who did not feel diseased before attending an O.A. meeting do so after a few meetings. Those who remain in O.A. come to define their weight problem as merely the external symptom of deeper troubles. The term "abstinence"

is used to mean that the person eats only "three weighed or measured" meals a day with nothing in between. Many O.A. people believe that their compulsivity with food stems from an allergic reaction to wheat products or other carbohydrates. Many of their eating programs used are very low in carbohydrates and one woman tells me she "absolutely cannot eat any wheat products because it will set me off on a binge."

Abstinence is a very sacred thing for O.A. members, Members keep track of the length of time they have "kept abstinence." Jill said, "I was abstinent ninety days and attended ninety meetings, that was a record for me. I have lost fifty pounds since I have been in O.A."

The members of O.A. are very orthodox in their approach towards the rules and traditions of the program. The principles of the twelve steps toward recovery are scrupulously upheld and are repeated at every meeting. Members give an inordinate amount of their life to the meetings, daily telephone calls, and weekend retreat-type activities. It seems as if one might be exchanging different forms of compulsive behavior in this program.

Many of the women interviewed found a sense of friendship or sisterhood at O.A. Most of the members are from working class backgrounds and cannot afford intensive or long-term psychotherapy. Few seem to be involved in women's consciousness-raising or support groups. Without O.A., many

might be otherwise isolated. Although O.A. is fundamentally apolitical in its perspective, it does quite frequently bring women together who have failed in society's eyes as women. To be successful in O.A., all you have to do is observe O.A. ritual. To be fat, poor, divorced or single does not really matter in O.A. For many, controlling their eating habits gives them a sense of personal efficacy that they may not have in other areas of their lives.

Another new program hot on the market is the liquid fast routine. They come in several brand names such as Med-fast, Opti-fast (the one Oprah Winfrey made famous), and Ultra-fast. These are based on starvation. The patient must first go through a complete physical and electrocardiogram. Once the patient has been approved to starve, the treatment consists of five ninety calorie milkshakes a day and some raw vegetables to get through the long days. These clinics appear to be popping up in the smallest of communities and seem to attract people of all shapes and sizes. Several of my respondents have become victims of this starvation procedure only to fall off the wagon and regain the weight back.

Janice, one of those victimized, put it this way, "This diet sent me over the edge. I have never endured such agony on a diet. My hair fell out, I was extremely bitchy towards my family and friends, and I felt deprived and even sort of isolated. I finally decided I would rather be fat

and nice."

Four of the people I interviewed had undergone a surgical procedure called gastroplasty, in which a section of the stomach is stapled off thus making it less able to hold food. This extreme procedure is considered major surgery which ultimately costs close to three thousand dollars and is utilized on those whom doctors have determined to be "morbidly obese".

Those who had undergone this surgery lost massive amounts in the beginning but eventually regained the poundage as a result of "blowing" the staples or stretching the usable stomach out. Eric, a graduate student and former deputy sheriff had lost and regained over one hundred pounds and to this day feels like a failure consequently. "Everyone who knew that I had this surgery expected me to lose weight and watched me as if I were a scientific experiment. It was sort of stressful. When old friends would see me after I had regained that weight, I would feel so much like a failure. My self-esteem really suffered for many years. I think I still feel like the ultimate loser some days. I still have not gone back to see my doctor."

Medical doctors are some of the most feared and hated professionals by fat people. The lives of fat people have been affected by the diatribes of physicians concerning the issues of weight and health. Doctors are known to prefer not to treat fat people and sometimes humiliate, hurt and

destroy the confidence of fat people who see them (Allon, 1973). One female graduate student who had her annual pelvic exam with a female medical doctor at the University Health Center told me this:

I always get so nervous and upset when I have to go to the doctor, especially this particular doctor. She lambasts me for being overweight and acts as if I do this on purpose. One day I asked her about a mammogram and she said as soon as I lost fifty pounds I could have one, as if I had to earn the right to have medical care...like it is a privilege earned for good behavior. I was outraged, but at the same time I felt she was somewhat justified. Isn't that crazy?

Many of the women I talked with had been treated by physicians for their weight at an early age. Their mothers had taken them to the family doctor to get diet pills as well as the usual mimeographed diet sheet. When Linda discussed this, she said she had this mental picture of herself at nine years of age as being "grossly overweight". She now looks back at old pictures of herself and sees a child who "might be five pounds overweight". Her mother was so consumed with image, that she had a young girl strung out on speed. She said, "I was a chubby disgrace for her".

Susan, who also had an early experience with weight and doctors recalls, "I was put on a high protein, low carbohydrate diet coupled with two little yellow pills a day. I found myself crying all the time and having violent outbursts. It finally dawned on me a few years later that I was hooked on those pills. I still feel angry at my mother, my doctor and society for putting me, as a young

girl, through so much hell."

As long as doctors believe that a few extra pounds is a worse health hazard than starvation diets, shock treatments, diet pills and other dangerous methods, they will continue to prescribe them for fat people. Medical doctors have come to realize how much profit can be made at the expense of people's health and dignity. Not only do doctors make money, they also gain a larger element of social control over people's lives. There are a lot of fat people in this country and it is in the doctors' best interest to keep them insecure and seeking the medical community's wisdom and authority.

The Nonconformity of Self-Acceptance

It is deviant to be fat in the United States. It is even more deviant to not be doing "something" about it. To eat chocolate cake at Wyatt's cafeteria and be fat at the same time offends people, yet a thin person who eats chocolate cake is not the least bit offensive. If one is fat and "on" a diet, she is much more socially acceptable than if she is "off" a diet. There seems to be an increasing moral obligation to be "working" on one's weight.

In our culture, for one to accept herself as fat is disturbing to her significant and not-so-significant others. There are very few people who seem to come to the point of self-acceptance. Our culture of advertising does everything

in its power to discourage it. If one accepts herself, then the need to buy things such as diet programs, pills, and make-up is somewhat diminished and our economic system may suffer. The social controlling aspects of capitalism depend on mass consumption.

It could be that people who are fat do not have the basic insecurity that drives conformist behavior. Maybe they feel good enough about themselves that they do not have to diet compulsively like many thin people. It could be that fat people just enjoy life as they are, enjoying all aspects of life including eating good food. This argument, for the most part, is not supported in the literature. In a culture that expects thinness, rewards the conformity to thinness--being fat must be seen as an aberration. By choosing non-conformity, fat people can be seen as "sick" or deviant.

Many people I talked with are in a stage in their life where they have come to accept themselves, fat and all. The majority of these people are in their middle years and have been heavy most of their lives with a few weight losses interspersed only to regain the weight. Sherry, a forty-eight year old secretary put it this way:

I have dieted off and on all of my life. Everytime I went on a diet, usually Weight Watchers, but also the Mayo Clinic Diet, The Beverly Hills Diet, Dolly Parton's Diet among others that I invented, I would eventually go off and gain even more weight back. I felt like a real failure everytime. Finally I got tired of feeling badly about myself, not only for being fat but for failing on an eating program. I decided to put my energies into accepting myself and enjoying life to the fullest, being

in the present. I have made a commitment to exercise very regularly and I'm even considering taking up golf with my husband. Life is just too short not to be happy. This decision has to be made everyday for me. I sit with my Bible every morning and practice loving and accepting myself as I know the Lord does. Living in this society, it is hard to love myself fat. It does require new thinking--that having a fat body is O.K. I do have many other fine qualities that people love me for and I try to concentrate and nurture those.

Mary is a thirty-four year old accountant who wears a size 44 blouse. This is how she addresses the issue of self-acceptance:

When I go to my parent's home in Arkansas, I know they will look at my size to gauge whether or not I have been dieting and with how much success. They watch me the whole time I'm there to see what I eat and how much of it. It is stressful. If I am on a diet of some kind, they always seem more responsive and supportive of me in general. But...if I am eating what I truly want, in the quantities that I want, they almost act pissed off. They can't believe that I really don't care anymore. I have come to the point that in order for me to be happy and calm about life, I should not diet. I really do enjoy life more if I can eat what I want, although I still do work out at the gym. That takes guts, too. Going to the gym with a fat body is quite bold. People stare at me with contempt, as if I don't have a right to be there. Those same people, I'm sure, would still stare at me with contempt on the street for being fat. So what's the point? I finally got mad enough that I just go do what I want and to hell with my parents and the rest of them. This anger has carried me into self-acceptance. I've learned to turn it out, back on society rather than inward, on myself. That has seemed to work for me.

Kris, a three-hundred pound, beautiful professor at a small liberal arts college in the Midwest, describes her road to self-acceptance:

For years I hated myself just for being fat. I wouldn't buy myself nice clothes. I didn't wear make-up or really take an interest in myself. My family continually tried to get me to lose weight. They never

just accepted me. They thought that if I would lose weight I would like myself. Their intentions were good, I suppose. They wanted me to be happy and have dates...But everytime I finally got "up" for a diet, I felt anxious and nervous. Then I would get so angry for denying myself good food. A diet would last a couple of weeks at the most and then I would fall off the wagon. The remorse I would feel was so overwhelming, I would eat everything in sight as a way to deaden my negative feelings about myself.

As I became educated and successful in my profession as a professor, I started to like myself in ways that I had never experienced. The only bad feelings I had were concerning these rolls of fat and these big thighs. But I finally read some feminist material and also developed my spiritual life and found a real sense of inner peace concerning my weight. Now I admit, there are days, especially going out in crowds, that I have to gather my guts and just not let people's stares and giggles hurt my feelings. People can be so cruel to fat people. I have been very hurt in my life and probably always will be, to some degree.

This self-acceptance stuff takes a lot of hard work. I have to concentrate on my strengths and practice loving myself. I do now buy myself beautiful, stylish clothes, take pride in my total look, and somedays actually feel good about myself.

Fat Mark, the Harley biker, has come to accept himself as a fat man:

I finally decided that I cannot conform to this thin man image. I have tried and tried to lose this weight. I simply can't do it. I used to think how unfair it was. I used to be very bitter about society, about everybody. I decided after a real close call with suicide that I couldn't change society, only myself, so that is what I did. I began with Alcoholics Anonymous and then Overeaters Anonymous to help get some spiritual guidance. I found a supportive group of friends and have finally come to the point where I can look at myself in the mirror. I have quit the programs. I have decided to just let me be me and to hell with society. I guess I am still a little angry that I have gone through so much pain over this weight thing.

Self-acceptance is difficult when one lives in a society

that does not accept one as they are. Fat Mark still struggles with the issue of loving himself as a fat man and, on some level, always will. It is just almost humanly impossible to transcend society's moral requirement that one must be doing something about their obesity. The journey to loving one's self in this society is long and painful. From the time people are small they are getting messages that fat is ugly, immoral, and even sick. They have been told in many subtle ways that they are not good because they are fat. Society says thin is better, but is it? The idea has no basis in fact, either in aesthetic or health terms. Thin is not better. Thin is not beautiful. Thin is not the answer to everyone's happiness. People have been convinced that they cannot be happy unless they are thin, so they put off their lives in the hope that someday they will achieve that longed-for state of slenderness. As a result, they deprive themselves of happiness for most of their lives.

Many fat people who are quite successful at many things, such as marriage, educational attainment, career objectives, parenting, cooking, writing, and artistic talent do not feel successful. It is as if their fat negates all the interesting and valued qualities they have. I find it very sad that our society has placed such an emphasis on appearance and weight that a large percentage of Americans feel badly about themselves for no other reason than not being thin.

CHAPTER VI

CONCLUSION

"She will not seek to change her culture so that it might accept her body; instead she will spend the rest of her life in anguished failure at the effort to change her body so it will be acceptable to her culture."

Kim Chernin
The Obsession (1981:106)

The dominant value of individualism prevents us from looking critically at the status quo in American society. If anyone is deemed as different from the standard, homogenized, accepted norm, it is up to that individual to change, to conform. Jacques Ellul stresses in The Technological Society (1964), that the United States is the most conformist nation in the world. This seems paradoxical to our notion of individual freedom. Yet, it is the very idea of individualism that creates the need for conformity. We, as a society are insecure and anxious. Conforming to the social ideal is a means of reducing the anxiety we feel.

Being fat is problematic in the United States. Not only for the actor but also for the audience. Being fat is threatening to the social order. In America we try to stamp out deviance at all costs, and sometimes lose our individual and civil rights in the process.

Many of the people I talked with feel as if they do not fit into the larger society. They feel as if they are on the fringes of what the cult of advertising and medical authority deem as acceptable or normal. The standard of beauty as well as the standard of health are getting increasingly narrow and fewer and fewer of us are falling within this standard. It seems as if more people are liking their bodies less as a consequence. This type of social control is so subtle, so elusive that most Americans are not even aware of why they feel so unhappy about their bodies. It is just accepted, rarely questioned and thusly internalized within the individual. The individual then spends most of her waking day preoccupied with her weight and her exercise program or lack of one. This preoccupation stultifies her, alienates her, and weakens her spirit.

This new form of narcissism keeps the capitalistic wheel turning in the pursuit of self esteem. We spend an estimated fifty billion dollars annually on diets, cosmetics, plastic surgery, health clubs, and gadgets (Glassner, 1988).

Keeping the American public nervous and insecure about their body sizes and health not only serves the economic interests of capitalism, it stabilizes the social order by discouraging any amount of social change. Rather than looking at the poverty and injustice in the world and doing something about it, we Americans consume ourselves with consumption.

This research began as an investigation into the meaning of being fat in this society. As it progressed, it became apparent to me that the issue of fat bodies is not only on fat peoples' minds, but on everyones' minds. Fear of fat and consequently disgust with fat is a national preoccupation that appears to be growing faster than the national debt.

I have come to believe that people who are what doctors call "morbidly obese" are less anxious about their weight and bodies than are people five to ten pounds overweight. This tends to be somewhat of a liberating experience for many of those fat people who are beyond hope for the supreme good of thinness. From the interviews, I found these very large people to be more concerned about the world and less pre-occupied with their body image and health. They are what I call the "doubly deviant". They have finally come to the point of self acceptance (for a variety of reasons) and therefore have the psychic energy to devote to things outside themselves. They, of course must still contend with problematic interactions in the world, including stares and jokes about their size. But many of these very large people have created selves that can negotiate these interactions in ways that are quite surprising and sometimes enlightening to the audience. These individuals are rare though. They do live in a looksist culture and do to some degree internalize the devaluative properties of being deviant.

The large majority of the people I interviewed do indeed

feel deviant and outside mainstream society. The qualities of sensitivity, nurturance and kindness play a large role in their lives. Other qualities such as occupational achievement, good parenting skills, intelligence, and academic savvy are sometimes negated by the mere fact that their bodies are larger and softer than what is considered socially acceptable.

Being fat creates opportunities of finding new selves. This, in some way, allows one to be more creative, or more motivated to pursue goals that are not based on appearance alone. Many of the people I interviewed were in graduate school or in professional careers. For one to be fat and upwardly mobile is statistically rare, yet I found many people, particularly women, to be doing just that. Academia is a safe place for them. They are not judged primarily by their looks, but more on their intelligence, motivation and personality. Many of the female respondents said this very thing, "it's safe". Academia is one place where they can be successful and feel good about themselves, at least some of the time.

As I have shown, the medicalization of fat, of bodies seems to be increasing at a rate that is frightening. Not only for economic reasons, is it frightening, but for reasons concerning the issue of social control. Medicalizing people's bodies is an illusory process, disguised in humanitarianism. Most Americans are not even aware of its power,

and seem like cheerful robots, turning themselves and their free will over to medical authority.

It appears to be much kinder to label someone as sick rather than bad and therefore making them not responsible for their "illness". This merely encourages more of life's problems to be defined as disease and gives the responsibility of curing these diseases to the medical community.

Many of the people I talked with have accepted the medical model's disease label and use it to absolve themselves from any responsibility concerning their weight. There seems a paradoxical relationship in all of this. The moral entrepreneurs of medicine hold individuals responsible for their disease of fatness, yet tell them "its not your fault, you are not alone" as a means of making money on their insecurities. The fat are caught in this paradox of mixed messages and ultimately feel badly about themselves.

Being fat is being vulnerable to the ruling apparatus. The vulnerability and powerlessness fat people feel in their daily lives is a significant finding of this research. They for the most part, have internalized the stigmatization process and accept not only the deviant label but the sick label as well.

Cooley was insightfully correct when he said that we see ourselves as we think society sees us. Our social world has given fat people many subtle and not so subtle cues about how they are viewed. Fat people have come to believe these views

as fact. Consequently, they spend millions of dollars, bear emotional and physical pain, in an attempt to conform to society's unrealistic expectation of thinness rather than confronting and hopefully changing their culture.

BIBLIOGRAPHY

- Alessi, D.F. and W.A. Anthony. 1969. "The Uniformity of Children's Attitudes Toward Physical Disabilities", Exceptional Children. 35: 543-45.
- Allon, Natalie, "The Stigam of Overweight in Everyday Life." Obesity in Perspective, a conference sponsored by the John E. Fogerty International Center for Advanced Study in the Health Sciences, National Institutes of Health, Bethesda, Maryland, October 1-3, 1973, ed. George Bray (DHEW Publications No. NIH76-852).
- Becker, Howard. 1963. The Outsiders. New York: Free Press.
- Beller, Anne Scott. 1977. Fat and Thin: A Natural History of Obesity. New York: Farrar, Strauss and Giroux.
- Berscheid, E., Walster, E. & Bohrnstedt, G. 1973, November. "The Happy American Body: A Survey Report." Psychology Today. pp. 119-131.
- Brownell, K. D. 1982. "Obesity: Understanding and treating a serious, prevalent, and refractory disorder." Journal of Consulting and Clinical Psychology. 50, 820-840.
- Bruch, Hilde. 1957. The Importance of Overweight. New York: W.W. Norton and Company.
- Ibid. 1979. The Golden Cage: The Enigma of Anorexia Nervosa. New York: Vintage.
- Cahnman, Werner J. 1968. "The Stigma of Obesity." The Sociological Quarterly. 9: 283-299.
- Caldwell, J.D. 1971. Social Psychology: A Symbolic Interactionist Perspective. F.A. Davis Company, Philadelphia.
- Chernin, Kim. 1981. The Obsession: Reflections on the Tyranny of Slenderness. New York: Harper and Row.
- Cicourel, Aaron V. 1968. The Social Organization of Juvenile Justice. New York: Wiley.

- Comer, R.J. and J.A. Piliavin. 1972. "The Effects of Physical Deviance Upon Face to Face Interaction: The Other Side." Journal of Personality and Social Psychology. 23: 33-39.
- Cooley, Charles Horton. 1964. Human Nature and the Social Order. New York: Schouken Books.
- Crawford, Robert. 1980. "Healthism and the Medicalization of Everyday Life," International Journal of Health Services. Vol. 10, No. 3.
- Davis, Fred. 1964. "Deviance Disavowel: The Management of Strained Interaction by the Physically Handicapped," in Howard Becker (ed.), The Other Side: Perspectives on Deviance. New York: The Free Press.
- DeJong, William. 1980. "The Stigma of Obesity: The Consequences of Naive Assumptions Concerning the Causes of Physical Deviance," Journal of Health and Social Behavior. March, pp. 75-87.
- Dodd, D. K., Birky, H. J., and Stalling, R. B. (1976). "Eating behavior of obese and normal weight females in a natural setting." Addictive Behaviors. 1, 321-325.
- Drewnowski, A. (1983). "Cognitive structure in obesity and dieting." In M.R.C. Greenwood (Ed.), Obesity. (pp. 87-101). New York: Churchill Livingstone.
- Dwyer, J.T. Feldman, J.J. & Mayer, J. 1967. "Adolescent Dieters: Who are They? Physical Characteristics, Attitudes and Dieting Practices of Adolescent Girls," American Journal of Clinical Nutrition. 20: 1045.
- Ibid, "The Social Psychology of Dieting," 1970. Journal of Health and Social Behavior.
- Edelstein, Barbara. 1977. The Woman Doctor's Diet for Women. New York: Ballantine Books.
- Ellul, Jacques. 1964. The Technological Society. New York: Alfred A. Knopf.
- Erickson, Kai. 1962. "Societal Reaction to Deviant Behavior: Problems of Theory and Method," Social Problems. 9: 247-256.
- Farina A., C.H. Holland and K. Ring. 1966. "Role of Stigma and Set in the Interpersonal Interaction," Journal of Abnormal Psychology. 71: 421-28.

- Farina, Amerigo, Edward H. Fischer, Scott Sherman, Wayne T. Smith, Thomas Groh, and Paul Mermin. 1971. "Physical Attractiveness and Mental Illness," Journal of Abnormal Psychology. 86: 510-517.
- Felker, D.W. 1972. "Social Stereotyping of Male and Female Body Types with Differing Facial Expressions by Elementary Age Boys and Girls," Journal of Psychology. 82: 151-54.
- Geliebter, A. (1982). "Exercise and Obesity." In B. B. Wolman (Ed.), Psychological Aspects of Obesity: A Handbook (pp. 291-310). New York: Van Nostrand Reinhold.
- Glaser, Barney G, and Anslem L. Strauss. 1967. The Discovery of Grounded Theory. Chicago: Aldine.
- Glassner, Barry. 1988. Bodies: Why We Look the Way We Do (And How We Feel About It). New York: G.P. Putnam's Sons.
- Goffman, Erving. 1952. "On Cooling the Mark Out: Some Aspects of Adaptation to Failure," Psychiatry XV. pp. 451-464.
- Ibid. 1956. "Embarrassment and Social Obligation," American Journal of Sociology. 62: 265-271.
- Ibid. 1957. "Alienation from Interaction," Human Relations. 10: 47-59.
- Ibid. 1961. Asylums. Chicago: Aldine Publishing Company.
- Ibid. 1963. Stigma. New Jersey: Prentice-Hall Inc.
- Ibid. 1969. The Presentation of Self in Everyday Life. New York: Doubleday and Company, Inc.
- Goode, Erich. 1978. Deviant Behavior: An Interactionist Approach. Englewood Cliffs, NJ: Prentice-Hall Inc.
- Goodman, N., S.A. Richardson, S. Dornbusch, and A.H. Hastorf. 1963. "Variant Reactions to Physical Disabilities," American Sociological Review. 28: 429-35.
- Haley Bruce. 1978. The Healthy Body and Victorian Culture. Harvard University Press, Cambridge.

- Harvard Medical School Health Letter. Vol 41, no. 2. Dec. 1980.
- Hewitt, John P. and Randall Stokes. 1975 "Disclaimers," American Sociological Review. 40: 1-11.
- Hoffer, Eric. 1954. The Passionate State of Mind. New York: Harper and Brothers.
- Hollander, Anne. "When Fat was in Fashion." The New York Times Magazine. October 23, 1977.
- Jacobs, S. B., and Wagner, M. K. 1984. "Obese and Nonobese Individuals: Behavioral and Personality Characteristics." Addictive Behaviors. 9: 223-226.
- Jones, E.E. and K.E. Davis. 1965. "From Acts to Dispositions: The Attribution Process in Person Perception," in Leonard Berkowitz (Ed.) Advances in Experimental Social Psychology. Vol. 2. New York: Academic Press.
- Keesey, R. E., and Pawley, T. L. (1986). "The Regulation of Body Weight." Annual Review of Psychology, 37: 109-133.
- Kitsuse, John I. 1962. "Societal Reactions to Deviant Behavior," Social Problems. 9 (Winter): 247-256.
- Kitsuse, John I. and Aaron V. Cicourel. 1963. "A Note on the Use of Official Statistics," Social Problems. 11 (Fall): 131-139.
- Kleck, R. 1969. "Physical Stigma and Task Oriented Interactions," Human Relations. 22: 53-60.
- Kleck, R., H. Ono, and A.H. Hastorf. 1966. "The Effects of Physical Deviance Upon Face to Face Interaction," Human Relations. 19: 425-36.
- Langer, E.J., S.E. Taylor, S. Fiske, and B. Chanowitz. 1976. "Stigma, Staring, and Discomfort," Journal of Experimental Social Psychology. 12: 451-63.
- Lasch, Christopher. 1979. The Culture of Narcissism. New York: W.W. Norton and Company.
- Leon, G. R., and Roth, L. 1977. "Obesity: Psychological Causes, Correlations, and Speculations." Psychological Bulletin. 84: 117-139.

- Lerner, R.M. 1969. "Some Female Sterotypes of Male Body Build Behavior Relations," Perceptual and Motor Skills. 28: 363-66.
- Lerner, R.M. and S.J. Korn. 1972. "The Development of Body Build Sterotypes in Males," Child Development. 43: 408-20.
- Levitin, Teresa. 1975. "Deviants as Active Participants in the Labeling Process," Social Problems. 22: 549-557.
- Lincoln, Yvonna, and Egon Guba. 1985. Naturalistic Inquiry. Sage Publications: Beverly Hills.
- Louderback, Llewelyn. 1970. Fat Power. New York: Hawthorn Books, Inc.
- Lofland, John. 1969. Deviance and Identity. Englewood Cliffs, N.J.: Prentice Hall.
- Lyman, Stanford M. 1978. The Seven Deadly Sins: Society and Evil. New York: St. Martins Press, Inc.
- Lynd, Helen Merrell. 1963. "Clues to Identity" in Ruitenbeek, Hendrik (ed.), Varieties of Modern Social Theory. New York: E.P. Dutton and Company.
- MacKenzie, Margaret. 1980. "The Politics of Body Size: Fear of Fat," Pacifica Tape Library, Los Angeles.
- McManus, Pat. "Overweight? Maybe You're Not," Parade. July 5, 1981.
- Maddox, George L., et. al. 1968. "Overweight as Social Deviance and Disability," Journal of Health and Social Behavior. 9: 287-298.
- Mann, George. 1974. "The Influence of Obesity on Health," New England Journal of Medicine. July-August.
- Maselli, M.O. and J. Altrocchi. 1969. "Attribution of Intent," Psychological Bulletin. 71: 445-54.
- Matthews, V. and C. Weslie. 1966. "A Preferred Method for Obtaining Rankings: Reactions to Physical Handicaps," American Sociological Review. 31: 851-54.
- Matza, David. 1969. Becoming Deviant. Englewood Cliffs, N.J.: Prentice Hall.

- Mayer, Jean. "The Overweight Teenager," San Francisco Examiner. May 23, 1979.
- Mead, George Herbert. 1934. Mind, Self and Society. Chicago: University of Chicago Press.
- Meltzer, Bernard N. 1972. "Mead's Social Psychology," in Symbolic Interaction: A Reader in Social Psychology New York Press.
- Millman, Marcia. 1980. Such a Pretty Face: Being Fat in America. New York: W. W. Norton & Company.
- Mills, C. Wright. 1940. "Situated Actions and Vocabularies of Motive," American Sociological Review. 5(October): 904-13.
- Pliner, P., Chaiken, S. and Flett, S. 1987. "Concern with Body Weight and Physical Appearance over the Lifespan." unpublished manuscript, University of Toronto.
- Polivy, J. Garner, D.M. and Garfinkel, P.E. 1986. "Causes and Consequences of the Current Preference for Thin Female Physiques" in P. Herman, M.P. Zanna, and E.T. Higgins (Eds.), Physical Appearance, A Stigma and Social Behavior: The Ontario Symposium, pp. 89-112. Hilldale, NJ: Erlbaum.
- Richardson, S., and N. Goodman, A. Hustorf, and Dornbusch, S. 1961. "Cultural Uniformity and Reactions to Physical Disability," American Sociological Review. April 26: 241-247.
- Richardson, S.A. 1970. "Age and Sex Differences in Values Toward Physical Handicaps," Journal of Health and Social Behavior. 11: 207-214.
- Richardson, S.A., and P. Emerson. 1970. "Race and Physical Handicap in Children's Preference for other Children: A Replication in a Southern City," Human Relations. 23: 31-36.
- Richardson, S.A., and A. Green. 1971. "When is Black Beautiful? Colored and White Children's Reactions to Skin Color," British Journal of Education and Psychology. 41: 62-69.

- Rodin, J., Silberstein L. and Streigel-Moore, R. 1985. "Women and Weight: A Normative Discontent," in T.B. Sconderegger (Ed.), Nebraska Symposium on Motivation: vol. 32. Psychology and Gender. pp. 267-307. Lincoln: University of Nebraska Press.
- Rubington, Earl and Martin S. Weinberg, Eds. 1978. Deviance: The Interactionist Perspective. 3rd Ed., New York: Macmillan.
- Ryan, William. 1972. Blaming the Victim. New York: Random House.
- Sapir, Edward. 1960. "Culture, Genuine and Spurious" in Goldschmidt, Walter (ed.), Exploring the Ways of Mankind. New York: Holt, Rinehart and Winston.
- Scheff, Thomas J. 1984. Being Mentally Ill: A Sociological Theory. 2nd. Ed., New York: Aldine.
- Schur, Edwin M. 1980. The Politics of Deviance: Stigma Contests and the Uses of Power. Englewood Cliffs, NJ: Prentice Hall.
- Ibid. 1965. Crimes Without Victims. Englewood Cliffs, NJ: Prentice Hall.
- Ibid. 1983. Labeling Women Deviant: Gender, Stigma and Social Control. Philadelphia: Temple University Press.
- Scott, Marvin B. and Stanford M Lyman. 1968. "Accounts," American Sociological Review. 33(February): 46-62.
- Seligmann, Jean, et al. 1983. "A Deadly Feast and Famine," Newsweek. March 7.
- Shaffir, W.B. Stebbins, R.A.; Turowetz, A. 1980. Field-work Experience: Qualitative Approaches to Social Research. New York: St. Martin's Press.
- Silberner, JoAnne. 1980. "Take This, Dr. Pritikin!" Johns Hopkins Magazine. December.
- Staffieri, J.R. 1967. "A Study of Social Stereotypes of Body Image in Children," Journal of Personality and Social Psychology. pp. 110-118.
- Striegel-Moore, R.H. Silberstein, L.R. and Rodin, J. 1986. "Toward an Understanding of Risk Factors for Bulimia," American Psychologist. 41: 246-263.

- Suchar, Charles S. 1978. Social Deviance: Perspectives and Prospects. New York: Holt, Rinehart, and Winston.
- Taylor, Elizabeth. 1988. Elizabeth Takes Off. New York: Berkley Publishing Group.
- Thoits, Peggy A. 1985. "Self Labeling Processes in Mental Illness: The Role of Emotional Deviance," American Journal of Sociology. Vol. 91, no. 2 Sept. pp. 221-249.
- Wyden, Peter. 1966. The Overweight Society. New York: William Morrow and Co., Pocket Cardinal Edition.
- Zola, Irving. 1972. "Medicine as an Institution of Social Control," Sociological Review. 20(4): 487-504.

VITA²

Carol Whipple Davis
Candidate for the Degree of
Master of Science

Thesis: BEING FAT IN A THIN CULTURE

Major field: Sociology

Biographical:

Personal Data: Born in Tacoma, Washington, December 25, 1955, the daughter of Delvin and Henrietta Whipple.

Education: Graduated from Neosho High School, Neosho, Missouri, in May 1974; received Bachelor of Arts Degree in Sociology in May, 1985 from Missouri Southern State College, Joplin, Missouri; completed requirements for the Master of Science Degree at Oklahoma State University in July, 1989.

Professional Experience: Teaching Assistant, Department of Sociology, Oklahoma State University, August, 1986 to May, 1989. Member of: American Sociological Association, Alpha Kappa Delta, Southwestern Sociological Association.