CRITICAL WEIGHT STUDIES
Background of Fat Studies/Activism

• Long history of fat activism

  • Fat Underground & NAAFA – 1960s-1970s
  • Fat Manifesto (Fat Studies Reader)

• 1983 – *Shadows on a tightrope*

• 1990s – War on obesity

https://books.google.ca/books/about/Shadow_on_a_Tightrope.html?id=aqiSPgAACAAJ&source=kp_cover&redir_esc=y
Critical Weight Studies

• Arose amongst increasing focus on the ‘obesity epidemic’ and its consequences\textsuperscript{1,2}.

• Diverse range of scholars who explore obesity as a biological & cultural phenomenon\textsuperscript{1}

• Subtle differences: fat studies, critical weight/obesity scholars

• Obesity discourse\textsuperscript{3,433}:

  • Weight is within the control of the individual; weight is caused by a simple imbalance between an individual’s energy intake and energy usage; methods for successful and sustained weight loss include focusing specifically on changing eating and physical activity patterns; and losing weight to achieve “healthy weight” status will result in better health.
Critical Weight Studies

- Studied
  - Critically assess epidemiological data on obesity\(^2,^4\)
  - Moralizing nature of obesity discourse & potential to mask other forms of discrimination.\(^5-^8\)
  - Effects of obesity discourse on individuals’ bodily understandings.\(^9-^11\)
  - Dissemination of obesity discourse.\(^12-^14\)

Rudd Center for Food Policy and Obesity
Theory

- Biopower – Foucault

- Post-structuralism & feminism

- Obese individuals = Non-compliant
  - Appearance, health, morality norms

- Healthism – individualistic, moral imperative of health

- Stigma
  - Discredited, deviant spoiled identity

- Medicalization
Some Major Findings

• Youth and adults link health, morality, and appearance\textsuperscript{7-11}
  • Health is how you look and what you do
  • Losing & maintaining weight is a major focus

• Stigma & its management a large part of individuals’ lives\textsuperscript{20}
  Gender & class are important components\textsuperscript{6}. Less often studied
  is race.

• Resistance – Fatosphere, criticism of the BMI and media
depictions, insufficient focus on mental and social wellbeing\textsuperscript{20-24}

• Health-at-Every-Size (HAES) is growing\textsuperscript{21,25}

• Fat shame growing in relevance\textsuperscript{26}
Language

• Some critical stakeholders prefer to frame obesity as a disease\textsuperscript{27}
  
  • Others see this as a pathologizing/biomedicalized label
  
  • Overweight = non-adherence to standard
  
  • Reclamation of fat
  
  • Seen a mix in my own research
  
  • Persons of a larger size
Purpose

The purpose of my research is to use critical qualitative methods to explore perceptions of health and obesity and lifestyles, quality of life, and behaviours across time and different weight trajectories of persons labeled obese.
Main Themes

- 3 Main Themes
  - Importance of Function and Mobility
  - Compulsion, Addiction, and Validation
  - Social Impacts of Weight-related Changes

Canadian Obesity Network
Results: Types of ‘Obesities’

- Spectrum of Obesities\textsuperscript{28}
  - Ranging from: Self-loathing $\rightarrow$ Fat acceptance
    - Current weight
    - Previous weight history
    - Social, stigma, and discursive exposures
  - Patterns: Hopes, goals, histories, beliefs, fears, diet, & social lives

- Typology (Weberian Ideal Types)\textsuperscript{29}
  - Participants do not fit these types exactly
    - Analytical tools that exaggerate empirical findings
    - Value comes in comparing ideal type to actual participants
Significance: Improve Messages, Relationships, & Spaces

- Obesity as fluid, contingent, chronic phenomenon
- Prioritize functional, mental, & social health
- Reduce weight discrimination & healthism
  - Clinician-patient trust
  - Safe spaces
  - Health focus\textsuperscript{21}
Solutions – Health-at-Every-Size

- Some fat activists align themselves with HAES
  - Critique: reproduces healthism$^{30,31}$
  - Health-in-Every Respect (HIER)
    - More social determinants of health focus$^{32}$

- Improvements in behaviors, anti-fat bias, psychological outcomes, self-acceptance, lipids, and cholesterol$^{25,33-37}$

- Self-acceptance component very important$^{34,35}$
- Size accepting attitude = less stigma$^{38}$
- Most motivating = no mention of obesity$^{39}$

https://lifeinfullcolour.wordpress.com/tag/health-at-every-size-haes/
References


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