

Women and Size
Sociologists for Women in Society (SWS)
Fact Sheet

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INTRODUCTION: BODY IDEALS

A Socially Constructed Myth: A thin body ideal for women is prevalent in modern Western societies. Cultural images emphasize a thin and firm body (Bordo 2003). Feminists have labeled this ideal, found ubiquitously in fashion magazines, on television, and in other forms of mass media, a “tyranny of slenderness” (Chernin 1994) and an unrealistic and unattainable “beauty myth” (Wolf 1991). For most women, the ideal is beyond reach. Research shows an intensification of the ideal over time (Wiseman et al. 1992) and that the probability of attaining Barbie-like proportions is less than 1 in 100,000 (Norton et al. 1996). Gender scholars also point out that this beauty ideal is a socially constructed fiction. Thinness is not necessarily inherently beautiful. Rather, at any given time and place, social norms and institutions dictate what is thought to be attractive. Among others, consumers and mass media promulgate and reinforce this thin ideal. Yet precisely because it is a mutable social construction, it can be challenged, however difficult this task may be because of the embedded structure.

A \$40 billion-a-year diet industry perpetuates the beauty myth that is part of what Bartky (1990) refers to as a “fashion beauty complex.” The myth enables the diet industry to profit from the continuous and constant suffering of fat individuals (Fraser 1998; Oliver 2006). The myth also lines the pockets of other related industries including healthcare providers, insurance companies, and pharmaceutical companies (see Thomas and Wilkerson 2005). It flourishes with industries’ encouragement, but is successful in part because of reinforcement from dominant cultural, social, moral, and health discourses.

A Contemporary Western Ideal: The thin ideal is a contemporary phenomenon limited to affluent Western nations (Rothblum 1990). In the 17th century, the female beauty ideal represented in Ruben’s and Renoir’s paintings was fleshy,

voluptuous, and full-bodied. An emphasis on a slender ideal emerged in the late 19th century/early 20th century, partly as a result of the development of mass-marketing in the fashion industry, a middle-class aesthetic, and a distinct youth culture (Seid 1989; Walden 1985; on the history of fat and dieting, also refer to Stearns 1997; Schwartz 1986).

In some non-Western cultures, individuals covet fat as a sign of wealth and health and eschew thinness because of its association with poverty and malnutrition (Rothblum 1990). For example, in the Andes mountains fat symbolizes strength and well-being (Weismantel 2005) and Nigerian Arabs revere fat as sexy (Popenoe 2005) (on the anthropology of fat, see Kulick and Meneley 2005). In short, the thin ideal is a construction specific to both time and place.

Body Dissatisfaction and Body Work: While rates of dissatisfaction among men are increasing, a phenomenon some scholars describe as the “rise of the Adonis Complex,” (Pope, Phillips, and Olivardia 2000), there remains a large gender gap in body dissatisfaction. A review of over 200 body image studies indicates increasing gender differences in body image and increasing dissatisfaction among women (Feingold and Mazzella 1998). While media effects on psychological processes are complex, studies show that higher levels of exposure to media imagery correlates with girls’ and women’s body dissatisfaction (refer to Grogan 2008: 108-135). Weight concerns are so prominent among women that some scholars refer to it as a “normative discontent” for women (Rodin, Silberstein, and Striegel-Moore 1985).

National surveys indicate that about half of U.S. women currently engage in weight-loss behaviors (Neumark-Sztainer et al. 2000; Serdula et al. 1999). To attain the thin ideal, women resort to many forms of “body work,” body or appearance work that manages or modifies one’s looks, including dieting, exercising, and cosmetic surgery (Gimlin 2002, 2007). Dieting approaches vary and include techniques such as reduced calorie consumption, smoking, vomiting, laxative use, diet pills, and fad diets (Ogden 1992). Women also report that they exercise to manage their weight or appearance, notably more so than for reasons related to health/fitness, stress/mood, or social interaction (Cash, Novy, and Grant 1994). In addition, there

are an estimated 100,000 weight-loss surgeries performed each year, primarily on female patients (Santry, Gillen, and Lauderdale 2005; on women and cosmetic surgery in general, see Davis 1995).

While body dissatisfaction among women is widespread, there are notable differences by class, race, and sexual orientation (for a discussion of multiple body image correlates, see Cash and Pruzinsky 2002). The thin body is a marker of social class (Bordo 2003) and there is some evidence that, for both women and men, weight consciousness correlates positively with socio-economic status (Wardle and Griffith 2001). Empirical research on African-American women generally points to higher levels of body satisfaction and more flexible conceptions of beauty (see Lovejoy 2001; Milkie 1999; Parker et al. 1995). However, one recent meta-analysis reports only small differences in body dissatisfaction between white and non-white women, specifically Asian American, Black, and Hispanic women (Grabe and Hyde 2006). The few studies that examine lesbian body image report mixed findings (see Rothblum 2002). In sum, body and weight dissatisfaction operates differently depending on each woman's unique configuration of intersecting status characteristics.

Harmful Psychological and Physical Effects: The pursuit of the thin body ideal can lead to negative psychological and physical consequences (see Saltzberg and Chrisler 2000; Sprague-Zones 1997). Studies find that depression, social anxiety, and sexual difficulties correlate with body weight preoccupation (see Cash and Roy 1999) and that being overweight correlates with a loss of self-esteem for women, but not men (Tiggemann 1994). Constant dieting can be akin to self-inflicted semi-starvation that results in the compromising of women's individuality, self-esteem, and ability to exert social and political power (Wolf 1991).

Pursuit of the thin ideal can lead to various harmful physical effects. Among individuals who report weight-control behaviors, nearly one quarter of adult women report they rely on unhealthy practices such as taking diet pills, skipping meals, fasting, or induced vomiting (Neumark-Sztainer 2000). Use of non-prescription weight-loss products is especially common among young "obese" women (Blanck, Khan, and Serdula 2001). Additionally, weight-loss surgery can result in

complications such as food clogging, scarring leading to blockage of the digestive tract, and even death (see Fraser 1998: 202-208). In fact, one study estimates a 4.6% death rate in the year following surgery (Flum et al. 2005). There are also many well-known health risks linked to diet pills and appetite suppressants. For example, popular diet drugs of the 1990s such as Redux and fen-phen were later linked to brain damage, primary pulmonary hypertension, and death (see Fraser 1998: 195-202). Furthermore, many young girls report that they smoke to curb their appetites (Sorensen and Pechacek 1987). Preoccupation with body weight can also manifest itself in potentially deadly eating disorders such as anorexia nervosa and bulimia nervosa. It is noteworthy that some feminist scholars caution that eating disorders are not individual pathology, but rather a logical response to social, racial, gender, and other injustices (Orbach 1978; Thompson 1994). Estimates indicate that about 85-95% of all eating disorders occur among girls and women (NIMH 2007) and that anorexia nervosa and bulimia nervosa afflict 280 per 100,000 and 1,000 per 100,000 young females, respectively (Hoek 2002).

Choice, Free Will, and Morality: Despite being a culturally constructed myth, individuals assume that the myth of thinness is both real and attainable. A Western ideology of individualism, choice, and free-will suggests that the body is malleable and that all women can attain the ideal with motivation and self-discipline (Brownell 1991). A blame-the-victim mentality exists such that fat individuals who are unable to lose weight are thought to be personally inadequate, lacking in will, and moral failures (Bordo 2003). Blaming the victim is especially prominent in the U.S. given the pervasiveness of an American ideology of individualism (Crandall and Martinez 1996). The body is seen as a symbol or reflection of one's emotional, moral, and/or spiritual state (Bordo 2003; Edgley and Brissett 1990).

Sizism and Discrimination: In affluent Western cultures, the thin body brings social status and enables escape from size-based discrimination, also referred to as sizism. (For a thorough discussion of weight-based discrimination refer to Solovay 2000). Beauty, including coveted thinness, often accompanies privilege, status, and multiple social

benefits. For instance, individuals assume that beautiful (including thin) people are more successful in both their professional and personal lives and that they have more desirable personality traits, i.e., are good, intelligent, and well-natured (Dion, Berscheid, and Walster 1972; Landy and Sigall 1974; Webster and Driskell 1983). In other words, the beautiful exude a “halo effect” (Katz 2001; see also Hatfield and Sprecher 1986). Moreover, while both large women and men experience discrimination in all realms of social life, this is especially the case for large women. Large women encounter stigma and discrimination in employment and wages; medical and health settings; and educational settings (see Puhl and Brownell 2001). Importantly, the stigma of women’s weight correlates with downward economic and social mobility (Rothblum 1992).

CHALLENGING SOCIAL CONSTRUCTIONS: SCHOLARS, ACTIVISTS, AND MOVEMENTS

Fat Studies and Fat Acceptance Activism: Fat studies is an emerging interdisciplinary field that explores the politics of fat. Fat studies scholars and fat acceptance activists attempt to understand fat and the fat body from the perspective of fat individuals and to expose the harmful and oppressive effects of narrowly defined social norms. Their emphasis on body diversity and the celebration of the fat body encourages a “body positive” perspective and increased body esteem and satisfaction for women of all sizes. For these reasons, they do not shy from the term “fat.” Instead fat acceptance scholars and activists actively attempt to reclaim the term while consciously rejecting derogatory and demeaning medical terms such as “obese” (Wann 1988). These scholars and activists often align themselves with the tenets of one or more groups or social movements. Together they attempt to debunk several social and health myths (see below), encourage size diversity and body acceptance, and promote the psychological and physical health of all individuals.

The National Association to Advance Fat Acceptance (NAAFA): Founded in 1969, NAAFA is a non-profit human rights organization dedicated to improving fat people’s quality of life. Members pay fees to join the organization and there is an annual convention. The organization also

distributes a quarterly newsletter and has local chapters and special interest groups. NAAFA has five primary goals: (1) to provide equal opportunities for fat people; (2) to disseminate information about various aspect of being fat; (3) to advocate and sponsor responsible research on various aspects of being fat; (4) to empower fat people to accept themselves, live more fulfilling lives and promote fat acceptance within society; and (5) to serve as a forum where issues affecting fat people can be discussed in an unbiased way. To accomplish these goals, NAAFA uses strategies including advocacy, education, and support.

The Council on Size and Weight Discrimination (CSWD): The CSWD is a non-profit group working to change society’s attitudes about weight. Formed in 1990, the CSWD believes that: (1) people of all sizes deserve competent and respectful treatment by health care professionals; (2) prejudice based on size is no different from prejudice based on skin color, gender, religion, disability or sexual orientation; (3) the media’s portrayal of fat people is often inappropriately negative and promotes society’s fear of fat and obsession with thinness; (4) size diversity is a positive goal; (5) happy, attractive, capable people come in all shapes and sizes; (6) each individual has the responsibility to stand up for themselves and the people around them who may suffer from size discrimination; and (7) sizism and weight bigotry will end only when people of all sizes refuse to allow it to continue. The group’s primary goal is to end weight discrimination in health care, media, education, employment, social interactions, and other areas of life. Attempting to make the world better for people of all sizes, the CSWD: educates the public; forms coalition links with other activist groups; works with researchers to assure unbiased protocols; testifies and works with regulatory agencies; and provides technical assistance to educators and workshop presenters, resources to students and writers, and personal help to individuals who have experienced size discrimination.

Health at Every Size (HAES) Movement: In the 1990s, anti-dieting campaigns began to encourage the public to move beyond an obsession with weight and dieting towards a focus on holistic health. A ground-breaking book by HAES advocates originally titled the *Tenets of the Nondiet Approach*

(1996) fueled a new way of looking at the body. This book, along with other HAES scholars and activists, espoused a new way of thinking that contrasted prevailing sentiments on weight loss. HAES philosophy includes: (1) a focus on overall health and well-being instead of the achievement of an “ideal weight”; (2) accepting oneself and respecting the diversity and variety of bodies; (3) embracing the pleasure of eating well by listening to internal cues of hunger and satiety; and (4) engaging in the joy of movement and physical activity (Kratina, King, and Hayes 1996). According to HAES advocates, individuals who follow these guidelines will ultimately move toward their own personal ideal weights that may differ from those described by standard medical guidelines. Additionally, they will ultimately be happier and healthier than those who are obsessed with regimented dieting and weight loss (Robison 2005).

SCHOLARS AND ACTIVISTS: DEBUNKING MYTHS

Scholars and activists work to expose several health and beauty myths. While discussed below separately, these myths are interconnected and together create a cultural climate that perpetuates narrow definitions of beauty and health. Debunking these myths is important as these myths place undue pressure on women to lose weight and can contribute to a decline in women’s mental and physical health.

Myth 1 – Fat is Always Unhealthy: Media and medical sources bombard the public with the message that being “overweight” or “obese” is unhealthy. The Centers for Disease Control (CDC) reports that two-thirds of Americans are “overweight,” a third “obese,” and that these conditions contribute to about 400,000 deaths per year (Mokdad et al. 2004; USDHHS 2001). The CDC urges a large segment of the population to lose weight to avoid health risks such as cardiovascular disease, Type II diabetes, hypertension, and some forms of cancer. Special concern for childhood obesity has even led to discussion about childhood obesity as a form of abuse or neglect (Jeffreys 2007). On a global level, the World Health Organization (WHO) echoes these concerns (WHO 2003). Indeed public vigilance is rampant and there

is a “war on obesity” at the local, state, national, and global levels.

Notably, CDC and medical community claims rely on the Body Mass Index (BMI), a measure based on an individual’s height and weight that was originally developed by insurance companies. Critics argue that the BMI is an unreliable and indirect measure of fat and that the BMI cut-off points are unrealistic and arbitrary (see Gaesser 2002: 37-42; Grogan 2007: 12-16; Prentice and Jebb 2001).

Scholars and activists are now exposing the government’s claim that obesity is a health “epidemic” as an overstated media construction better described as a “postmodern epidemic” (Boero 2007) or a “moral panic” (Campos et al. 2006; also see Oliver 2006; Rich and Evans 2005; Saguy and Almeling 2008). Of significance, the 400,000 death toll has now been reduced to approximately 110,000 excess deaths due to “obesity” relative to the “normal” weight category (Flegal et al. 2005). This recent study also reports no association between the “overweight” category and excess mortality.

Researchers affiliated with the HAES movement challenge the causal relationship between weight and health risk, contending that this relationship relies on body size as a proxy for lifestyle. In other words, it is not necessarily high body weight or BMI per se that puts an individual at health risk, but habits such as poor food consumption patterns and a sedentary lifestyle. These researchers show that current studies articulating a robust overweight-health risk causal link are misleading because they fail to take into account other possible explanations of compromised health such as diet or activity levels and because they focus on miniscule differences in risk (Campos 2003).

With a healthy lifestyle, an individual can be both fat and fit. HAES research with female subjects shows that a non-weight centered approach to physical health is not only superior to increasing physical exercise (which is beneficial for everyone), but that improvement in metabolic functioning occurs independent of weight change (Bacon et al. 2005; Dallow and Anderson 2003). Research also demonstrates that many weight-related health problems associated with Type II diabetes and metabolic syndrome can be improved independently of weight loss (Roberts et al. 2005).

Instead of a weight-centered approach to health, HAES researchers emphasize “metabolic fitness” (Gaesser 2002). Metabolic fitness stresses the importance of “having a metabolism that maximizes vitality and minimizes the risk of disease – particularly those diseases that are influenced by lifestyle” (Gaesser 2002: 168). Thus a fat individual who maintains a healthy lifestyle through routine exercise and healthy consumption patterns can still have vigorous health. NAAFA activists expose how the stigma around fat discourages individuals from participating in beneficial recreation and physical fitness activities.

The long list of health negatives associated with thinness and long list of health benefits associated with fat, further debunks the myth that fat per se is always unhealthy. Thinness and weight loss can increase mortality rates while fat actually serves as a protector against osteoporosis and decreases incidence of certain forms of cancer (for a thorough review, see Gaesser 1999). In other words, body fat can have a variety of beneficial health outcomes. Moreover, any discussion of health risks associated with fat must consider the location/type of body fat. For example, visceral adipose tissue, i.e., fat found between internal organs, is generally more deleterious than subcutaneous adipose tissue (Goodpaster et al. 2005; You, Ryan, and Niklas 2004).

Myth 2 – Dieting Improves Health: Despite widespread dieting practices and the use of weight-loss remedies, research shows that dieting can actually have a variety of harmful effects on the body. Many chronic dieters learn first-hand that dieting does not work as they lose and gain weight many times over. Research shows that weight cycling, also known as yo-yo dieting, can ultimately cause an overall increase in weight, along with a higher risk of cardiovascular disease (Ernsberger and Koletsky 1993; Gaesser 1999; Lissner et al. 1991). Dieting can also increase the risk of bone damage and disease, decrease fertility, alter the normal functioning of the brain, produce gallstones and increase the risk of breast and kidney cancer in women (see Gaesser 2002, 2003). Specific regimens such as the popular Atkin’s diet also come with a host of health risks such as pancreatic cancer and cardiac arrest (Stevens et al. 2003). One long term study even found that dieting actually leads to

an increased risk of premature death (Sørensen et al. 2005)!

Myth 3 – Fat is Always a Matter of Personal Choice and Weight Loss is Always Possible:

Perhaps one of the most common and deeply-held beliefs about weight is that fat is always a matter of personal choice. A Western emphasis on agency dictates that individuals become fat by choice and subsequently can stop being fat whenever they so choose. Three important research findings help dispel this myth. First, genes are one of the most critical determinants of a person’s weight (Loos and Bouchard 2003). Second, research shows that personal choices regarding food intake vary minimally between fat and thin people (Ogden 1992). Third, research indicates that diets do not work and that the prognosis of maintaining long-term weight loss is low (Anderson et al. 2001). In fact, most dieters who successfully lose weight will regain the weight within a few years and there is ample research illustrating that diets do not work over time (Mann et al. 2007). Weight loss may be particularly difficult for women because the “normal range” of body fat for women is, on average, greater than for men (Gallagher 2000). The widespread myth that dieting works closely relates to the myth that fat is a personal choice. Bodies are simply not as malleable as cultural ideology implies.

In sum, there is strong evidence that despite consumption, exercise, and dieting habits, a woman’s metabolism will adjust such that her weight will continuously gravitate towards a set weight range. Leading HAES scholars emphasize that each individual has an inherited “set-point” and this set-point is “the weight that the body attempts to maintain” over long periods of time (Gaesser 2002: 33). Evidence for set-point theory disputes the notion that body size is entirely a matter of personal choice.

Myth 4 – Fat is Inherently Unattractive/Unsexy:

Modern Western societies socialize children from an early age to believe that fat is disgusting. Individuals are led to believe that fat is unattractive and could never be considered sexy. However, beauty is not a static concept and varies across both time and culture (Kulick and Meneley 2005; Seid 1989; Schwartz 1986; Stearns 1997). As the old adage says, “beauty is in the eye of the beholder.”

Additionally, the preference for a more or less fat partner varies by individual (Millman 1980). Fat in and of itself is neither disgusting, unattractive, nor unsexy.

In fact, fat sexuality is not just a possibility but a reality. For example, there are a number of fat burlesque troops and a variety of adult media outlets including magazines, books, movies, and websites featuring fat women's bodies. Blank's (2000) *Big Big Love* is not only a sourcebook, but a celebration of sex for large individuals. In other words, it is possible to reject essentialist approaches that dictate that fat is unattractive or unsexy. Normative claims about fat can be disrupted, subverted, and even redefined (Lebesco 2001, 2004).

Myth 5 – Being Fat is a Sign of Mental Illness: It is a commonly held belief that psychological problems or emotional issues cause individuals to overeat and gain weight (Millman 1980). Yet as fat scholars and activists point out, fatness does not necessarily have its roots in psychological problems. Rather, because of the social stigma associated with fat in Western society, coping with this stigma on a daily basis can lead to depression, anxiety, and a host of other psychological problems (see Kolata 2007). Some feminist scholars observe that certain eating disorders, e.g., bingeing, may actually be a natural response to trauma caused by oppressive conditions, social injustices, and/or sexual abuse (Orbach 1978; Thompson 1994). Fat acceptance scholars and activists fight the stigma of fat so that individuals of all sizes can live their daily lives comfortably and without shame.

MOVING TOWARDS BODY DIVERSITY: WOMEN'S BODIES, WOMEN'S HEALTH

The thin body ideal is a culturally constructed myth specific to time and place. An American ideology of individualism and choice perpetuates the belief that all women can attain this ideal so long as they try. This "beauty myth" has led to widespread body dissatisfaction. To transform their bodies, women resort to various forms of "body work" that can result in an array of harmful psychological and physical effects. This body work is not surprising in Western cultures that privilege the thin body and where there is strong evidence of sizism. Fat women encounter stigma and discrimination in many arenas of social life.

Fat scholars and fat acceptance activists attempt to expose this socially constructed beauty myth, along with other health and beauty fictions. Advocates of NAAFA, the CSWD, and/or the HAES movement convey the message that fat is not always unhealthy; that metabolic fitness is central to determining health (and not the BMI or weight per se); and that dieting leads to numerous harmful effects. They also expose the myths that being fat is always a personal choice and that weight loss is always possible. Genetics plays a key role and individuals are born with a "set-point" weight range. Activists and scholars also debunk the myths that fat is unattractive or is a sign of a mental illness, arguing instead that beauty lies in the eyes of the beholder and that it is the stigma of fat that may lead to psychological problems. Many of these myths are supported by a multi-billion dollar-a-year diet industry that profits enormously from the suffering of fat individuals. Scholars, activists, and practitioners are now working to expose these myths so that women of all sizes can achieve optimal mental and physical health in a society that embraces body diversity.

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RESOURCES

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National Association to Advance Fat Acceptance (NAAFA)
 Website: <http://www.naafa.org>
 Email: naafa@naafa.org
 Address: PO Box 22510, Oakland, CA 94609
 Phone: (916) 558-6880

National Eating Disorders Association
 Website: <http://www.nationaleatingdisorders.org/>
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